



APPLICATION FORM FOR QUALITY CURATOR CERTIFICATION SCHEME: RETAIL LOCATIONS

Unique Identification Number
(Not to be filled by applicant)

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING THE APPLICATION FORM

- Before starting to fill up the application form, read thoroughly the certification scheme (Quality Curator Certification Scheme for Retail Storage Locations) available in BPCL portal/email.
- This application is meant only for BPCL employees.
- **Scope of the certification scheme:** This scheme is meant for certification of operation personnel after assessing their performance on QC related activities at Retail Locations. (Full details are available in Certification Scheme).
- Applicant should be an operation officer with minimum 1 year of experience in Retail operations.
- As a pre requisite, applicant should have acquired skills of QC Procedures and guidelines by "on job training" or "training taken through specific sessions conducted by experts in the field".
- Applicant should go through the assessment process, applicant's rights and the duties of a certified person which is available in the Certification Scheme.
- Applicant should enclose fitness certificate from the registered doctor which is not more than 6 months old.
- If any column is left unfilled, such an application will be treated as incomplete/invalid and will be rejected summarily.
- Last date of submission of this application is _____
- Duly filled application form should be sent to **Mr. Siddhartha mitra** either through e mail (E mail id: Siddhartham@bharatpetroleum.in).
- Hard copy of the applications may be sent to the following address

Mr. Siddhartha mitra
BPCL QA (CB)
Quality Assurance Laboratory
Bharat Petroleum Corporation Limited
Sewree "K" Installation Sewree Fort Road, Sewree (E)
Mumbai – 400015

Note: **UNIQUE IDENTIFICATION NUMBER** of the form will be intimated to you and shall be used for all correspondence with the certification body.

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Date of Application _____

PERSONAL DATA OF THE APPLICANT

Recent passport
size photo of the
applicant

NAME (IN CAPITAL LETTERS):			
	First Name	Middle name	Last name

Staff No.	
Date of Birth (DD.MM.YYYY)	
Location Name and Address	
E mail Id (BPCL ID only)	
Mobile Number	
Contact No. (Office)	
Date of Last Health Check up (Attach fitness certificate from Doctor. The doctor certificate not more than 15 days older than the date of application submission)	

PROFESSIONAL DATA OF THE APPLICANT

Date of Joining BPCL	
Relevant experience in Operation (as on date)	
Training attended relevant to QC activities	
Does the applicant have any special need?	Yes/No (Tick the relevant one)
If Yes, please mention the special need	

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UNDERTAKING BY THE APPLICANT

I have read, understood, and agree to abide with the following:

- I agree the criteria for Suspending and withdrawing of certification as per the certification scheme.
- I agree the code of conduct given in Certification scheme.
- I agree to provide the medical examination certificate which covers the Physical ability as per the certification scheme.
- I agree the medium of language as English for written examination.
- I agree to provide any information at any stage of assessment process.as required by the certification body
- I agree to comply with all requirements of the certification scheme.
- I am aware that, when the certification body is required by law to release confidential information about me (related to certification), the CB will provide the same (unless prohibited by law) with an intimation to me mentioning what information is being released.
- All information furnished by me are true and complete in every aspect. If any of the information provided by me found to be false at any stage of the certification process, my application can be rejected or certificate can be withdrawn by the certification body.

NAME: _____

Signature: _____

Date: _____

DECLARATIONS

I DECLARE THAT,

- I take the commitment of declaring the certification body, about the incapability in performing the certification requirements.
- I take the commitment of declaring the certification body, that I will not release any confidential examination materials or participate in fraudulent practices while writing examination.
- I declare that, in the event of suspension of certification, I will not involve in further promotion of the certification till the suspension is restored and will return the original certificate to the certification body.
- I declare that, in the event of withdrawal of certification, I will not use the certificate from the date of withdrawal and also I will return the original certificate to the certification body.
- I declare that there will be no exploitation of certificate provided, or any derogatory statement about the certification body by me.

APPLICANT'S NAME: _____

SIGNATURE: _____

DATE: _____

APPROVED AND WITNESSED BY:

(Line Manager)

Signature _____

DATE: _____

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TO BE FILLED BY CERTIFICATION BODY

Unique Identification Number
(Provided by Certification Body)

- All the columns are duly filled by the applicant: **Yes/No** (tick the relevant)

- In case of 'No', describe the details :

- Check the correctness of annexures attached. **Yes/No** (tick the relevant)

Is Application accepted: **Yes/No** (tick the relevant)

If 'No' describe the reason for the same.

Date: _____

Verified and Approved by:
(Name & Signature)

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