

# APPLICATION FORM – ‘TAIKI AKIMOTO’ 5S AWARDS COMPETITION – 2021”

(For Private & Government Organizations.)

***Notes to Applicants:***

* Kindly fill up the application by using computer and avoid handwriting.
* Clearly mention the address of the audit location
* Submitting 5S manual in soft format (PDF) is required for all the applicants
* Clear route map to the audit location and organization chart need to be attached by all applicants.
1. **Name of Organization & Address**

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1. **Audit Location**

|  |  |  |
| --- | --- | --- |
| **Contact Person** | **Name** | (Dr./Mr./Mrs./Ms./…..) |
| **Designation** |  |
| **Mailing Address** |  |
| **Contact Details** | **Fixed Line** |  | **Mobile** |  |
| **Fax** |  | **E mail** |  |

1. **Highest-Ranking Official**

|  |  |
| --- | --- |
| **Name** | (Dr./Mr./Mrs./Ms./…..) |
| **Designation** |  |
| **Mailing Address** |  |
| **Contact Details** | **Fixed Line** |  | **Mobile** |  |
| **Fax** |  | **E mail** |  |

1. **Contact Person**

|  |  |
| --- | --- |
| **Name** | (Dr./Mr./Mrs./Ms./…..) |
| **Designation** |  |
| **Mailing Address** |  |
| **Contact Details** | **Fixed Line** |  | **Mobile** |  |
| **Fax** |  | **E mail** |  |

1. **Alternative Contact Person**

|  |  |
| --- | --- |
| **Name** | (Dr./Mr./Mrs./Ms./…..) |
| **Designation** |  |
| **Mailing Address** |  |
| **Contact Details** | **Fixed Line** |  | **Mobile** |  |
| **Fax** |  | **E mail** |  |

1. **Applicant’s Status**

Years of Existence of the Applicant Organization

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Less than 2 years |  |  | More than 2 years |  |

Previous Participations for the competition

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

If Yes, please memtion the winning title.

|  |  |
| --- | --- |
| **Year** | **Winning Title** |
| **5S** | **KIZEN** | **CSR** |
|  |  |  |  |
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1. **Registration Fees**
2. **Application Fee**

Non-refundable fee of Rs. 4, 500/-.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cheque |  | Cash  |  | Bank Deposit/Transfer |  |

*Please upload the bank slip/Trasfer note with the application*

1. **Competition Fee**

I/We will ensure the relevant payment to be forwarded to the JASTECA Office within 7 days of such intimation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

1. **Award Category**

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| --- | --- | --- | --- | --- |
| **Category** |  |  | **Sector** |  |
|  |  |  |  |  |
| Micro (Less Than 10 employees  |  |  | Manufacturing |  |
|  |  |  |  |  |
| Small (up to 50 employees) |  |  | Service |  |
|  |  |  |  |  |
| Medium (51 to 250 employees) |  |  | Please mention the industry Name |
|  |  |  |
| Large (over 250 employees) |  |  |

1. **Details of Applicant Organization**

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| --- | --- | --- | --- | --- | --- |
| Number of Employees as at 1st of May 2021 | Permamanent |  |  | Others |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Audit Sheet (Self Evaluation) attached | Yes |  |  | No |  |
|  |  |  |  |  |  |
| Organization Chart attached | Yes |  |  | No |  |
|  |  |  |  |  |  |
| Route Map of Applicant attached | Yes |  |  | No |  |
|  |  |  |  |  |  |
| 5S Manual attached | Yes |  |  | No |  |
|  |  |  |  |  |  |
| 5S layout Plan |the areas covered for 5S attaced | Yes |  |  | No |  |

 Major Function of the Applicant Organization

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1. **Benifts after 5S**

Please indicate three (3) examples with detailed evidence how the organization/employees/the General public have been benefited after implementation of 5S concept in the orgatization.

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| 1 |  |
| 2 |  |
| 3 |  |

*Please provide details in 5S Manual*

1. **Subsidiary**

If applicant is a subsidiary, mention the name of the parent company

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|  |

Name/Position of highest ranking official of parent company

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|  |

Major functions of the Applicant Organization

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1. **Self-Certification Statement, Signature of the Highest-Ranking Official**

I state and attest that:

1. I have reviewed the information provided by my organization in this application.
2. To the best of my knowledge, no untrue statement of a material fact is contained in this application and no omission of a material fact has been made in this application.
3. I understand that at any time during Preliminary / Final Audit of Taiki Akimoto 5S Award Competition Process, if the information is found not to support eligibility, my organization will no longer receive consideration for any of the Awards and may receive only a feedback of the status of our 5S Activity at the Preliminary Audit.

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 **Signature of Highest-Ranking Officia**l  **Name of Organization**

 **………………………………………….**

 **Date**