QUALITY CIRCLE FORUM OF INDIA

 NAGPUR CHAPTER

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 CRITERIA FOR BEST PROPAGATING ORGANISATION AWARD-2025

Following information is necessary to evaluate propagation merit for best organisation awards. Please write the appropriate answers about your unit and send to Mail-ID (qcfi.nagpur@gmail.com, praveens5151@gmail.com) **on or before 5th September 2025.**

Organisations whose teams/ circles are participating in CCQC-25 Nagpur will be considered.

1)    Name of the organisation

2)    Address of correspondence

3)    Contact number

4)    Mail Id

5)    Production

6)    Number staff in production

7)    Number of direct workers

8)    Average age of workers

9)    Number of direct workers regularly participating in Quality Circle, 5S, kaizen etc.

10)  Number of contract workers

11) No.  of contract workers associated with Q C activity

12) Actual number of problems solved using quality concepts technique in last 3 years

13) No. of circles active in the unit from Oct 2022

14) Number of Gold/Excellence awards achieved in any CCQC in last 3 years

15) No. of Par Excellence/Diamond awards achieved in any CCQC in last 3 years

16) Total No. of teams/circles participating in all CCQC 2024.

17) No. of teams / Circles participated in NCQC 2024

18) No. of circles participated in ICQCC in last 3 years.

 19) Amount of Financial benefit due to such problems solved in last 2 years.

20) Various other tangential benefits to organisations.

21) Intangible benefits in long run for the organisation.

22) Number of total meetings recorded from Oct 2022 by all the teams/ circles.

23) Number and type of awards received in knowledge test in last 3 years

24) Total awards received in competition of slogan, posters, essay, Models etc.

25) No days of faculty lectures/workshops by external faculties from Oct 2022.

26) No. of days workshops by internal faculties from Oct 2022.

27) No. of internal competitions conducted from Oct 2022.

28) Total number of man-days of employees attended trainings from Oct 2022

29) Date of Implementation QC Activities in the organisation.

30) Any related special activities to be mentioned.

*Please ensure to sign on this information for verification and authentication purpose.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SEAL

Name of the Authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_