

Ref- AIOA/ERGO/2024-2025

REQUEST FORM AIOA'S ERGONOMIC CERTIFICATION

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

DETAILS OF THE APPLYING FIRM

(Please fill all details 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:

GST Registration Number:

PAN Number:

Name & Address on Certificate (office address/Factory address):

Contact person with Office Position:

Email Address:

Contact number/s:

Toll Free No if any:

Specify the Range of Products: for fresh certification or renewal of certificate

1. Seating System

2. Office Furniture (Including Seating System)

3. Education Furniture

A. Classroom furniture

B. Institutional Furniture

4. Healthcare Furniture

5. Storage Furniture

6. Modular Furniture

7. Others (Specify)

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:

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

Seal

Name-----

Designation-----

Note:

- All columns should necessarily be filled.
- The documents/information desired by the duly appointed Inspection Committee should be submitted as and when will be required.
- 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. Pratibha M. Vaidya**

Convener
AIOTA Ergonomic Design Certification
Committee
Flat No: E10, Pranam Society,
Plot No. 513, Shimpoli Link Road,
Borivali West, Mumbai,
Maharashtra – 400092
Mobile:9821536404
E-Mail ID:pmv25@rediffmail.com

- Copy of Registry document/Lease Agreement in the name of firm verifying the total area and covered area
- 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
- Copy of Unit Registration Certificate by any other Statutory Competent Authority for Manufacturing of the Furniture in case of Medium/Large Units
- 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)
- CA Certificate as proof of the Balance Sheet for last three years
- 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 -----
----- (Specify the Name and Place of the Industry/Company/Firm)

Contact:

Dr. Pankaj Bajpai, Executive Chairman, AIOTA Ergonomic Design Certification, Committee

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