National Convention on Quality and Productivity - NCQP 2024

**Registration No Registration No EEEeEA**

**Form K Registration No EEEeEA**

Application for KAIZEN SUGGESTION SCHEME

**(to be submitted by 30th April 2024)**

(Please fill in a separate form for each Kaizen Suggestion and submit)

|  |  |
| --- | --- |
| Name of the Organisation |  |
| **Name of the Applicant** | 1. |
| Other team participants if any | 2.3.4. |
| Date of the suggestion submitted to management |  |
| Date of Suggestion implementation  |  |
| **Kaizen No** |  |
| **KAIZEN THEME** |  |
| Clearly explain the situation before the implementation (use diagrams/images if necessary) |
|  |
| Describe your suggestion |
|  |
| Clearly explain the situation after the implementation (use diagrams/images if necessary) |
|  |

|  |
| --- |
| List the benefits (tangible and/or intangible) of the change |
| Please tick (√) result area | P |  | Q |  | C |  | D |  | S |  | M |  |
| 123 |
| Details of the recognition/reward given by the company/organisation |
| 12 |
| Certification of the CEO / General Manager / Operation Manager / QC Manager / HR Manager |
| I certify that the suggestion was submitted to management and was implemented and that the details given in this submission are correct.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature DateName : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |