



**MINISTRY OF INDUSTRIES
VIDATHA UNIT**

Labour Secretariat, 7th Floor, Colombo 05, mostrvrc@gmail.com, 0112 331 381

**APPLICATION FOR THE REGISTRATION OF CERTIFICATION BODIES FOR ISSUING GMP
CERTIFICATES**

1. Organization/ company Information

1.1. Organization/ company Name:

1.2. Registered address:

1.3. Contact details:

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1.3.1. Is your organization/ company registered in Sri Lanka? (yes/no)

1.3.2. If yes, give details of registration:

1.3.3. If not, specify the reason:

1.3.4. The type of the organization/ company: (Please tick the appropriate cage)

Private limited company

Private partnership

Public limited company

Public body

Statutory body

Other (specify)

1.4. Contact details of Managing Director/ CEO:

1.4.1. Name:

1.4.2. Designation:

1.4.3. Contact Details:

1.5. Contact Person:

1.5.1. Name:

1.5.2. Designation:

1.5.3. Contact Details:

2. Accreditation:

2.1. Is your organization/ company accredited internationally or locally for issuing international standard certificates? (yes/no)

2.2. If yes, mention the name of the Accredited Institution:

2.3. Scope of the accreditation in brief:

3. GMP Certifying Details

3.1. GMP certification details:

Product category	Validity period of the certificate	Number of required audits per one certificate	Duration of the certification process

3.2. Total number of GMP certificates issued by your organization/ company:

2022:

2023:

3.3. Mention 05 industries that have recently issued GMPs:

3.4. Mention 5–10 locally established organizations/ companies that have obtained GMP certificates from your company/ organization in the span of two consecutive years:

No.	Product	Factory name	Locally established (yes/no)	Ability to access to foreign market (yes/no)

4. GMP Auditing

4.1. Details of the auditors who will take part in the auditing process:

No.	Branch	No. of qualified permanent auditors	No. of qualified contracted auditors (if present)	Remarks

4.2. Please briefly explain the method for selecting the relevant candidates for the audit process:

4.3. If you out source audit activities, please give details:

4.4. Total number of GMP audits conducted per month by your organization/ company:

4.5. Facilities for providing customer service in multiple languages:

- English
- Sinhala
- Tamil

5. Other Information

5.1. Please give any other details that you may consider to be relevant to this application:

6. Declaration

I hereby declare that the information given is true and complete to the best of my knowledge.

Signature :
Name :
Designation :
Date :
Rubber Stamp :