

FORM VI

**APPLICATION FOR GRANT OF REGISTRATION
(see rule 16B)**

Full name of Applicant

Office Address

Tel

Fax

State:

Country:

PIN:

Email

STD Code(s) to be given with Telephone and Fax numbers

Address of the manufacturing unit

Tel

Fax

State:

Country:

PIN:

Email

STD Code(s) to be given with Telephone and Fax numbers

Top Management

Technical Management

	Name	Designation
1.		
2.		
3.		
4.		

	Name	Designation
1.		
2.		
3.		
4.		

Contact Person & Tel. No./FAX No.
with STD Code & email

Correspondence Address

Office manufacturing unit

[Please tick (V) appropriate box]

This application is being made for Registration on:

PRODUCT

INDIAN STANDARD

IS:
Part:
Sec:

GRADE/TYPE/
CLASS

PRESENT
INSTALLED
CAPACITY

(Production per annum)

Units of Production

Quantity

Value (Rs.)

SEAL OF FIRM

Signature _____

Name _____

Designation _____

Date of application _____

Important:

1. Application should be signed by Chief Executive Officer of the firm, or in his absence by authorised representative
2. Applications from Foreign Manufacturers should be countersigned by Authorised Indian Representative