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) | |
|  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List the benefits (tangible and/or intangible) of the change | | | | | | | | | | | | |
| Please tick (√) result area | P |  | Q |  | C |  | D |  | S |  | M |  |
| 1  2  3 | | | | | | | | | | | | |
| Details of the recognition/reward given by the company/organisation | | | | | | | | | | | | |
| 1  2 | | | | | | | | | | | | |
| 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 Date  Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |