

APPLICATION FORM

for

Approval of IT Testing Laboratory

Doc. No.: **STQC-AS-ITTL-04**, Version: **1.0**, Rev: **01**



Standardization, Testing & Quality Certification

Ministry of Electronics & Information Technology, Govt. of India
Electronics Niketan, 6 CGO Complex, Lodhi Road
New Delhi-110003



APPLICATION FORM

(Application for approval or Change of Scope of Approval Under the STQC Approval scheme)

Revision History			
Issue Number	Revision Number	Date	Details of Changes
1.0	00	20.12.2013	-----
1.0	01	04.04.2019	1. Revision of Standards. 2. Shifting of operation from Jaipur to Mumbai.

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First Approval

Renewal of Approval

Extension/Change of Scope

1. Laboratory Details:

i.	Name of the Testing Laboratory: (Permanent Facility)	
ii.	Address:	
iii.	Telephone No.:	
iv.	Fax No.:	
v.	E-mail:	
vi.	Website:	
vii.	Multi-location Testing Laboratory? If Yes, pl. enclose list with addresses & local contact details.	Yes / No.

1.1 Do you conduct Testing in the following Category

a.	At permanent location as above	Yes / No
b.	At Site Facility (when undertaking testing at site of the client)	Yes / No
c.	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.

Goods & Service Tax No (GST) / with PAN/ TAN No. : _____

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

open to others	partly open to others	an in-house activity	
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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

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	√	Code No.	Type of Testing	√
01	Functionality Testing		07	Vulnerability Analysis & Penetration Testing	
02	Performance Testing		08	Portability Testing	
03	Application Security Testing		09	Interoperability testing	
04	Usability Testing		10	Accessibility testing	
05	Code review		11	Configuration & Compatibility Testing	
06	Network Security Testing		12	Website Testing	

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2.0 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				

3.0 Organization

3.1 Senior Management

3.1.1 Chief Executive/Head of the laboratory: _____

Telephone No.	Mobile No.	Email ID

3.1.2 Person responsible for the laboratory management system: _____

Telephone No.	Mobile No.	Email ID

3.1.3 Person responsible for Technical operations: _____

Telephone No.	Mobile No.	Email ID

3.1.4 Contact person for interacting with STQC: _____

Telephone No.	Mobile No.	Email ID

3.1.5 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

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3.2 Organization Chart

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

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

3.5 List of major SW test tools available for use

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

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3.6 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

3.7 Authorized Signatories (Please refer Approval Criteria STQC-AS-ITTL-03 for qualification and experience details)

3.7.1 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**

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4.2 Management review _____

No. of Management Reviews conducted: _____ no.

Frequency of Review: once / twice / quarterly /

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

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.

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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-AS-ITTL-03 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 with approval procedures, pay all costs for pre-assessment, assessment, verification visit (if any), surveillance and reassessment irrespective of the result.
- 7.4 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.
- 7.5 We satisfy all national, regional and local regulatory requirements for operating a laboratory.
- 7.6 All information provided in this application is true.

Signature of Laboratory Head: _____

Name & Designation: _____

Place: _____ Date: / / 20__

8. Enclosures:

- a. One copy of Quality Manual of Laboratory (latest issue) according to STQC Approval Criteria based on ISO/IEC 17025: 2017.
- b. Copy of Legal Identity (Registration Details of the Laboratory)
- c. Signed copy of Approval Agreement STQC-AS-ITTL-07
- d. Any other as required

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