



SRI LANKA STANDARDS INSTITUTION
APPLICATION FOR THE CERTIFICATION OF MANAGEMENT SYSTEMS FOR EDUCATIONAL ORGANIZATIONS
 IN ACCORDANCE WITH ISO 21001:2018 STANDARD

The Director General
 SRI LANKA STANDARDS INSTITUTION
 No. 17, Victoria Place
 Elvitigala Mawatha
 COLOMBO 08
 SRI LANKA

for office use

DATE RECEIVED	
REFERENCE NUMBER	
NEW CERTIFICATION	
RECERTIFICATION	

I/We hereby apply for the certification of Management Systems for Educational Organizations established in

.....
 [Registered name of the Organization]

The particulars of my/our organization are given below:

1. GENERAL:

1.1. Address (Head Office):

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Telephone: Fax: E-mail:

1.2. Legal status of the organization :

a) Registration authority :

.....
 (UGC/TVEC)

b) Registration number:

c) (Attach a copy of the certificate of Business Registration)

d) Initial Registration Date:

e) Valid Period.....

1.3. VAT registration number :

1.4. If SVAT, SVAT number:

** (Attach SVAT approval letter from the Department of Inland Revenue)

2. LOCATION(S)/SITES, DEPARTMENTS/DIVISIONS AND THE NUMBER OF EMPLOYEES APPLICABLE FOR THE CERTIFICATION:

[Please indicate the permanent physical locations (branches etc.) registered under the Applicant Organization, which are to be included in the ISO 21001:2018 certification. Attach a separate sheet for locations for Sites/ Branches/ locations)

Name and address of the location/site	Name, designation & contact details (Telephone /e-mail) of the representative at each location/site	Departments/Divisions at each location/site (eg.: Administration, Curriculum Development, Training, Examination, Human Resources, etc.)	Total effective number of employees**
Head office			
Location 1			
Location 2			

[If required Please attach a separate sheet]

****** The effective number of employees consists of all full time employees involved within the scope of certification including those working on each session. Non-permanent (seasonal, temporary and contracted employees) and part time employees who will be present at the time of the audit shall be included in this number.

2.1. Whether educational product or service realization processes operate on a session basis,

Location/Site	Number of sessions in operation	Working hours of each sessions	Number of employees working in a session	Activities carried out in each session
Head office	1	From..... to		
	2	From..... to		
	3	From..... to		
Location 1	1	From..... to		
	2	From..... to		
	3	From..... to		
Location 2	1	From..... to		
	2	From..... to		
	3	From..... to		

3. EDUCATIONAL ORGANIZATIONS MANAGEMENT SYSTEM

3.1 Description of educational products and/or services offered: (if multiple sites are available, please specify the educational products and/or services offered in each site separately)

Site	Educational product(s) and/or service(s) offered
Head office	
Location 1	
Location 2	

3.2 Scope of EOMS implemented, and justification for exclusion(s) of any clause(s) of the ISO 21001:2018 standard:

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3.3 Description of process(es) and/or service(s) which has been outsourced to an external party(s):

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3.4 Desired scope of ISO 21001:2018 certification:

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3.5 Type of certification [New Certification or Recertification]:

3.6 If Recertification:

- a) Date of first certification:
- b) Validity period of previous certification: From to
- c) Major changes done in the Educational Organizations Management System during the previous year [if any]:

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3.7 Is Educational Organizations Management System developed by [outside consultant(s) and/or organization itself]:

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4. ANY OTHER SYSTEMS CERTIFICATION(S) OBTAINED BY THE ORGANIZATION:

4.1 Other Management systems certification(s) obtained by the organization.

STANDARD	CERTIFIED (YES /NO)	CERTIFICATION BODY
ISO 9001 (QMS)		
ISO 14001 (EMS)		
ISO 45000(OHSMS)		
ISO 50000 (ENMS)		
ANY OTHER (PLEASE SPECIFY)		

4.2 Does the organization hold any Product Certification? Yes No

If yes ;
Please specify the certification with the type of product and relevant standard

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5. LIAISON OFFICER

5.1. Chief Executive Officer of the Educational Organization:

a) Name:
Designation:
Telephone: Fax: E-mail:

5.2. Contact person of the organization:

a) Nominee 1 [Name]:
Designation:
Telephone: Fax: E-mail:
b) Nominee 2 [Name]:
Designation:
Telephone: Fax: E-mail:

6. LEGAL OBLIGATIONS

[Please indicate the legal obligations to be abide by the Organization] (eg: UGC, TVEC- sector specific regulations etc.)

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7. DOCUMENTED INFORMATION

Please submit copies of the following documents along with the duly perfected Application.

- a) Copy of UGC/TVEC registration or any other legal registration,
- b) Scope of the certification, and
- c) Educational Organizations Management Systems Operational planning and control.

8. DECLARATION BY APPLICANT

8.1 I am/We are fully informed and in agreement with the contents of the following documents of the Educational Organizations Management Systems Certification Scheme of the Sri Lanka Standards Institution; Rules and Procedures, Guidelines for Applicants, Fee Schedule, Certification Agreement, Audit time determination agreement and Conditions for Use of the Educational Organizations Management System Certification Mark.

8.2 Should any initial enquiry be made by the Certifying Authority, I/We agree to extend to the Certifying Authority all required facilities at my/our command and I/We agree to pay all costs involved prior to the grant of the Certificate.

8.3 I/We will not hold liable either the Sri Lanka Standards Institution or those having a function in its activities for damages resulting from the consideration of the application for certification, including the possible rejection.

Signed at on this
..... day of 20.....

Signature :

Name :

Designation :

For and on behalf of
[Name of the Applicant Organization]