Application for ISMS Certification

Organization name [If the client is different from the organization to be certified, please provide full details]	
Organization address	
Contact person	
Contact tel #	
Contact fax #	
Contact e-mail	
Organization's website address, if any	
Description of business activities of the organization [Or specific reference to the relevant attached documentation]	
Description of organizational structure of the business & the number of manpower under the scope of certification. [Or specific reference to the relevant attached documentation]	
Number of Shifts of Operation with timings	
Description of the total IT infrastructure of the organization [Or specific reference to the relevant attached documentation]	
Description of the scope of the ISMS in terms of included business activities, business locations, and IT infrastructure [Or specific reference to the relevant attached documentation]	
Details about the Outsourced processes, if any	
Any consultancy services under taken for ISO27001 implementation, If, so, By Whom	

Service required [Tick as appropriate]	ISO/IEC 27001:_____* – New Certification	☐
	ISO/IEC 27001:_____* – Scope Change	☐
	ISO/IEC 27001:_____* – Re-Certification	☐
	*Please mention the year of standard.	

| Preference concerning Evaluation of Documentation

[Tick as appropriate] | Documentation enclosed (see below) | ☐ |
| | Evaluation at organization's premises | ☐ |

Proposed Scope of Certification including controls excluded from Annex A of ISO 27001 if any

Details of Locations proposed to be covered under the scope of ISMS certification including main location

Location/Site	No of Shifts and Timings	Manpower under the scope of ISMS	Typical IT infrastructure used	Activities/ services being carried out at the location

Attach separate sheets as required

Note: 1.Please provide the Effective employee count for all the processes (e.g. IT, Purchase, HR etc.) under the scope of ISMS.

2. Please provide types of OS, type of networks/extranets, links, key networking components, number of servers, work from home (yes/no), real time applications if any etc. as part of IT infrastructure used.

Statement of Applicability(SoA) Details: (Document No, Version No, Issue date)	

Have you competed at-least one Management Review and One internal audit prior to making this application?	**Yes/No** **Details:**

Do you have any ISMS information (such as ISMS records or information about design and effectiveness of controls) that cannot be made available for review by the audit team because of any confidential or sensitive information (if yes please provide details below)	**Yes/No**

Attachments*:

1. Copy of certification agreement 2. Preliminary information 3. Complaint and appeal process

4. Information on Certification process 4. Any normative requirement for certification as applicable

*These documents can also be downloaded from our website www.stqc.gov.in.

Note: Fee/Charges details available on request.

In case the Evaluation of Documentation can take place at STQC, the following documentation should be enclosed:

- Information Security policy and Objectives,
- Description of the organizational scope of the ISMS including assignments of responsibilities for Information Security
- Description of the IT-infrastructural scope of the ISMS,
- Risk Assessment report identifying the threats to assets, vulnerabilities and impacts on the organization and determining the degree of risk,
- Risk Treatment Plan
- Statement of Applicability defining the selected controls, the control objectives and the reasons for their selection as well as the recording of exclusion of any controls listed and the reasons for their exclusion in the ISMS standard ISO/IEC 27001,
- ISMS procedures and instructions.
- ISMS Records required by the standard.

In case the Evaluation of Documentation should take place at the premises of the organization, the same set of documentation as listed above should be available there.

PS: Please enclose an application fee of Rs. 10000/- plus GST as applicable through Bharatkosh/NEFT to "Pay and Accounts Officer, Meity, at respective regional offices

DECLARATION
We agree to,

- ♦ Abide by the requirements of the Certification Body.
- ♦ Pay all applicable charges as prescribed by Certification Body.
- ♦ Inform certification body of any change(s) in the top management and product/ process/services and abide by the decision of the Certification Body thereof.
- ♦ Undertake that, should any information furnished by us is found to be incorrect, the application may be rejected forthwith.
- ♦ Undertake to cease with immediate effect, use of certificate & logo in the event of termination/reduction/withdrawal/cancellation of certification/registration and return the certificate and all related documents to the Certification Body.
- ♦ Sign the Certification Agreement and abide by all the conditions stated therein

Enclosures:

Details of Payment made to "Pay & Accounts Officer, MeitY , at respective regional office.	Receipt/UTR No:
	Date
	Amount Rs.

Signature	
Name	
Designation	
Date:	

Please provide any other information you have about your organization to help us give you a quotation. For example: brochures, your Web address... etc. Thank you for completing this application. We look forward to a successful partnership.

- ♦ Note: The certification requirement of STQC IT Certification Services can change at any time.
- ♦ STQC will notify the same to its clients as and when such changes are made.

Application Review
(To be filled by STQC IT Certification Services only)

Client Name	
Client Ref/Reg Number	
The information provided is adequate to develop audit program In case of no; additional information required	**Yes/No**
Website details (where applicable) reviewed	**Yes/No**
Any Contradictory information/Additional information (If yes attach details in separate sheet)	**Yes/No**
The application is acceptable If Not acceptable, state the reason below and notify the client	**Yes/No**
Statement of Applicability(SoA) details provided	**Yes/No**
If acceptable type of certification	**Accredited/ Non-Accredited**
In-case of accredited certification state Tech Area	**IT/Manufacturing/Engineering/Banking/Education/Public Administration/Others**
Determined Complexity of IT Infrastructure	**High/Medium/Low**
Justification for determination of complexity of IT Infrastructure in ref to procedure ISMS/P07	
Determine the nature of processes.	**Repetitive/Non-Repetitive**
Justification for determination of nature of processes in ref to procedure ISMS/P07	

Expected number of audit man-days (MD) for each site including Head Office for (Stage 1+Stage2) as per Procedure ISMS P07. Expected audit man-days shall be based on effective manpower under the scope of ISMS.

HO/ Main office	Site 1	Site 2	Site3	Site 4	Site 5	Site 6	Site 7
MD:	MD:	MD:	MD:	MD:	MD:	MD:	MD:
Site 8	Site 9	Site 10	Site 11	Site 12	Site 13	Site 14	Site 15
MD:	MD:	MD:	MD:	MD:	MD:	MD:	MD:

Justification of increase/decrease of Audit Man-days in ref to procedure ISMS/P07

Date:	**Signature** **Designation**

Note: Add additional sheets where required