National Productivity Organization

Ministry of Industries and Production

Government of Pakistan

## FOR OFFICIAL USE ONLY

Application/

Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Reg. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QUALITY CONTROL CIRCLES\*

APPLICATION / REGISTRATION FORM

Note:

Please tick appropriate section (Section-1 & Section-4 are compulsory, please provide complete details)

□ Section-2: Application for acquiring the NPO services for QCC Implementation Program

□ Section-3: Registration of existing QCCs

SECTION-1: BASIC INFORMATION / DETAILS

Particulars of the Applicant:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Firm/ Company** |  | | |
| Full Address |  | | |
| **Tel:** | **Mobile:** | | **Fax:** |
| **Telex:**  **­** | **E-mail:** | | **Website:** |
| **Name of the Representative of the company with designation:** | | | |
| **Name of the Chief Executive:** | | | |
| **Residential Address:** | | **Tel:**  **Mobile:** | |

**Basic Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Goods Manufacture: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **a. Manufacturing Capacity:** | | |
| **b. Address (Factory):** | | |
| **c. Telephone (Factory):** | | |
|  | **Year of Establishment:** | **d. No. of employees:** | | |
|  | **Any other business (optional) - give items:** | **Type of Staff** | | **No. of People** |
| **Management** | **Higher** |  |
| **Middle** |  |
| **Lower** |  |
| **Technical Staff** | |  |
| **Lower Staff** | |  |
| **Please write your Vision / Mission Statements Organizational Objectives:** | | | | |
| **Organizational Objectives:** | | | | |
| **Certifications Status: ISO 9001:2000 Certified Not Certified Under Process**  **ISO 14000 Certified Not Certified Under Process**  **SA 8000 Certified Not Certified Under Process**  **Any Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |

SECTION-2: APPLICATION FOR ACQUIRING NPO SERVICES TO IMPLEMENT QCCs UNDER QCC IMPLEMENTATION PROGRAM

|  |
| --- |
| **Problems facing during working / production:** |
| **Suggested Corrective Action to the above problems (optional):** |
| **Why you want to implement QCC in your organization (objective)?** |
| **In what department you suggest to implement QCC?**  **(Please attach brief Process Flow, and give the name / designation of person incharge of that department)** |
| **What are the basic problems in that department (your opinion)?** Frequent Machine Breakdown Wastages Lack training / Lack SkillsRework High cost of production Employee Turnover **Occupational Health & Safety Housekeeping**  **Any Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Are you using any tools for controlling your production or problem identification?**  **Yes No (if Yes, please specify below)**  **Brainstorming Tally Charts Pareto Analysis**  **Histograms Cause & Effect Analysis Control Charts**  **Other ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Nominate QCC Facilitator: Designation:**  ***(Note: Should be Manager & above, so that he/she can play an instrumental role and can act as Master Trainer for QCC afterwards. Please also provide, if possible, his/her biodata along with the detail of trainings that he/she has already attended)*** |

SECTION-3: REGSITRATION OF ALREADY EXISITNG QCCs

General Information about QCCs in the organization:

|  |  |  |  |
| --- | --- | --- | --- |
| **No. Of Circles:** | | | **No. of members in each Circle:** |
| **Sr.** | Circle Name | **Circle Type** | Name of Facilitators |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Rate of QCCs per Annum:** | | | |
| **Name of QCC Trainer:** | | | |
| **Management Commitment: YES NO** | | | |
| **Deficiencies of the Circles:** | | | |
| **Outcome after QCC implementation:** | | | |
| **Are results measurable (if so, please specify and use extra sheet if necessary):** | | | |
| Application of other QC Tools: | | | |

**Information about QCC to be registered:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Circle:** | **Type of the Circle:** | | **How old Circle is?** |
| **Name of the Facilitator With Designation** | | | |
| **Are the members of Circle team trained? (If yes, please specify areas of trainings) YES NO**  **Brainstorming Tally Charts Pareto Analysis**  **Histograms Cause & Effect Analysis Control Charts**  **Other ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Problem Identified (Attach presentation for details):** | | | |
| **Summary of Corrective Actions:** | | | |
| **Next Target for QCC:** | | | |
| **Rate of QCCs per Annum:** | | **Time spent on QCC activity:** | |
| **Outcome after QCC implementation:** | | | |
| **Are results measurable (if so, please specify and use extra sheet if necessary):** | | | |
| Benefits in terms of Cost Process Production Productivity **Quality Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Graphical Analysis (which QC Tools are applied, attach analysis report): | | | |

**SECTION-4: DECLARATION**

I hereby declare that the information as provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me.

I hereby also undertake to abide by the regulations prescribed by the NPO.

**DATE** (DAY-MONTH-YEAR)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE of CHIEF EXECUTIVE**

**STAMP:**

Note: REGISTRATION FEE FOR EACH CIRCLE IS Rs. 300/- (Per Annum) ONLY.

(Draft/Pay Order in favour of “NATIONAL PRODUCTIVITY ORGANIZATION”, Add Rs. 100/- in case of outstation draft)

(PLEASE ATTACH EXTRA SHEETS WHERE NECESSARY)

**For any other information, please contact:**

**MANAGER**

# INNOVATION & QUALITY DIVISION

NATIONAL PRODUCTIVITY ORGANIZATION

MINISTRY OF INDUSTRIES AND PRODUCTION

GOVERNMENT OF PAKISTAN

11th Floor, Shaheed-e-Millat Secretariat, F-6/1

Islamabad

E-MAIL: info@npo.gov.pk

WEBSITE: [www.npo.gov.pk](http://www.npo.gov.pk)

**\* (for the convenience of our stakeholders / beneficiaries, the *Concept of QCC* is attached with this form as Annexure-A)**