



**STQC Approval Body (SAB)
STQC Directorate, MeitY,
Government of India**

F01-Application form for Approval of SETL

(Application for approval or Change of Scope of Approval of SETL under the STQC Approval Body (SAB))

(Please \surd in appropriate box)	
First Approval	
Renewal of Approval	
Extension/Change of Scope	

1. Laboratory Details:

i.	Name of the Testing Laboratory: (Permanent Facility)	
ii.	Address:	
iii.	Authorized Point of Contact (POC)	
iv.	Telephone No.:	
v.	Fax No.:	
vi.	E-mail:	
vi.	Website:	

1.1. Do you conduct Testing in the following Category

i.	At permanent location as above	Yes / No
ii.	At Site Facility (when undertaking testing at site of the client)	Yes / No
iii.	Temporary Facility (when a facility is created temporarily)	Yes / No



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1.2. Name of Parent Organization (if part of an organization)

Telephone No. :

Fax No. :

E-mail :

1.3. Legal identity of Laboratory and date of establishment

(Please give Registration No. and name of authority who granted the registration)

Enclose copy of legal identity. :

MCA Incorporation Certificate No. :

1.4. Type of laboratory by service (please ✓ in appropriate box)

open to others	<input type="checkbox"/>	partly open to others	<input type="checkbox"/>	an in-house activity	<input type="checkbox"/>
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1.5. Other approvals/certifications/accreditations if any of laboratory as of date:

Approval / Certification / Accreditation Body	Scope of approvals / accreditations	Valid upto



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1.6. Field of Testing for which laboratory intends to go for approval

(Please √ in the appropriate box, separate application to be filled for each discipline)

Code No.	Type of Testing	√
1	Functional Testing	
2	Performance Testing	
3	Application Security Testing :	
	• Web Application Security Testing	
	• Mobile Application Security Testing	
	• API Security Testing	
4	Vulnerability Analysis & Penetration Testing	
5	Interoperability testing	
6	Accessibility testing	
7	Website Testing as per GIGW	
8	Hardware Security	

2. E-governance projects undertaken/plan to undertake:

e-Gov Project	Client Organization	Scope of Testing	Period (From/To)	Status (Ongoing / Completed)
Enclose list of e-governance projects				

3. Organization

3.1. Senior Management

A. Chief Executive/Head of the laboratory :

Telephone No.	Mobile No.	Email ID

B. Person responsible for the laboratory management system:

Telephone No.	Mobile No.	Email ID



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C. Person responsible for Technical operations:

Telephone No.	Mobile No.	Email ID

D. Contact person for interacting with STQC:

Telephone No.	Mobile No.	Email ID

E. Information regarding any individual or organization that has provided consultancy for preparing towards laboratory accreditation based on ISO/IEC 17025:2017:

Telephone No.	Mobile No.	Email ID

3.2. Organization Chart

- A. Indicate in an organization chart the operating departments of the testing laboratory for which accreditation is being sought (please append)
- B. Indicate how the testing laboratory is related to external organizations or to its own parent organization (where applicable)
- C. How do you establish independence of testing laboratory from other activities of the parent organization?



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3.3. Employees

(Please clearly indicate staff responsible for testing at permanent/other location(s) & at site)

Sl. No.	Name	Designation	Academic and Professional Qualifications with field of specialization	Experience related to present work (in years)	Total Experience

*Please enclose as Annexure

3.4. List of major SW test tools available for use

Sl. No.	Type of Testing	Simulator / SW Tool	Supplier	License Validity upto (if applicable)

3.5. Proposed Scope of Approval

(Laboratories performing site testing shall clearly identify the specific tests performed at permanent laboratory and/ or at site.)

Test Item	Activity	Reference Standard	Test Method
Software Applications and Systems/ Web Applications / Computer Networks			

Note: Annexure be enclosed if required for location-wise scope

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3.6. Authorized Signatories

(Please refer Approval Criteria STQC/SAB/D02 for qualification and experience details)

Authorized signatories for approval of test reports

Sl. No.	Laboratory/ Department / Section	Name & Designation of Signatory	Qualification with Specialization	Experience in years related to present work	Relevant Training	Authorized for which specific Type of testing	Specimen Signature

4. Internal Audit and Management Review details:

4.1 No. of Internal audits conducted: _____ no.

Frequency of audit: once / twice / quarterly /

Last Internal Audit conducted: on/from _____ / /20 _____

Whether all requirements of ISO/IEC 17025: 2017 and STQC Approval criteria covering all activities of laboratory have been audited: **YES/NO**

4.2 Management review _____

No. of Management Reviews conducted: _____ no.

Frequency of Review: once / twice / quarterly /

Last Management Review conducted: on/from _____ / /20 _____



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5. Any other information you would like to add:

6. Application Fees:

- 6.1 Number of Codes Applied for Approval: _____
- 6.2 Application fees in Rs. _____
- 6.3 Please enclose copy of Receipt obtained from NTRP.

7. Declaration by the laboratory:

We declare that –

- 7.1 We are familiar with the terms and conditions of maintaining approval as per Approval Criteria STQC/SAB/D02 and will abide by them.
- 7.2 We agree to comply fully with ISO/IEC 17025: 2017 based Approval Criteria for the approval of testing laboratory.
- 7.3 We agree to comply fully with 'Operation of STQC Empanelled Test Laboratory and Technical Oversight' as per document no. STQC/IT&eGov/D05.
- 7.4 We agree to comply with approval procedures, pay all costs for pre-assessment, assessment, verification visit (if any), surveillance and reassessment irrespective of the result.
- 7.5 We agree to co-operate with the assessment team appointed by STQC Approval Body for examination of all relevant documents by them and their visits to those parts of the laboratory that are part of the scope of accreditation.
- 7.6 We satisfy all national, regional and local regulatory requirements for operating a laboratory.
- 7.8 All information provided in this application is true.



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8. Enclosures to be submitted:

- ✓ One copy of Quality Manual of Laboratory (latest issue) according to STQC Approval Criteria based on ISO/IEC 17025.
- ✓ Copy of Legal Identity (Registration Details of the Laboratory)
- ✓ Signed copy of 'Agreement with applicant for certificate of approval' as per Form no. STQC-IT&eGov-F02.
- ✓ Copy of Internal Test Methodologies / Procedure for the testing scope requested for empanelment.
- ✓ Copy of test reports for each testing scope requested for empanelment for competency record.
- ✓ Any other document as and when sought by SAB related to empanelment process.

(Signature of Authorized Person)

Name:

Designation:

Date:

For Office Use Only

SAB-SETL Application number:

(Signature of
Official)