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| **SECTION A**  **GENERAL INFORMATION ABOUT THE APPLICANT CONFORMITY ASSESSMENT BODY(CAB):** | | | | | | | | | | | |
| **1.** | **Name of the applicant body** | |  | | | | | | | | |
| **2.** | **Address of the Central Office (CO)** | |  | | | | | | | | |
| **3.** | **Registered**  **Office, if**  **different from**  **CO** | |  | | | | | | | | |
| **4.** | **Address of the**  **Operational Office if different from above** | |  | | | | | | | | |
| **5.** | **Any other offices**  **(Branch/Regional Offices)** | | Attach list as per Annexure A | | | | | | | | |
| **6.** | **Address for Correspondence** | | Address: | | | | | | | | |
| Phone: | | | Fax: | | Website: | | | |
| **7.** | **Details of the Head of applicant body** | | Name: | |  | | | | | | |
| Designation: | |  | | | | | | |
| Address: | |  | | | | | | |
| E-mail: | |  | | | | | | |
| Phone /Fax: | |  | | | | | | |
| **8.** | **Details of contact person of the applicant body** | | Name: | |  | | | | | | |
| Designation: | |  | | | | | | |
| Address : | |  | | | | | | |
| E-mail: | |  | | | | | | |
| Phone/Fax: | |  | | | | | | |
| **9.** | **Legal status** | | Is the applicant body is a registered body?( if yes attach registration certificate)   1. Public / Private / Government 2. Company/ Partnership / Proprietorship / Registered   Society   1. Research / Academic Institute / Industry   Association)   1. Others (Please specify and attached necessary evidence)   **( pl. √ whichever applicable)** | | | | | | | yes | no |
| Date of Registration(DD/MM/YYYY): | | | | | | Registration No.: | | |
| If No, Is the applicant CAB a part of a registered organization ( if yes attach the registration certificate of the parent organization) | | | | | | | yes | no |
| **10.** | **In case the**  **applicant body is part of**  **larger organization.** | | Provide details regarding :  i) Relation to the parent organization, ii) Details of the related organizations and relationship with them iii) Activities undertaken by other sub-organization iv) Line of reporting to other group of agencies  (Note: The assessment bodies which are part of Government, please define the relation within the government and please provide the name and other contact details of parent organization) (S*eparate Annexure, if required*) | | | | | | | | |
| **11.** | **Details of Accreditation/Certification by any other body including**  **NABET**  **(***Please attach separate Sheet as Annexure, if required*) | | **Name of the Accreditation/Certification Body** | | **Accreditation/Certification**  **Scheme** | | **Scope of Accreditation/Certification** | **Accreditation/Certification Period** | | | **Accreditation/Certification No. (if any)** |
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| **12.** | **Details of all other activities besides assessment by applicant and its related bodies.** *Please* (S*eparate Annexure, if required*) | | | | | | | | | | |
| **13.** | **Details of all the certification scheme being assessed by applicant as on date.**  *Attach list as per Annexure B* | | | | | | | | | | |
| **14.** | **Details of the scope for which application**  **is applied for**  **(\*** *If an external body is the scheme owner, please*  *provide the*  *written agreement with the scheme owner***)** | **Sr.No.** | | **Scope**  **(Certification Schemes /Modules/Qualification Packs/Sectors/Trades/Levels)** | | | | **Location**  **(Central Office/Regional Office/Test Centers)** | | | **Owner of certification scheme**  **(self/other)**  *\*please specify* |
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| **15.** | **Provide an overview of the assessment process in accordance with the certification scheme (Specifying the availability of Appropriate Methodology and procedures including the limits of capability where applicable)**  (S*eparate Annexure, if required*) | | | | | | | | | | |

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| **SECTION B**  **DETAILS REGARDING THE RESOURCE AVAILABILITY FOR THE APPLIED CERTIFICATION SCHEME** | | | | | | | | | | | | | | | | | | |
| **1.** | **Details of examiners and staffs** | | | | | | | | | | | | | | | | | |
|  | | | Examiner | | | Technical expert | | | | Staff | | On-Roll | | | Part-time /Contractual | | | Total |
| Central Office | | |  | | |  | | | |  | |  | | |  | | |  |
| Regional Office | | |  | | |  | | | |  | |  | | |  | | |  |
| Test Center | | |  | | |  | | | |  | |  | | |  | | |  |
| **2.** | **Provide the details of following:**   1. **List the reviewing/decision-making personnel.** 2. **Qualifications & work experience of assessors, examiner, technical experts and staff** (*for the applied scope only as a separate Annexure, if required* ) | | | | | | | | | | | | | | | | | |
| **3.** | **Details of Test Centers (TCs) and copies of agreements with them (***If TCs are outsourced***)** | | | | | | | | | | | | | | | | | |
| **Sr. No.** | | | | **Name of TC** | | | | | **Contact Details** | | **Scope**  **(Certification Schemes /Modules/Qualification Packs/Sectors/Trades/Levels)** | | | | | **Copies of Agreement**  **Yes /**  **No** | | |
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| **4.** | **Organization’s structure of the Assessment Body showing roles and responsibilities of different persons / groups / committees / associates/ outsourced services having significant contribution towards assessment of the concerned scheme (attach organization chart and other details).**  (S*eparate Annexure, if required*) | | | | | | | | | | | | | | | | | |
| **5.** | **Financial details For last 3 years** | | | |  | | **Expenditure** | | | | **Income** | | | | **Profit/loss** | | | |
| **FY-1** | |  | | | |  | | | |  | | | |
| **FY-2** | |  | | | |  | | | |  | | | |
| **FY-3** | |  | | | |  | | | |  | | | |
| **6.** | **Information on financial resources along with sources of funds and insurances or reserves.**  (S*eparate Annexure, if required*) | | | | | | | | | | | | | | | | | |
| **7.** | **Details of Technical resources used to operate the certification scheme.**  (S*eparate Annexure, if required*) | | | | | | | | | | | | | | | | | |
| **8.** | **Details of Test to take place in the next 3 months** | | | | | **Sr. No.** | | **Scope**  **(Certification Schemes /Modules/Qualification Packs/Sectors/Trades/Levels)** | | | | | | **Test Centre with Address** | | | **Date(s)** | |
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| **Section C**  **DOCUMENTS TO BE SUBMITTED ALONG WITH THE FORM**  All the documents shall be submitted in a timely manner for each assessment.(NABET reserves the right to call for any other document if required for assessment of the application) | | | | | | | | | | | | | | | | | | |
| **Sr.No.** | | **Documents** | | | | | | | | | | | **‘Check’ If attached** | | **Justification For Non-Submission** | | | |
| 1. | | Copy of document demonstrating legal status | | | | | | | | | | |  | |  | | | |
| 2. | | Quality Manual QM-including all documents relating to the requirements of ISO/IEC 17024 | | | | | | | | | | |  | |  | | | |
| 3. | | Records of last Internal Audit and Management Review Meeting(MRM) | | | | | | | | | | |  | |  | | | |
| 4. | | Master list (s) of all quality documents (including version and / or expiration date) | | | | | | | | | | |  | |  | | | |
| 5. | | Organization structure of the assessment body | | | | | | | | | | |  | |  | | | |
| 6. | | Sample - Certificate / copy of original certificate issued to certified persons | | | | | | | | | | |  | |  | | | |
| 7. | | List of approved examiners/technical experts | | | | | | | | | | |  | |  | | | |
| 8. | | List of certified persons | | | | | | | | | | |  | |  | | | |
| 9. | | Also enclose all the annexure (*wherever applicable)* mentioned in the application form. | | | | | | | | | | |  | |  | | | |

# DECLARATION BY THE AUTHORIZED SIGNATORY OF THE APPLICANT CONFORMITY ASSESSMENT BODY

I/ We on the behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_apply for accreditation against the certification scheme specified and declare that:

1. The information given in this application and attached documents is true.
2. The applicant body has adequate resources to conduct assessment in accordance with the accreditation criteria and other guidance documents.
3. The applicant body will pay the fee as per the applicable fee structure of NABET.
4. If any information given by the applicant body is wrong or the applicant body is found to be not complying with the criteria of accreditation or other specified rules and regulation, the accreditation may be suspended or withdrawn at the discretion of NABET.
5. The applicant body agrees to provide access to all the information relevant to the assessment system (including details of complaints, disputes and appeals, records) for which accreditation is sought. This applies to all premises where the conformity assessment services take place.
6. The applicant body, from the date of signing of this application,
   1. Shall comply with the accreditation criteria and the rules of NABET including adapting to the changes in the requirements for accreditation.
   2. Shall ensure that none of the acts of omission or commission of the applicant body will bring the accreditation and assessment system to disrepute.
   3. Shall ensure that it will not overstate its capabilities with respect to the schemes for which it has applied for accreditation.
   4. Shall provide access to those documents that provide insight into the level of independence and impartiality of the applicant from its related bodies, wherever applicable.
   5. Shall arrange the witnessing of the services when requested by NABET.
   6. Shall claim accreditation only with respect to the scheme for which it has been granted accreditation.
   7. Shall not use accreditation in such a manner as to bring NABET into disrepute.
   8. Shall take appropriate corrective and preventive action on its conduct and issues that are identified by NABET as contrary to its terms and conditions.
   9. NABET shall not be liable for mistakes made by assessment body or any mistakes that may possibly occur on the certificate or reports issued by assessment body.
7. Applicant Body authorizes NABET to utilize the information provided in this application for legal purpose, research, training, sharing with IPC members and/or for any other purpose as maybe deemed fit by NABET.

**NAME** ……………………………………………………………………………………...

**DESIGNATION** ………………………………………………………………………………………

**SIGNATURE** …………………………………………………………………………..............

**DATE AND PLACE** ..……………………………………………………………………………………...

**ORGANIZATION’S STAMP**…………………………………………………………………………………….

*Annexure A*

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| **Branch Offices:** | |  | | | | |  |
|  | |
| **Location** | **Address/Contact Details** | | | **Activities Performed** | **Resources**  **Examiners/Others** | | **No. of Certification Schemes Operating Under this Branch** |
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| **Subcontractors/ Franchisees, if any** | | |  | | | |  |
|  | | |
| **Name** | **Address/Contact**  **Details** | | | **Activities Performed** | **Resources**  **Examiners**  **/Others** | | **No. of Certification Schemes Operating Under this Franchisee** |
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| **Any Other Business Associates (***Marketing or Any other Purpose***)** | | | | | |  |  |
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| **Name** | **Address/Contact Details** | | | **Activities Performed** | **Resources**  **Examiners/Others** | | **No. of Certification Schemes Operating Under this Associate** |
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| **Sr.No.** | **Scope**  **( Certification Schemes /Modules/Qualification Packs/Sectors/Trades/Levels )** | **Date of**  **Commencement** | **Locations**  **(Regional Offices/Testing Centers)** | **Total persons certified** |
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*Annexure B*