Form-VIII (refer sub-regulation (2) of regulation 14)

Bureau of Indian Standards Application for Grant of Licence to use the Hallmark

| 1. | Full Name of Firm : | | | | | | |
|-------------|---|---------------------------|-----------------------------------|--|--|--|--|
| W | (a) Office Address : with Pin Code, District and State Tel : (With STD Code) (b) Factory Address : with Pin Code, District and State Tel: With STD Code) | Fax: (With STD Code) | E mail: E mail: (With STD Code) | | | | |
| 3. 4. | Details of Management: | Correspondence Addre | ess: Office/Factory | | | | |
| | Name | | Designation | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (iii) 5. | Details of Quality Contr | ol Personnel and Assayer: | | | | | |
| | Name | | Designation | | | | |
| (i) | | | | | | | |
| (ii) | | | | | | | |
| (iii) 6. | Details of Contact Personance: | n: Mobile: | e-mail: | | | | |
| 7. | 7. Details of Firm :Large /MSME: | | | | | | |
| 8. | Licence applied for: This application is being made to use the BIS Hallmark on: | | | | | | |
| Pr | roduct | | | | | | |
| IS | //Part/Sec./Year | | | | | | |
| Va | ariety to be covered | | | | | | |

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| Units of Production | Present Installed capacity | Qty. | value |
|---------------------|----------------------------|------|-------|
| | | | |

10. (a) Any other BIS Licence held:

Yes / No

(b) If yes, give details: Licence No:

Product:

IS No.:

11. Details of Previous Cancellation/Convictions, if any, :

1. Details of Payment:

Demand draft / Net Banking / Bank Challan

(Please refer to the fees applicable for jewellers)

| Amount | Name of Bank | Demand draft No. /UTR No. / | Date |
|----------|--------------|-----------------------------|------|
| (in Rs.) | | Bank Challan No. | |

2. I/We undertake that we shall strictly follow the provisions of Bureau of Indian Standards Act, 2016 Bureau of Indian Standards Rules 2017, Bureau of Indian Standards (Hallmarking) Regulations 2018 and guidelines for conformity assessment scheme issued thereunder upon grant of licence by BIS.

Signature (Proprietor/Partner/Director) Name

Designation

Seal of Firm

Date:

Place: