

ALL INDIA OCCUPATIONAL THERAPISTS' ASSOCIATION

Founder Council Member World Federation of Occupational Therapists Registered Under Bombay Public Trust Act, Bom. 1950-E-1118

AIOTA National HQ : 801, 8th Floor, Business Bay, Plot No. 51, Sector 1, Nerul, Navi Mumbai - 400706, Maharashtra, India | Tel. : +91-22-27701801 | www.aiota.org

Ref- AIOTA/AK/ERGO/2021-2022

REQUEST FORM AIOTA'S ERGONOMIC CERTIFICATION

(Seating System, Office, School, Hospital and other Ranges of Furniture)

DETAILS OF THE APPLICANT : (Please fill in Capital Letters) [To be submitted by the Original Furniture Manufacturing Industries only]

Name of the Original Furniture Manufacturing organization/agency:

Year of Establishment:

(Minimum 5 years of Manufacturing of Furniture is essential)

Name of Proprietor / Partners / Directors:

Legal Status of Firm / Unit / Company:

Office /Correspondence Address:

Factory Address:

Company Web Site:

Contact person with Office Position:

Email Address:

Contact number/s:

Toll Free No if any:

Specify the Range of Products:

(Required to be certified)

- 1. Seating System
- 2. Office Furniture (Including Seating System)
- 3. Education Furniture
- A. Classroom furniture
- B. Institutional Furniture
- 4. Healthcare Furniture
- 5. Modular Furniture
- 6. Others (Specify)



Seal

Name----Designation-----

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Manufacturing Facilities (Attach): Area of Factory a. Total Plot / Land Area: Sq. Ft b. Total Covered Area: Sq. Ft c. Administrative Area: Sq. Ft d. Production Shed: Sq. Ft Electric Power: a. Domestic /Commercial / Industrial : b. Sanctioned Power Load: **GST Registration Number: PAN Number: Manufacturing Registration Certificate Issued As:** A- Micro & Small-Scale Units: B- Medium & Large Units: Details of Main Machineries and Testing Equipment Installed for Production of Items for which **AIOTA Certification is required** (*On a separate sheet*): **Available Certificates** [ISO, Green Guard, BIFMA and Equivalent others]: The Annual Turnover (Last Three Years) for Manufacturing Furniture: **Date of Application: Signature**



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Note:
☐ All columns should necessarily be filled.
\Box The documents/information desired by the duly appointed Inspection Committee should be submitted as and when will be required.
\Box The incomplete/unreadable information and applicants not fulfilling the criterion specified in the Request Form shall be liable for rejection.
Self-Attested Scanned copy of Documents in Hard Copies to be sent to
Dr. Shashi Oberai Convener & Officer In charge AIOTA Ergonomic Certification Committee 06, Anita Villa, Plot No. 39, Sector 12, Vashi, Navi Mumbai - 400703, Maharashtra, India 9820962641
☐ Copy of Registry document/Lease Agreement in the name of firm verifying the total area and covered area
\square Copy of latest/ last three-month electricity bill in the name of the manufacturing plant of the firm
☐ Copy of GST Registration Certificate
☐ Copy of PAN Number Registration certificate
☐ Copy of Acknowledgement EM Part-II/Udyog Aadhar Memorandum issued by the Industries Department in case of Micro/Small Units
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☐ List of machines used in manufacturing of the furniture and testing equipment on letterhead with seal and signature
☐ Copy of certificates (ISO, BIFMA, Green Guard and Equivalent others)
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☐ Affidavit on Stamp Paper—Clearly stating that all the information provided in the Request Form for AIOTA's Ergonomic Certification is true
□ Duly signed and stamped undertaking by the Chairman/Proprietor/Director on the official letterhead, clearly stating the products to be presented for inspection for AIOTA Ergonomic Certification are actually produced in

Contact:

Dr. Pankaj Bajpai

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