Approving Body

for

Information Technology Testing Laboratory

- Software Applications and Systems for E-governance Solutions

Doc. No.: **STQC-AS-ITTL-01,** 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

PREFACE

For strengthening 'Quality eGovernance Eco-system to meet vision of NeGP, STQC initiated Conformity Assessment Activities about 6 years back. E-Governance solutions were evaluated to the requirements of RFP and contractual documents. Seven eGovernance Conformity Assessment Centers were established across the country. As of date STQC has limited capacity to cope with the volume of eGovernance solutions for State/Central Government and strategic defense projects. Hence there is need to empanel other IT Testing Laboratories including private Test houses ensuring their competencies, keep a check on their operation for independence for third party testing.

DG(STQC) has constituted a committee on 9th February, 2010 to prepare draft framework for recognizing independent Testing Laboratories and other conformity assessment bodies. The following Committee was nominated to finalize the framework –

  i.   U K Nandwani, New Delhi
  ii.   AlokSain, Kolkata
  iii.   B S Kumar, Bangalore
  iv.   Ravi Sondhi, New Delhi
  v.   B Singh, Jaipur

Accordingly 'Scheme for Approval of Conformity Assessment bodies for eGovernance' was developed in August 2010 & submitted to eGovernance Division of DIT. Subsequently DG, STQC constituted following committee in June, 2011 to examine the proposal –

  i.   Mrs. MitaliChatterjee – Chair Person
  ii.   Mr. N E Prasad, Hyderabad - Member
  iii.   Mrs. Veena S Kamath, Bangalore - Member
  iv.   Mr. R Muthukumar, Chennai - Member
  v.   Mr. PrakashMotwani – Member, Coordinator
  vi.   Mr.U K Nandwani, New Delhi – co-opted Member

The scope of the committee was to scrutinize the documents & come out with the recommendations on the following:

1. Feasibility of the scheme of recognition of Private Conformity Assessment Bodies (ITTLs)
2. Mode of operation
3. Surveillance & Monitoring of ITTLs by STQC
4. Plan for launching the activities with timelines
5. To workout Charges for approval, surveillance & monitoring activities by STQC.

The committee submitted report on 4th July, 2011 and recommended for 2-stage implementation –

Phase-1:

a. Approval of independent Test Laboratories for Functionality Testing, Application Security Testing, Performance Testing & Network Testing.
b. Empanelment of external auditors for assessment of Test Laboratories & for management system certifications.

Phase-II:

  a. Expanding scope of approvals based on experience of Phase-1.
  b. Empanelment of organizations providing auditing services.

The committee recommended Task Force for each of the above activities and accordingly for recognition of independent SW applications & systems testing laboratories the following Task force was constituted by DG, STQC in Jan-12:

1. Mrs. Veena S Kamath, Bangalore – Chair Person
2. Mr. B S Kumar, Bangalore – Member
3. Mr. AlokeSain, Kolkata – Member
4. Mr. B Singh, Jaipur – Member.

The Task force team met in March& April-12 & reviewed the scheme for Approval for independent test laboratories & the supplementary requirements of implementing ISO/IEc 17025:2005 to It Testing Laboratories. The scheme of Approval, the criteria document for assessment of IT testing laboratories, assessment forms are finalized, approved & formally the scheme is set for launch in February-13.

Continued efforts of all the above active members has resulted in establishing National eGovernance Conformity Assessment system for approval of independent IT Testing Laboratories with STQC Directorate as the Approving Body.

Date: N E Prasad

Place: New Delhi   DG, STQC

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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.

1   Introduction

Conformity Assessment is defined in ISO/IEC 17000:2004, Conformity Assessment Vocabulary and general principles, as "Demonstration that specified requirements relating to a product, process, system, person or body are fulfilled."

Conformity assessment procedures provide a means of ensuring that the products, services, or systems produced or operated have the required characteristics, and that these characteristics are consistent from product to product, service to service, or system to system. Conformity assessment provides benefits for manufacturers and service providers, consumers and government regulators, as well as for international trade in general. Conformity assessment consists of activities like testing, assessment, inspection, certification etc., accordingly conformity assessment bodies are independent test laboratories and assessment bodies with different scope of operation. Testing is one of the most common forms of conformity assessment and is also one of the most essential ones.

The liberalization of trade and industry policies of the Government of India has created quality consciousness in domestic trade and provided greater thrust for export. As a consequence testing laboratories have to demonstrably operate at an internationally acceptable level of competence. The general requirements for laboratories or other organizations, to be considered competent to carry out sampling, testing (other than medical) and calibration are specified in the International Standard ISO/IEC 17025:2005.

Approving bodies for laboratories thus play a pivotal role in formal recognition of technical competence of laboratories by providing approvals to this international standard. Standardization Testing and Quality Certification(STQC) Directorate is responsible to provide approval services to laboratories in an impartial and non-discriminatory manner for eGovernance Conformity Assessment purposes. The objective of *Approval Scheme for Information Technology Testing Laboratory involved in Testing of Software Applications and Systems for E-governance Solutions*is to facilitate availability of competent and reliable Independent Test Laboratories. This approval scheme provides availability of approved IT Test Laboratories for evaluating quality and security of eGovernance solutions.

For the approval process to be effective the approving bodies are required to design and operate their systems and processes in line with requirements of ISO/IEC 17011:2004, "Conformity Assessment-General requirement for accreditation bodies accrediting conformity assessment bodies".

This document provides information on management system established at STQC Directorate as Approving Body. The management system is based on requirements of ISO/IEC 17011:2004. This is a dynamic document in the sense that it will undergo amendments in response to requirements of continuous improvement based on feedback received from any of the interested parties, the stake holders.

2   Scope of Approval:

The scope of Approval Scheme covers approval of IT Testing Laboratories engaged intesting software applications & systems for both functional and non-functional characteristics to ensure quality & security of e-Governance solutions.

The scope of the IT (Software and System) Test Laboratories for approval in the field of Information Technology shall be made under three main disciplines:
- **Software conformance Testing**
- **System conformance Testing**
- **Network Testing**

Under these 3 disciplines, approval may be sought for different type of testing as given below:

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

3   Related Document and Normative references

- Conformity Assessment Requirements for e-Governance (CARE) [www.egovstandards.nic.in]
- ISO/IEC 17011:2004-Conformity assessment –General requirements for accreditation bodies accrediting conformity assessment bodies
- ISO/IEC 17025:2005-General requirements for the competence of testing and calibration laboratories
- ISO/IEC 17000:2004 Conformity assessment-Vocabulary and general principles

4   Terms and Definitions

4.1   Conformity Assessment

is defined as "Any activity concerned with determining directly or indirectly that relevant requirements are fulfilled.

4.2   Conformity Assessment Body

A professional Body engaged is performing the conformity assessment activity.

4.3   Assessment Bodies

Assess organization or projects for compliance with management system or process (ISMS,ITSM,QMSetc) standards using professional judgment.

4.4   Information Technology Testing Laboratories (ITTL)

A Laboratory thatTest or measure sample or item using scientific methodsto compliance particular characteristics and/or compliance with standards or specifications. For the purpose of this scheme laboratories cover ITTesting Laboratories engaged in testing software applications&systems for eGovernancesolutions.

4.5   Approving Body

Approval is defined as "procedure by which an authorized body gives formal approval(recognition) that a body or person is Competent to carry out specific tasks. In the context of this scheme STQC is authorized by DeitY, MCIT to operate approving scheme for recognizing competent IT Testing Laboratory, anConformity Assessment Body (ITTL) for evaluating quality of eGovernance solutions.

4.6   Approval System

System that has its own rules of procedures and management, for carrying out approval of conformity assessment body.

4.7 Registration

Inclusion of ITTL particulars and field of its assessed capability by the approving Body in an appropriate register or list which are available in public domain.

4.8 Certificate of approval

Document issued under the rules of a approval System indicating compliance/conformance to the specified requirements of the applicable standard or requirements.

4.9 Approval Agreement

An agreement which is part of the Approval System and which details the mutual rights and obligations of the Approval certificate holder and the Approving Body, and which includes the right to use the approval certificate.

4.10 Appeal

A formal expression of dissatisfaction by a party affected with a decision of a approving Body, which is directly related to the approval status of the ITTL.

4.11 Complaint

A formal expression of dissatisfaction with some matter related to a Approving Body, a approved ITTL or an individual.

4.12 Dispute

Expression of difference of opinion between two parties in relation to some matter related to a approving Body, a approved ITTL or an individual.

4.13 Minor Non-conformity

A Minor Non-conformity is an isolated lapse that will not directly affect the conformance of the ITTL to the applicable requirements. However, if it persists, it may be considered a major non-conformity.

4.14 Major Non-conformity

A Major Non-conformity is the absence of or the in-effective implementation of one or more required system elements, or a situation, which would, on the basis of objective evidence or evaluation, affect the conformance of ITTL to applicable requirement.

5 Approving Body

STQC is the designated approving body for the operation of the scheme. For the purpose of the scheme the Approving Bodyquality policyis defined as –

"Standardization Testing and Quality Certification(STQC) Directorate is committed to promote, coordinate, guide, implement and maintain an Approval System for Information Technology Testing Laboratory testing Software Applications and Systems for E-governance solutionsin a professional way and in accordance with the relevant national and international standards."

STQC maintains a management system in accordance with international practices (ISO/IEC 17011:2004) and that its approved conformity assessment bodies are competent in their operations of testing and assessments. Procedures for Operation of Approving body refer STQC-AS-ITTL-15.

Principle and Approach:

Users(Government department as buyer, funding agency, solution provider as supplier) demand

Document	Rules and Procedures for Operation of STQC Approving Body				
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confidence in the quality of the service they use. It is also important for thebusinesses (solution providers) and Buyers (generally government organizations) to have confidence in the integrity and quality of the services supplied by Conformity Assessment Body. It is the independence, competence and impartiality of the participating IT Testing Laboratory, anconformity assessment body that provide this confidence. The principles and approach for operating this scheme are:

- Defining, harmonizing and building consistency in Test engineering and assessment service in India for quality evaluation of eGovernance solutions by ensuring common interpretation of the standards, common and harmonized test report formats and assessment procedures used by its clients (approved IT Testing Laboratory).

- Ensuring transparency of the operations(including assessments) performed and results provided by its clients (approved IT Testing Laboratory).

- Maintaining a hormonal related links between buyers and purchasers.

- Managing a peer evaluation system consistent with international practices

- Acting as a technical resource on matters related to the implementation and operation of DeITy policy on capacity building on the of Quality evaluation of IT Systems, Services and Products.

Policy, Declarations and Objectives

Goal

"To provide approval services for IT Testing Laboratories in a competent and credible manner, leading to enhanced acceptability of for IT Testing Laboratories by user's organizations for e-GovernanceSoftware Applications and Systems"

General Policy statements, declarations and commitments

The approving Body provides unhindered access to all the eligible applicants seeking approval. However, the approved applicants will have to commit that they provide the services in a competent, professional and reliable manner, in the market (business/activities) and be involved in the activities for which they have been approved.

All the procedures adopted by the Approving Body are administered in a nondiscriminatory manner. The Approving Body makes its services accessible to all eligible applicants, without any undue financial or other conditions.

The Approving Body confines its assessment and decision on approving to those matters specifically related to the scope of approving being considered.

The Approving Body is responsible for its decision relating to the granting, maintaining, extending, reducing, suspending and withdrawing approvals.

The Approving Body has an identified management structure, which has the overall responsibility for the operation of Approving Scheme.

The Approving Body has a documented structure, including provisions to assure the impartiality of the operation of Approving Body. It further enables participation of all interested parties in the content and functioning of approving system.

The Approving Body has a documented system to provide confidence in its ability to operate a approving system.

The Approving Body ensures that each decision on approving is taken by persons different from those who carried out the testing/assessment/evaluation.

Approving Body has defined authorities and responsibilities relevant to its approving activities.
The Approving Body has adequate arrangements to cover liabilities arising from its operations and/or activities. (as specified in approving agreement).

The Approving Body has financial stability and resources required for the operation of the approving system, in the form of budgetary and resource support Department of Electronics & IT. The financial administration of the scheme including determination of charges is the responsibility of Head (Approving Body).

The Approving Body has sufficient number of personnel having the necessary education, training, technical knowledge and experience for performing approving functions under the overall responsibility of Head (Approving Body).

The Approving Body's personnel along with Head (Approving Body) & staff are free from any commercial, financial and other pressures, which might influence the results of Approving process.

The Approving Body has a defined criterion for appointment and operation of all the committees needed for Approving process. These committees are free from any commercial, financial and other pressures that might influence decisions.

The Approving Body has a defined policy and procedure for resolution of Complaints, Appeals and Disputes received from suppliers or other parties about the handling of approving or any other related matter.

5.1 <u>Legal Status</u>

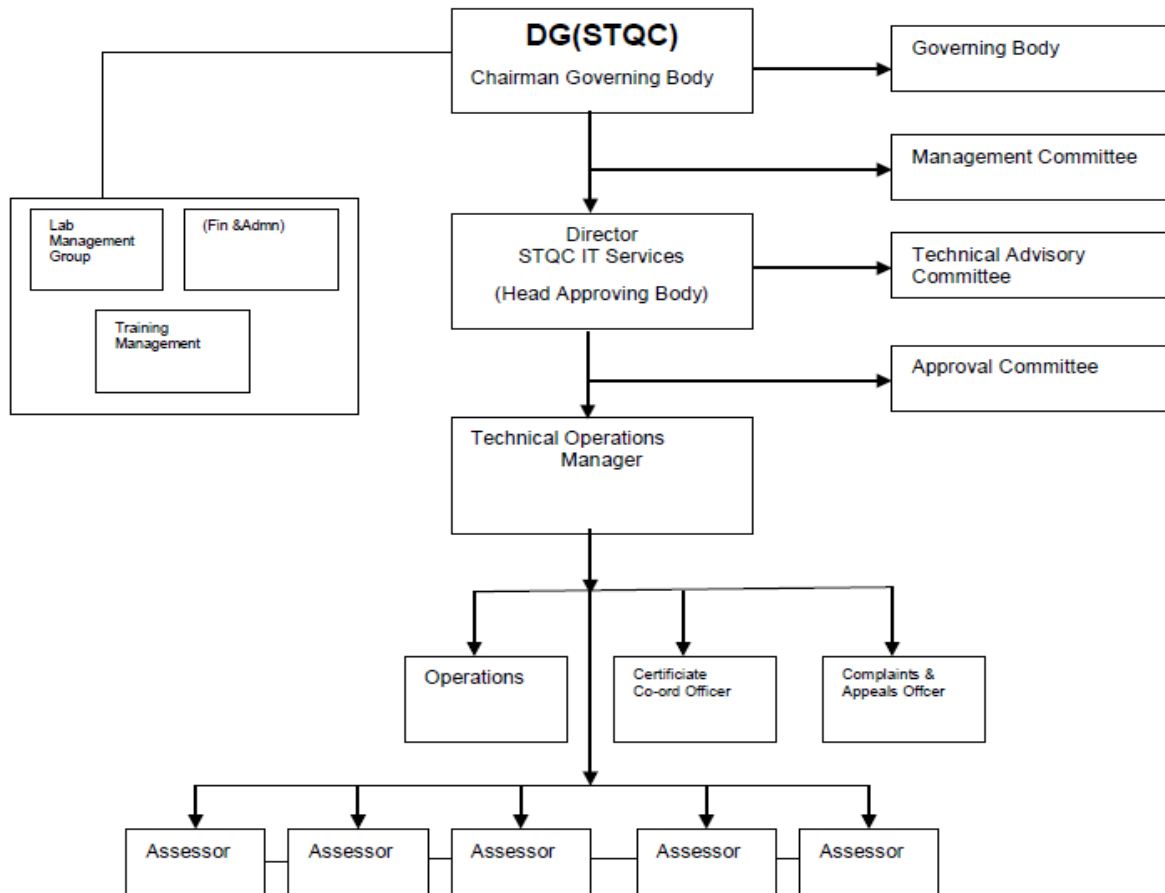STQC Directorate is an attached office of Department of Information technology under Ministry of communication and information Technology, Government of India. The scheme operates from its
HQRS located at Department of Electronics & Information Technology, Electronics Niketan,6, CGO Complex, Lodhi Road, New Delhi – 110003.

5.2 <u>Structure</u>

ORGANISATION CHART OF APPROVING BODY refer next page.

ORGANISATION CHART OF APPROVING BODY

The approving body has following constituents:
I) Governing Body
II) Management Committee
III) Head (Approving Body)
IV) Technical Operations Manager
V) Technical Advisory Committee (TAC)
VI) Approving Committee (AC)

Criteria, Composition and Terms of Reference

I) **Governing body**

It is chaired by DG (STQC) and will have member form DIT and industry association and STQC. It is responsible for formulating policies, basic principles and proving directions to the approving body.

II) **Management Committee (MC)**

The objective of management committee is to carry out periodic review of effectiveness & efficiency of the approving scheme for Conformity Assessment Bodies at least once in a year. They will also ensure implementation of necessary actions to meet the objectives. Management Committee will be chaired by Head Approving Body and members nominated by DG (STQC).

III) **Head, Approving Body**

Head (Approving Body) acting under the authority of STQC Dte. He is responsible to safeguard the impartiality of the Approving Operations and to provide confidence in its approvals. Head (Approving Body) along with STQC team is responsible for operation of the Approval System. In case of conflict of opinion with the decision of the Approving Committee, he may take decision, as appropriate. He is responsible for management of approval System.

IV) Technical Operations Manager

Technical Operations Manager is nominated by Head-Approving Body & is responsible for the day to-day operations of the Approving Body.

Activities include -
- Operate the scheme as per the scheme documents
- Liaising with the Approving Body
- Corresponding with the Applicant Laboratories
- Receipt of Applications, scrutinizing applications, acceptance of applications
- Activities connected with organizing assessments
- Empanelment of Assessor/Technical experts
- Scrutiny & forwarding the assessment reports to Approving body
- Communicating Approving body decisions to Applicant Laboratory & Approved Laboratory.
- Maintenance of records related to the Approval Scheme

V) Technical Advisory Committee (TAC)

The object of the Technical Advisory Committee is to provide the technical advice to approving system at various levels, as per the requirements. TAC will be nominated by DG (STQC). The TAC will meet on the recommendation of MC or on the following events:
- Change/ Review of specification documents
- Review and adoption of Approving Scheme documents
- Providing clarification and interpretation of technical issues, interpretation of standard requirement.

TAC would be responsible for:
- Drafting and reviewing, the scheme specific technical documents etc.
- Resolution of disputes received from supplier/developer with regards to the interpretation of specifications etc.
- Appeals, Complaints and Disputes brought before the Approving Body by suppliers or other parties.

The members are chosen among those interested parties involved in the:
- Formulation of Approving System documents
- Testing Experts
- Technical expert on standards

The TAC has six representatives that have adequate academic and professional experience in the field they represent. Representative of STQC is the Member Secretary of the Committee. The other members are:
- Chairman (DG STQC)
- Representative of Industry (Two Members)
- Representative of STQC (One Member)
- Representative of DIT (e-gov division) (One Member)

VI) **Approving Committee (AC)**

The Approval Committee is nominated by the Approving Body from time to time consisting of Technical Operations Manager as Convener presents all requisite information along with supporting documentation and min. two members.

The role of the Approving Committee is to advise the Certificate Signing Authority on decisions relating to
- Advising on the approval of independent test laboratories of defined scope.
- Advising on the approval of Technical Expert/Specialist resource for empanelment

To achieve this approving committee
- Reviews the reports of testing and evaluation for adequacy of their content.
- Ensure compliance through/ evaluation to the defined criteria both administrative(process and procedures) and technical
- seek expert's opinion where necessary for determining the technical basis for grantingApprovals.
- provide feedback for improvement

The Approving Committee normally meets as and when required. The Approving Committee examines all the inputs &authorizes Head Approving body to issue Certificate of Approval.

5.3 Impartiality

STQC has formulated its policy and procedures in a manner to safe guard the objectivity and impartiality of its activities, at all levels. All personnel involved in the approval process are required to sign a statement of impartiality.

STQC Committees comprise of members selected on the basis of their necessary technical competence, knowledge of principles and processes of approval, in a manner so as to maximize the uniformity of interpretation and impartiality of judgment and to maintain the balance of interest. Various committees of STQC have members from National Standards bodies, Regulatory bodies, Government departments, Approved laboratories, users who are technical experts in their own field and industry association etc. The committees have been constituted in such a way that no single group dominates in the decision making process
.
STQC renders approval services in a non-discriminatory manner. These services are accessible to all applicant laboratories irrespective of their size, legal status, ownership and degree of independence, membership of any association/group or the number of ITTL's already approved in a particular field.

On receipt of completed application in STQC-AS-ITTL-04, the approval process is initiated for the applicant Conformity Assessment Bodies whose scopes of operation fall under the disciplines covered by STQC.

Uniform fee structure is maintained for all ITTL's and the charges are maintained as per Schedule of Charges STQC-AS-ITTL-05.

All STQC officers and staff engaged in the Approving activities are governed by established professional ethical norms ensuring their impartiality in the discharge of assigned duties. They are required to sign a statement of impartiality and confidentiality in STQC-AS-ITTL-F10. The Assessors are trained in the Assessor training course to act objectively and be impartial in conducting the assessments. Refer Assessor Guide STQC-AS-ITTL-13.

5.4 Confidentiality

STQC management system is documented and implemented in a manner to ensure confidentiality of information related to approval activities, at all levels. All documents, correspondence related to the approval matters are kept confidential. All physical records are kept in safe custody and computer records are accessible to authorized personnel only.

The Assessors, approval committee members and STQC officers and support staff are bound by a commitment to maintain confidentiality, through signed statements.

5.5 Liability and financing

The liabilities of STQC may arise due to legal proceedings initiated by approved ITTL, users of approved laboratories, consumer associations or through contractual liabilities. In all such cases STQC seeks advice from appropriate and competent legal consultants and sufficient budget provisioning are made to deal such situations.

The financial requirements of STQC are met from the support provided by Department of Information Technology, Government of India. The earning from the approval services and other services, in terms of application fees, professional fee and annual fees etc. are deposited in consolidated fund of India.

5.6 Approval Activity

STQC provides ITTL approval services to software and system laboratories operating their Management Systems in accordance with ISO/IEC 17025:2005 'General requirements of competence of testing and calibration laboratories'. STQC also provides approval services to assessment bodies operating their Management Systems in accordance with the defined criteria. For providing these approval services STQC operates its management system in accordance with the requirements of ISO/IEC 17011:2004.

The specific criteria/guidance documents are drafted by the technical committee(s) which are constituted field/discipline wise and experts of the major groups of a field are represented in the committee. The members of the committee are selected on the basis of their necessary technical competence in the specific field under review and knowledge of approval process, with appropriate participation of interested parties.

STQC also makes use of application and guidance, documents published by International bodies like European Accreditation etc. where appropriate, by adopting the same or using them as a basis for formulating its own documents.

6 Approving Body's Management System

STQC's top management has defined and documented the Quality Policy as defined at cl.5, page 8.

The overall quality objectives of STQC have been defined as given below, which also take care of the needs of interested Conformity Assessment Bodies and Industry associations which are consistent with STQC policies. These objectives form the basis for defining measurable quality objectives during the management review and are subject to periodic review and monitoring. These also become the tool and the basis for continually improving the effectiveness of the management system.

6.1 **The Quality Objectives**
The quality objectives are consistent with the quality policies of STQC are listed below:

i) To promote implement and maintain an approval system for laboratories and assessment bodies in accordance with the relevant national and international standards, suitable for the country and responsive to changing needs.
ii) To provide timely approval services to applicant laboratories and assessment bodies
iii) To organize awareness programs on all aspects of laboratory approval by various means including seminars and workshops.
iv) To prepare and maintain database of assessors and experts in testing and undertake regular monitoring of assessors.
v) To undertake appropriate training programs in support of laboratories and assessment bodies approval and related activities and for their improvement, like training of assessors and operation officers etc.
vi) To develop and operate mechanisms to deal with complaints as well as appeals against STQC decision on approval.

The quality policy and objectives are made available to all operating the Approval Scheme. The policy aims and objectives are informed and made understood, to all persons in STQC for implementation and continued compliance.

STQC ensures that effective communication takes place for the needs of the interested parties by:
• Providing information on its website and through mails
• Answering queries on time
• Conducting training programs, seminars, awareness campaign etc.
• Reviewing and monitoring of quality objectives based on feedbacks

STQC has adequate resources to cater to the volume of work covering the scope of this document. All approval related documents are available and accessible to all stake holders for implementation in their areas of work. During the internal review meetings the work progress and effectiveness of implementation of STQC process is monitored.

The Chairman Governing Body, appoints a member of STQC Team as Technical Operations Manager. The Technical Operations Manager, irrespective of his/her other responsibilities, has the responsibility and authority that includes-

a) establishment of procedures needed for the management system
b) reporting to the Chairman, Governing Body on the performance of management system and any need for improvement.

6.2 Document Control

STQC has a system of controlling all internal and external documents that relates to its approval activity. The control system includes the following:

i)   All internally generally documents that form part of STQC Quality Management System are reviewed for adequacy and approved by authorized personnel before release. For external origin documents the controls pertain to their updation and controlled release.
ii)   Documents are periodically reviewed and when necessary updated/revised to ensure continuing suitability and compliance of the system
iii)   Changes to document are reviewed and approved by the same function that performs the original review, unless specifically designated.
iv)   The Master list of all controlled documents is used to identify the current revision status of documents to preclude the use of invalid and/or obsolete document.
v)   It is ensured that relevant editions of documents are available at the point of use.

vi) All documents forming part of management system are kept in legible condition and are uniquely identified.

vii) Controls are maintained by providing limited/restricted accessibility to safeguard the confidentiality of documents.

Refer procedure: STQC-AS-ITTL-15 on Procedures for Approving Body Operations

6.3 Control of Records

STQC has a system of maintaining the records wherever these records are required to be maintained in compliance with the requirements of ISO/IEC 17011 and also where they are required as an objective evidence of compliance to a procedure. The procedure for identification, collection, indexing, accessing, filling, storage, maintenance, and disposal of records has been documented in STQC-AS-ITTL-15.

Records maintained are
  i) Client (Applicant ITTL) file containing the complete life cycle but records limited to last 3 years
  ii) List of qualified assessors, assessors and technical experts profile and their empanelment record, training records.

The retention period of records is limited to 3 years and a control list of records is maintained.

6.4 Non-conformities and corrective actions

Through all efforts are made to adhere with defined procedure and practices there can be inadvertent or situational deviations/non-conformities. The identification and management of non-conformities in the operation of ITTL approval Schemeare identified through internal/external audits, feedbacks from laboratories, ITTL user of laboratories,assessors, committee members, complaint investigations etc. The procedure STQC-AS-ITTL-15 ensures that the non-conforming work is corrected and the cause of non-conformity is determined. To eliminate the causes of non-conformities and to prevent recurrence, appropriate corrective actions are taken, in a timely manner. If required, the effectiveness of the corrective action taken is reviewed. A record of all non-conformities and corrective action taken is maintained.

The trends in non-conformities and the status of corrective actions are reported in the management review meetings.

6.5 Preventive action

To identify opportunities for improvement and to take preventive actions to eliminate the causes of potential non-conformities a procedureSTQC-AS-ITTL-15has been established. The procedure includes the sources for identification of areas for implementing preventing action, collection and analysis of data, trend/risk analysis based on which an action plan is drawn for implementation. The information sources for preventive action could include, but not restricted to the feedbacks from laboratories, ITTL, assessors, approval committee members, users of laboratories, staff of STQC other bodies.

A record of preventive action taken is maintained. The effectiveness of the preventive action taken is reviewed. The status of preventive action taken is reported in the management review meetings.

6.6 Internal audits

STQC has system of conducting periodic internal audits once in a year to verify that Approving body management systems and the services conform to the stipulated requirements by Internal/External Auditor

nominated by Head-Approving body. An audit program is planned taking to consideration the importance of the processes and areas to be audited. The effectiveness of the corrective actions on the non-conformities of the previous audits is also reviewed. The Quality Officer is responsible for the internal audit process. Audits are conducted by qualified personnel different from those who perform the activity to be audited and are acknowledgeable. The outcome of the audit is formally informed to all concerned personnel responsible for the area audited vide the audit report for their timely and appropriate action. The audit report also includes information on opportunities for improvement, if identified. The results of internal audits are reported in Management Review Meetings. Refer STQC-AS-ITTL-15.

6.7 Management Review

To ensure the effectiveness of the system, Management Reviews the whole system in terms of the adequacy of its definition, in the context of current environment and its implementation compliance. Management also discusses whether system is capable to meet its objectives and the relevance of the objectives.

Head Approving Body conducts the management review of the STQC management system covering all the input elements as described in procedure STQC-AS-ITTL-15. The review includes current performance and improvement opportunity, where available, for the review elements identified.

The resolutions/actions for implementation arising out of management review shall
    a) improvement of the management system and its processes/services
    b) approval processes in conformity with relevant standards and expectations of interested parties,
    c) defining or re-defining or the policies, goals and objective
    d) requirement of additional resources

6.8 Complaints

STQC is open to receiving complaints for any of the activities performed by its officials, assessors and the approved laboratories, assessment bodies. The Conformity Assessment Body and the assessors are informed about this policy. All complaints are acknowledged and after investigations, the complainant are informed about the outcome of the complaint. All complaints and the action taken are recorded. The complaint handling procedure STQC-AS-ITTL-12 includes system of establishing validity of the complaint, taking appropriate actions and assessing their effectiveness, suitable correspondence with all the parties involved including the complainant.

7 Human Resources

7.1 Personnel associated with the approval body

STQC Directorate, comprising of Director, STQC IT Services (Head Approving Body), Technical Operations Manager and support staff are involved in the approval activities of ITTL for eGovernance. All the officers and support staff are full time employees of STQC. The Officers have requisite academic qualifications, knowledge and experience in operations of ITTL as well as in approval procedures. Director, STQC IT Services (Head Approving Body) are responsible for administering and managing the approvals. A job profile of all STQC officers and support staff is available in the personnel records.

STQC has empanelled Lead Assessors and Technical Assessors for all fields/disciplines covered in the scope of ITTL approval. All Lead Assessor and Technical Assessors have vast experience in the laboratory/ITTL or any related activity and are empanelled through a contractual agreement.
 In case of new and emerging areas, STQC has access to other experts from laboratories or industry or

related organizations, both national and international.

All STQC employees involved in ITTL approval activities are required to sign a statement for maintaining confidentiality and impartiality which includes independence from commercial and other interest or any association with laboratories/ITTL.

All Lead Assessors and Technical Assessors, Technical Experts(on need basis), Observers are required to sign a contract with STQC which specifies the terms and conditions of their empanelment. The contract contains a declaration in respect of independence and impartiality, as well as a confidentiality statement.

7.2 Personnel involved in the approval process

STQC selects its employees, assessors and approval committee members for the operation of its approval system based on their qualification, experience and competence. All officers involved in ITTL approval activity when the applicable standards get revised. Training programmes are organized by STQC for its approval officers in specific fields based on requirements. The officers are also encouraged to attend training courses conducted by reputed national and international organizations.

STQC Assessors
The minimum qualification requirements for assessors is a bachelor's degree in engineering or a master's degree in science and a minimum of five years working experience in the relevant field of conformity assessment (Software testing/Audits) at supervisory level and above.

Refer STQC-AS-ITTL-10 on Assessor Empanelment.

Approval committee members

The desired qualification requirements for the members of approval committee are a minimum of bachelor's degree in engineering or a master's degree in science and a minimum of fifteen years working experience in the relevant field of testing in a senior position.

The members are selected based on their necessary technical competence, knowledge of principles and processes of approval, past performance as Assessors or committee members.

7.3 Monitoring

All the assessors both for ITL and assessment bodies are monitored through observation and witness process and records are maintained as per STQC-AS-ITTL-13.

8 Approval Process

8.1 Approval Criteria and Information

The approval criteria against which the conformity assessment bodies are approved by STQC are given in STQC-AS-ITTL-03.

General information regarding STQC and the procedure followed for approval process and related activities is made available to public through STQC website www.stqc.nic.in, website also provides list of approved Test Laboratories.

8.2 Application for Approval

The ITTL to submit completed Application form for Approval in formatSTQC-AS-ITTL-04 to the Technical Operations Manager along with the Application Fees as per Schedule of Charges STQC-AS-ITTL-05. Clarifications if any, on the Application, theTechnical Operations Manager will coordinate with the applicant lab.
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8.3 Resource Review

To conduct the assessment of the applicant the approving body reviews the resource requirement depending on size and complexity of the applicant organization, area of technologies and geographical location. Accordingly a team of assessors lead by a lead assessor is assigned the project.

8.4 Subcontracting the Assessment

At present STQC does not do any subcontracting.

8.5 Preparation for Assessment

STQC has a system of conducting a system of conducting a pre assessment visit of the ITTL before the initial assessment. At present this is optional.

Pre-assessment: STQC assessors have to conduct pre-assessments as per Approval scheme during initial Approval to
  • Ensure that the lead assessor's findings/ major gaps in the Conformity Assessment Body, ITTL, quality manual/documents. This first identification of the gaps/problems in implementation would be considered a pre-assessment.

  • Pre-assessment as stage-1 enables to plan for the final stage-2 assessment wherein, the ITTL has closed all the observations/Non conformances in documentation or system implementation ready for the full assessment for Approval..

To implement the pre-assessment program, the Approving body nominatedLead assessor communicates to Applicant Laboratory. on mutually acceptable date pre-assessment is conducted with notification to Approving Body.If necessary Technical Expert also may participate in Pre-assessment as nominated by the Approving body.

Assessment charges as per Schedule of Charges in STQC-AS-ITTL-05.

Delayed Assessment Policy: If an IT Testing Laboratory fails to undergo its full assessment within one year from receipt of the application at STQC headquarters, the Approving body is prompted by STQC to take action. If no action is taken within thirty (30) days of that reminder, the ITTL is required to begin the application process again and pay the approval fees in effect at that time. Any fees paid with the initial application will not be refunded.

Policies with respect to Branch Systems: If Applicant ITTL are applying as a multi-facility at multi-location, then a separate application must be completed for each ITTL location.

ITTL applying as corporate entity, then a branch ITTL shall follow the following conditions:

Application for approval

All application, renewal of approval and annual review processes must be coordinated through one central person, the Corporate Representative; All fee payments and invoices must be coordinated through the

Corporate Representative; All Conformity Assessment Body within a single branch system must have the same anniversary date; All ITTL within a single branch system are given related certificate.

This central coordination and arrangement within STQC database allows for greater efficiency in handling various Processes, No discount on fee is offered to all type of testing of Conformity Assessment Body ITTL.

For large branch systems, this central coordination can become cumbersome and all branch bodies within the system are often unable to complete the various processes (renewals and annual reviews) by the same anniversary date or deadline. There are two options choosing not to apply as a branch system but preferred to apply as independent facilitiesinview of the following:

1. Each ITTL would be given a separate anniversary date as well as independent certificate numbers.
2. In addition, all annual review and renewal paperwork and invoices would be sent to the individual Conformity Assessment Body contacts instead of a corporate representative.
3. Each ITTL would be responsible for the initial application fee and the full annual fee for each year of approval maintenance.

8.6 Document and record review

The adequacy of documentation is reviewed by the lead assessor before proceeding for on-site pre-assessment/assessment visit. Further, even during the on-site assessment Lead assessor/Technical Assessors/Experts are required to review the document to evaluate its conformity with the criteria (e.g. ISO 17025 for Laboratory approval) as applicable and the relevant specific criteria documents and other STQC requirement documents and report the status suitably vide the assessment report.

If there are gross non-conformities reported by the team member(s), it may be decided not to proceed with the on-site assessment and the non-conformities are reported in writing to the Conformity Assessment Body.

8.7 On-site Assessment

Procedure for conducting on-site assessment is detailed in Assessor Guide which includes procedure for conducting an opening meeting. During the meeting where the assessment team and the key personnel of the Conformity Assessment Body are present, the team explains to the ITTL the purpose of assessment, the approval criteria, the assessment schedule and the scope of approval is confirmed.

The Team Leader identifies representative sample for witness the basic principles of sampling are followed to make it representative considering the applied scope. This also covers sampling for witnessing the performance of representative number of staff of the laboratory/organisation to provide assurance of the competence of the organisation across the scope of approval.

8.8 Analysis of findings and assessment report

The assessment team is required to analyse all relevant information and evidence gathered during the document and record review and the on-site assessment. Based on this the team is required to determine the extent of competence and ascertain whether the work of the organization/laboratory is being performed in accordance with the assessment criteria.

The areas of improvement if observed are required to be summarized and presented by the Assessment team to the management during the closing meeting, however assessors are made aware of the fact that the improvements suggested are merely for making the organisation/laboratory understand the requirements of the standard and should not be for offering any consultancy

When the assessment team needs clarification/interpretation on any aspect or if there arises a conflict between assessment team and the organisation laboratory, there exists provision for referring the matter to STQC.

STQC procedure for conduct of assessment requires that a closing meeting between the assessment team and the ITTL management takes place. During the closing meeting the assessment team briefs the ITTL about the findings of the assessment and provides clarifications on the queries raised by the (ITTL). A written report is prepared, consistent with the proceedings of the assessment.

STQC remains responsible for the contents of the assessment report including non-conformities.

STQC procedure ensures that the responses of the (ITTL) to resolve the non-conformities raised by the assessment team are reviewed to verify their adequacy and effectiveness. If required additional information is called for. The closure of non-conformities is either done based on review of evidence of effective implementation of corrective actions or through a follow-up visit, appropriate. The assessment report is forwarded to the approval committee through secretariat.

The Approval Committee is provided with adequate information, to take a decision regarding recommendation for grant, reduction, extension, maintenance or withdrawal of approval. This includes information on, unique identification of the ITTL, dates of the on-site assessment, names of assessors/experts involved in assessment report, a statement on the adequacy of internal organization, information on the resolution of all non-conformities, and any other relevant information. Based on the recommendation of the approval committee, Head approval scheme takes the decision on approval.

8.9 Decision-making and granting approval

The STQC Secretariat analyses the assessment report received from the assessment team; if required, seeks further information and when fully satisfied prepares a summary.

STQC organizes approval Committee meetings at regular intervals. In all cases where the assessment of the ITTL has been conducted and the non-conformities if any, raised by the assessment team are subsequently closedare placed before the approval committee for a recommendation/decision to grant approval.

STQC does not have any policy of making use of assessments already performed by another approving body for use by its decision taking system.

Decision regarding approval is taken by Head of Scheme based on the recommendation of the approval Committee. An approval certificate with unique identification number is then issued to the ITTL. The certificate contains all relevant information including scope. Refer STQC-AS-ITTL-08 Certificate of Approval.

8.10 Appeals

STQC has established policy and procedure for dealing with appeals from ITTL against its own decisions. The cases may involve refusal of approval or scope reduction for applicant suspension, forced withdrawal of ITTL.

The appeals procedure includes appointment of an independent individual/Appeals Committee, to decide validity of the appeals received. An officer of STQC has been nominated for informing ITTL of the final decision and to take follow up actions, if required.

8.11 Reassessment and surveillance

Surveillance and reassessment procedures are consistent with initial approval procedures. The experience gained during previous assessments is taken into account for future assessments.

STQC grants approval to ITTL for a period of 2 years. STQC conducts an annual surveillance and a re-assessment every two years. The surveillance are conducted on site.
After the grant of approval a plan is prepared for conducting the surveillance and re-assessment of ITTL. The design of the plan is such that it ensures that for each approved ITTL the representative samples of the scope of approval are assessed during re-assessment. Where the approval scope is very large, the plan covers the entire scope over a period of two approval cycles.

During surveillance or re-assessment, when non-conformities are identified, the ITTL is given a maximum time of two months to take corrective actions and implement them.

After the surveillance, the ITTL is informed by STQC about the decision of continuation of approval in writing.

After the re-assessment visit, if the approval is renewed, a new certificate bearing the old approval number and having new validity period, is issued. STQC may also conduct special surveillance visit as a result of complaints or changes effecting the ITTL operations.

8.12 Extending approval

The ITTL at any time during the approval cycle can request for extension of scope within already approved discipline(s)/Types of testing or to include new discipline(s)/Type of testing. STQC has a policy of either conducting special assessment visit or to club it with the forthcoming assessment visit. The procedure to be followed is same as that for the initial assessment except that adequacy audit and pre-assessment are not carried out.

8.13 Suspending, withdrawing or reducing approval

When the ITTL fails to meet the requirements of approval or the terms and conditions of maintaining approval. Approval can be suspended or withdrawn or results in reduction in scope as per procedure Adverse decisions of Approving Body STQC-AS-ITTL-14.ITTL itself may ask for reduction in its scope of approval during Surveillance or Reassessment.
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8.14 Records on ITTLs

STQC has a system of maintaining all the records on ITTL as per STQC-AS-ITTL-15, to demonstrate that the requirements for approval and competence have been effectively fulfilled. These records are regularly updated by concerned officers.

STQC has a policy and system for maintaining all the records pertaining to ITTL secured to ensure confidentiality. The hard copies of all records related to each ITTL are available with Technical Operations Manager/Approving Body in respective ITTL files. Each record is identified by a unique identification number and the number is displayed on the file. The files are stored at appropriate place and properly indexed. These records are keep in safe custody under lock and accessible to authorized staff of STQC.

The records for ITTL include the relevant correspondence last two assessment reports, minutes of approval committee meetings, approval decisions and the copies of approved certificates issued to the ITTL.

9 <u>Reference to approval and use of symbols</u>

ITTL approved by STQC Approving Body are permitted to use STQC Approved Laboratory symbol as a mark of indicating their approval status. The approved ITTL is neither allowed to make misleading or unauthorized statement regarding its approval nor the use to imply that a product, process, system or person is approved by the STQC. Approved ITTL is required to take due care to prevent use of its report/certificate or any part thereof in a misleading manner. An approved ITTL upon expiry, suspension or withdrawal of its approval is required to discontinue use of all advertising matter that contains any reference to an approved status. Refer to STQC-AS-ITTL-11 for Use of logo.

10 <u>DISCLAIMER</u>

1. The approval services and the results thereof are provided on an AS IS basis without warranty of any kind. STQC Approving Body disclaim any and all warranties, express or implied, including without limitation any warranties of merchantability or fitness for a particular purpose with respect to the approving services and the results of our assessments.

2. In no event shall STQC Approving Body or any of their respective officers/directors/officials under Approving scheme, subsidiaries, parents or affiliates be liable to anyone claiming through Supplier, for any special, indirect, incidental or consequential damages of any kind or for any damages whatsoever resulting from reliance on the test results.

3. The terms and conditions specified in the scheme, represent the entire agreement between Supplier and the STQC relating to approving services and the assessment results thereof. In case of any dispute, the decision of Appellate Authority i.e. Chairman governing body shall be final and binding.

4. The reports of STQC Approval shall not be produced in any court of law, as they shall be issued only for the purpose of recognizing Conformity Assessment Bodies. Conformity Assessment Bodies rights and obligations arising under this agreement cannot be assigned, transferred or delegated to any other person.

5. The scheme is in no way replacement of accreditation of test laboratories operated by National Accreditation Board of Laboratories, NABL. The scheme is being operated with a limited objective to identify competent and reliable Conformity Assessment Bodies(Independent Test Laboratories) for evaluating Quality of eGovernance Solutions.

Annexure I
Guidelines for the Conformity Assessment body, ITTL

I) Guidelines on Impartiality

A Conformity Assessment Body may, in so far as the law permits, limit its service to applicants operating in a defined geographic region, or it may limit its service to organizations operating within the technical sector, or a part of a sector, in which the Conformity assessment body has its approved scope.

The senior executive, staff and/or personnel of the organization need not necessarily be full time personnel, but their other employment shall not be such as to compromise their impartiality.

Impartiality, can only be safeguarded by a structure, that enablesthe participation of all parties significantly concerned in the development of policies and principles regarding the content and functioning of the assessment system.

The structure required for the safeguarding of the impartiality shall be separate from the management established unless the entire management function is performed by a committee or group that is constituted to enable participation of all parties.

There should be a system to counteract any tendency on the part of the owners of a certification/registration body to allow commercial or other considerations to prevent the consistent technically objective provision of its service. This is particularly necessary when the finance to set up a assessment/certification/registration body has been provided by a particular interest which predominates I the shareholding and/or the board of directors.

It is required that a documented structure of the assessment body has built into it provision for the participation of all the significantly concerned parties. This should normally be through some kind of committee. This structure shall be formally established at the highest level within the organization either in the documentation that establishes the assessment body's legal status or by some other means that prevents it being changed in a manner that compromises the safeguarding of impartiality. Any change in this structure should take into account advice from the committee, or equivalent.

A judgment is required to ensure all parties significantly concerned in the system are able to participate. What is essential is that all identifiable major interests should be given the opportunity to participate, and that a balance of interests, where no single interest predominates, is achieved. Where one sector (e.g. Government, industry etc) provides more than one individual to represent separate aspects of the sector's interests, the fact that they come from the one sector deems them to constitute a single interest. The members should normally be chosen atleast from among representatives of the following groups: government, industry, consumers, NGO's. For practical reasons there may be a need to restrict the number of persons.

On request of the committee or equivalent the management responsible for the various functions described should provide all the necessary information, including the reasons for all significant decisions and actions, and the selection of persons responsible for particular activities, in respect of assessment to the committee or equivalent to enable it to ensure proper and impartial assessment. If the advice of this committee or equivalent is not respected in any matter by the management, the committee or equivalent shall take appropriate measures, which may include informing the STQC approval body.

II) Guidelines on Legal Entity

Approval shall only be granted to a body which is a legal entity and will be confined to declared scopes, activities and locations. If the Assessment activities are carried out by a legal entity which is part of a

larger organization, the links with other parts of the larger organization shall be clearly defined and should demonstrate that no conflict of interest exists. Relevant information on activities performed by the other parts of the larger organization shall be given by the assessment body to the approving body(STQC).

Demonstration that a assessment body is a legal entity, as required means that if an applicant assessment body is a division within a larger legal entity, approval shall only be granted in the name of the larger legal entity. In such a situation, relevant functions of the legal entity may be subject to audit by the body in order to pursue specific audit trails and/or review records relating to the approving body in order to pursue specific audit trails and/or review records relating to the body. The part of the legal entity that forms the actual approval assessment body may trade under a distinctive name, which should appear on the approval certificate.

Assessment Bodies which are part of government, or the government departments, will be deemed to be legal entities on the basis of their governmental status. Such bodies status and structure shall be formally documented

III) **Guidelines on Financial Stability**

The requirement for financial stability requires the assessment body to demonstrate that it has a reasonable expectation of being able to continue to provide the service in accordance with its contractual obligations. Assessment bodies are responsible for providing the approving body (STQC) with sufficient evidence to demonstrate viability, e.g. management reports or minutes, annual reports, financial audit reports, financial plans. Approving body(STQC) will not attempt any direct audit of the financial accounts of assessment bodies.

IV) **Guidelines on Conflict of Interest**

If the assessment body and an applicant or approved organisation are both part of some/ related organisation, they should not report directly to a person or group having operational responsibility for both. The assessment body shall, in view of the impartiality requirement, be able to demonstrate how it deals with such a case.

There are two separate requirements firstly, assessment body shall not under any circumstances provide the services which are conflict of interest secondly, although there is no specific restriction on the services or activities a related body may provide, these shall not affect the confidentiality, objectivity or impartiality of the assessment body.

Consultancy, is considered to be participation in an active creative manner in the development of the System(ISMS, ITSM etc) to be assessed by, for example:
   a) preparing or producing manuals, handbooks or procedures;
   b) participating in the decision making process regarding management system matters;
   c) giving specific advice towards the development and implementation of management systems for eventual certification/registration/assessment.

Impartiality and independence of the assessment body is assured at three levels:
   a) Strategic and policy
   b) Decisions on approval reporting compliance
   c) Auditing.

Assessment bodies may carry out the following duties without them being considered as consultancy or necessarily creating a conflict of interests.
   a) certification/registration including information meetings, planning meetings, examination of documents, auditing (not internal auditing) and follow up of nonconformities;

b) arranging and participating as a lecturer in training courses, provided that where these courses relate to environmental management Quality Management, occupational safety management, Information Security Management etc. related management systems or auditing they should confine themselves to the provision of generic information and advice which is freely available in the public domain i.e. they should not provide company specific advice.

c) Making available or publishing on request information on the basis for the certification/registration body's interpretation of the requirements of the assessment standards;

d) Activities prior to audit aimed solely at determining readiness for assessment; since the stage 1 audit includes an evaluation of readiness for further assessment activity, assessment bodies should exercise extra vigilance to assure that any additional pre-assessment activities do not result in the provision of recommendations or advice that would contravene intent of assessment. The assessment body should be able to confirm that such activities do not contravene these provisions and that they are not used to justify a reduction in the eventual assessment duration;

e) Performing second and third party audits according to other standards or regulations than those being part of the scope of approval.

f) Adding value during assessments and surveillance visits e.g. by identifying opportunities for improvement, as they become evident, during the audit without recommending specific solutions.

Consultancy by a relating body and certification/registration assessment should never be marketed together and nothing should be stated in marketing material or presentation, written or oral, to give the impression that the two activities are linked. It is the duty of the assessment body to ensure that none of its clients is given the impression that the use of both services (certification/registration and consultancy), would bring any business advantage to the client so that the assessment remains, and is seen to remain, impartial.

Nothing should be said by a assessment body that would suggest that assessment would suggest that assessment would be simpler, easier or less expensive if any specified consultancy or training services were used.

V) **Guidelines on Related Body**

A related body is one which is linked to the assessment body by common ownership or directors, contractual arrangements, common elements in the name, informal understanding or other means such that the related body has a vested interest in the outcome of an assessment or has a potential ability to influence the outcome of an assessment.

The approving body should analyze and document the relationship with such related bodies to determine the possibilities for conflict of interest with provision of assessment and identify those bodies and activities that could, if not subject to appropriate controls, affect confidentiality, objectivity or impartiality.

Assessment bodies shall demonstrate how they manage their assessment business and any other activities so as to eliminate actual conflict of interest and minimize any identified risk to impartiality. The demonstration shall cover all potential sources of conflict of interest, whether they arise from within the assessment body or from the activities of related bodies.

Approving body will expect assessment bodies to open up these processes for audit. This may include to the extent practicable and justified, pursuit of audit trails, account should be taken of the assessment body's history of impartial assessment. If evidence of failure to maintain impartiality is found, there may be a need to extend the audit trail back into the related bodies to provide assurance that control over potential conflicts of interest has been re-established.

People who have provided consultancy, including those acting in a managerial capacity, should not be employed to conduct an audit as part of the assessment process if they have been involved in any consultancy activities towards the organisation in question, or any company related to that organization, within the last two years. Situations such as an employer's involvement or previous involvement with the organisation being assessed may present individuals involved in any part of the assessment process with a conflict of interest. The assessment body has a responsibility to identify and evaluate such situations and to assign responsibilities and tasks so as to ensure that impartiality is not compromised.

VI) **Guidelines on Subcontracting**

Assessment body should require all assessment sub-contractors or external assessors/auditors to give undertakings regarding the marketing of any consultancy services.

The assessment body should be responsible for ensuring that neither related bodies, nor sub-contractors, nor external assessors/auditors operate in breach of the undertakings that they have given. It should also be responsible for implementing appropriate corrective action in the event that such a breach is identified. Approving Body (STQC) body will issue certificate or "statement of compliance" on the basis of an assessment carried out by another body provided that the agreement with the subcontracted body requires it to comply with the all requirements. Assessments carried out by subcontracted bodies shall give the same confidence as assessments carried out by the approving body itself. Evaluation of the audit report and the decision on certification/registration "statement of compliance" shall be made only by the approving body (STQC) itself, and not by any other assessment body. Where joint assessments are undertaken, satisfy itself that the whole of the assessment has been satisfactorily undertaken by competent assessors/auditors.

Subcontracting requirement does not mean that the consent of the organization under assessment is required in case of subcontracting of administrative activities (such as co-ordination/Management activities of assessment body).

VII) **Guidelines on Assignment for a specific assessment**

It is a condition of approval of assessment body that adequate resources can be deployed to conduct audits meeting the requirements. The assessment body's procedures shall ensure that personnel employed to assess organizations are competent in the field in which they are operating. Personnel responsible for managing audits shall be identified and their competencies documented.

In certain instances, particularly where there are critical requirements and special procedures, the background knowledge of the audit team may be supplemented by briefing, specific training or technical experts in attendance. The assessment body may attach non-auditor experts to their audit teams. If a body uses technical experts, its systems shall include details of how technical experts are selected and how their technical knowledge is assured on a continuing basis. The assessment body may rely on outside help, for example from industry of professional institutions.

VIII) **Guidelines on Use of Technical Experts**

Technical experts with specific knowledge regarding the process and Technical issues (in ISMS or ITSM) and legislation affecting the organization, but who do not satisfy all of the above criteria, may be part of the audit team. Technical experts would not function independently.

IX) **Guidelines on the definition of Site**

Where it is not practicable to define a location (e.g. for services), the coverage of the certification/

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registration should take into account the organization's headquarters activities as well as delivery of its services. Where relevant, in special cases, the certification/registration body may decide that the certification/ registration audit will be carried out only where the organization delivers its services. In such cases the interfaces with its headquarters should be audited.

Multi-Site

This guidance addresses the situation where an organization has activities under the control of a single conformity Assessment system which operates across a number of geographical locations.
Assessment can be done covering multiple sites provided that each site included in the scope of the approval has been either
       a) individually audited by the assessment body
       b) is included in a sample based approach (see below).

Sample based approach
Assessment bodies wishing to use a sample based approach to the assessment of sites with similar activities need to maintain procedures which include the full range of issues below in the building of their sampling programme.

The methodology and procedures which assessment body employs and provide demonstrable evidence of how these take account of the issues below to manage multi-site assessment should be approved by STQC.

The procedures should ensure that the initial contract review identifies, to the greatest extent possible, the difference between sites such that an adequate level of sampling is determined.

Where an organization has a number of sites with similar activities covered by a single management system, a "statement of conformity" may be issued to the organization to cover all such sites provided that:
    (a) all sites are operating under the same management system which is centrally administered and audited and subject to central management review, and
    (b) all sites have been audited in accordance with the internal audit procedure(s), and
    (c) a representative sample of sites have been audited by the body, taking into account the actors below -

        • the results and reports of internal site and central management system/process audits
        • the results of management review
        • maturity of the management system
        • any existing knowledge of the organization
        • variations in the size of the sites.
        • Complexity of the defined management system (ISMS, ITSM,….)
        • Complexity of the sites
        • Any shift working

Sl. No.	Section No.	Control Document Name
1	STQC-AS-ITTL-01	Approving Body
2	STQC-AS-ITTL-02	Approval Scheme
3	STQC-AS-ITTL-03	Approval Criteria of IT Testing Laboratories
4	STQC-AS-ITTL-04	Application form for Approval of IT Testing Laboratory
5	STQC-AS-ITTL-05	Schedule of Charges
6	STQC-AS-ITTL-06	Assessment Forms
7	STQC-AS-ITTL-07	Approval Agreement
8	STQC-AS-ITTL-08	Certificate of Approval of IT Test Laboratory
9	STQC-AS-ITTL-09	Check List for Approval of IT Testing Laboratory
10	STQC-AS-ITTL-10	Assessor Empanelment
11	STQC-AS-ITTL-11	Policy on Use of STQC Approved Laboratory Logo
12	STQC-AS-ITTL-12	Handling Customer Complaints
13	STQC-AS-ITTL-13	Assessor Guide
14	STQC-AS-ITTL-14	Adverse Decisions by Approving body
15	STQC-AS-ITTL-15	Procedures for Operating Approving Body