Accreditation Scheme for Laboratory Consultant Organizations

Quality Council of India (QCI)

National Accreditation Board for Education & Training
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ABOUT QCI-NABET

In pursuance of Cabinet decision of Feb 1996, Quality Council of India (QCI) was set up jointly by the Government of India and the Indian Industry represented by the three premier industry associations i.e. Associated Chambers of Commerce and Industry of India (ASSOCHAM), Confederation of Indian Industry (CII) and Federation of Indian Chambers of Commerce and Industry (FICCI), to establish and operate national accreditation structure and promote quality through National Quality Campaign. QCI is registered as a non-profit society with its own Memorandum of Association.

QCI is governed by a Council of 38 members with representations from government, industry and consumers. Chairman of QCI is nominated by the Honourable Prime Minister of India on the recommendation of the Industry to the Government. The Department for Promotion of Industry & Internal Trade, Ministry of Commerce & Industry, is the nodal ministry for QCI.

It functions through the executive Boards which provides Accreditation to Certification / Inspection bodies, Hospitals & Healthcare Organizations, Education & Vocational Training Providers, Consultant organisations, laboratories etc. In addition, it has an exclusive Board for promotion of Quality.

National Accreditation Board for Education and Training is a constituent Board of Quality Council of India. NABET in recent years has enlarged its scope of activities and is trying to match its progress with Slogan of QCI i.e. "Creating an Eco System for Quality".
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1. Abbreviations

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<th>Description</th>
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<tbody>
<tr>
<td>AC</td>
<td>Accreditation Committee</td>
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<td>ACO</td>
<td>Accredited Consultant Organisation</td>
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<td>AO</td>
<td>Applicant Organisation(s)</td>
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<tr>
<td>APAC</td>
<td>Asia Pacific Accreditation Cooperation</td>
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<td>CAPA</td>
<td>Corrective Action &amp; Preventive Action</td>
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<tr>
<td>CO</td>
<td>Consultant Organisation</td>
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<tr>
<td>CQAS</td>
<td>Consultancy Quality Assurance System</td>
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<tr>
<td>CV</td>
<td>Curriculum vitae</td>
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<td>DA</td>
<td>Desktop Assessment</td>
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<td>DSR</td>
<td>Diagnostic Study Report</td>
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<tr>
<td>Emp</td>
<td>Empanelled</td>
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<tr>
<td>IA</td>
<td>Initial Assessment</td>
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<tr>
<td>IH</td>
<td>In-house</td>
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<tr>
<td>IEC</td>
<td>International Electrotechnical Commission</td>
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<tr>
<td>ILAC</td>
<td>International Laboratory Accreditation Cooperation</td>
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<tr>
<td>ISO</td>
<td>International Organization for Standardization</td>
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<tr>
<td>Lab/ Labs</td>
<td>Laboratory/ Laboratories</td>
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<td>LCO</td>
<td>Laboratory Consultant Organisations</td>
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<tr>
<td>LMS</td>
<td>Laboratory Management System (ISO/IEC 17025 and ISO 15189)</td>
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<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>MRA</td>
<td>Mutual Recognition Arrangements</td>
</tr>
<tr>
<td>NABET</td>
<td>National Accreditation Board for Education &amp; Training</td>
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<tr>
<td>NC</td>
<td>Non-conformance</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organization</td>
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<tr>
<td>OA</td>
<td>Office Assessment</td>
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<tr>
<td>Obs.</td>
<td>Observations</td>
</tr>
<tr>
<td>QCI</td>
<td>Quality Council of India</td>
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<tr>
<td>OFI</td>
<td>Opportunities for improvement</td>
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<td>OHSAS</td>
<td>Occupational Health and Safety Assessment System</td>
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<tr>
<td>QMS</td>
<td>Quality Management System</td>
</tr>
<tr>
<td>RA</td>
<td>Re-Accreditation</td>
</tr>
<tr>
<td>SA</td>
<td>Surveillance Assessment</td>
</tr>
<tr>
<td>STS</td>
<td>Skill Training and Services- Division</td>
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</table>
2 An Outline of Scheme

2.1 Background

India is a developing country and is a fastest growing economy, especially in sectors such as food & drugs, environmental engineering, diagnostic and other testing sectors. There is a huge demand of laboratories in country. Liberalization of trade and industry policies of the Government of India has created quality consciousness in domestic trade and provided greater thrust for exports. Consequently, testing centres and laboratories have to demonstrably operate at an internationally acceptable level of competence.

As estimated in India, there are more than 1 lakh laboratories providing services to variety of industry sectors and many more technical professionals/entrepreneurs want to start new testing labs. Presently approximately 5000 labs are accredited for ISO/IEC 17025 & ISO 15189 and out of them many are accredited for limited tests only.

Laboratory Accreditation provides formal recognition of competent laboratories, thus providing a ready means for customers to find reliable testing and calibration services in order to meet their demands. Labs need consultants who can give them training on management systems, provide guidance on design, documentation and implementation of a management system in line with ISO/IEC 17025 or ISO 15189. Consultant Organization should have highly knowledgeable and competent experts to help the laboratory to develop and implement an effective system. The good practices adopted by laboratories, complying with international standards ISO/IEC 17025 for testing & calibration laboratories, ISO 15189 for medical laboratories and others specialized areas, gives confidence to the laboratory management not only on the technical competence of its labs but also on its customer focused approach.

Many laboratories have technical competence but may not have the competence in documentation, system development and implementation of management system for accreditation, which may be a limiting factor and a reason for low number and limited scope of accreditations. A need is realised for handholding/ consultancy from competent organisations in the new upcoming fields and management systems implementation.

To address this issue of laboratories, QCI - NABET has developed a scheme to accredit Laboratory Consultant Organisations on basis of their competent human resources, infrastructure, system oriented working system, continual improvement and ethical working.

2.2 Need of scheme

In view of the above it is therefore proposed to develop a credible scheme specifying the requirements for the accreditation of Laboratory Consultant Organization (LCO) to fulfil the requirements of standards like infrastructure, competent human resource, experts, system oriented working system, continual improvement, ethical working. This scheme is developed and operated by NABET-QCI in consultation with laboratory organizations, institutes, experts, regulators and other stakeholders by framing independent, transparent and impartial accreditation scheme. This comprehensive document describes the scheme’s requirements of human resources, consultancy quality assurance systems and procedures to be followed, the assessment process and the accreditation criteria. Various aspects of the scheme are-
a) Eligibility (who can get accredited) and coverage of the Scheme
b) Human Resource - qualification, experience and requirement
c) Scope of accreditation
d) Consultant Organization Quality Assurance System (CQAS)
e) Assessment and accreditation process
f) Closure/suspension/delisting/on hold etc. of applications
g) Fee Structure

*Scheme is dynamic in nature. Modifications and updating will take place from time to time, as it ought to be for continually improving the delivery and effectiveness of the Consultancy.*
3 Accreditation requirements and process

3.1 Legal eligibility for consultant organisation
Any organization legally identifiable, engaged or competent in the field of Laboratory consultancy, training, documentation and implementation of accreditation/certification process. CO having competent expert(s) (with requisite qualification and experience) and fulfilling other requirements of the scheme can apply for accreditation.

3.2 Human Resource Requirement
Laboratory Consultancy is a multi-disciplinary task which may require inputs from specialists having knowledge of technical sectors and management systems like food & drugs, environmental, radiology, clinical, forensic, ISO 17025, ISO 15189, ISO 17043 and relevant testing, quality, industry, environment health and safety, Laboratory management System, innovations & creativity, human resource, finances, applicable local laws, legislation, processes development and their verifications regulatory framework related with laboratories requirements.

The key person responsible for in providing the laboratory consultancy shall be a sector technical expert or management system expert of the desired scope. The experts involved in laboratory consultancy can be both, in-house (full time employee) or empanelled (Emp employee). CO shall have qualified experienced and competent expert (s) to apply for any one or more scope defined in Section 3.3.

CO shall have minimum one in-house technical/management system expert of desired scope, nevertheless, the rest of the experts can be in-house or empanelled for each of the applied scope covering the requirements with respect of competency, qualification and experience given in Appendix 1.

1. The in-house expert should be fully involved during the consultancy like activity planning, consultancy road map, budget development, implementation and monitoring of activity, report development and should be responsible for organising, conducting, evaluating, achieving testing targets, internal assessment and for all other consulting activities related to laboratory accreditation of the client.

2. Scope of consultancy shall be provided to CO as per the approved expert(s).

3. List of proposed experts (should have backup experts if possible) with her/his identified competence, their responsibilities in consultancy and submit CVs along with the application form.

4. Empanelled expert shall have written agreement/MOU with the organization as indicatively mentioned in Annexure 4.

5. One empanelled expert (Emp) can only be associated with three consultant organisations (CO).

6. Number of experts should be equally proportional to the number of consultancy projects undertaken.
In-house (IH) expert - is a full-time employee working on the pay rolls of the applicant organization (AO)/accredited consultant organization (ACO) on regular basis (not on ‘time to time basis’ or on ‘as and when required’ basis).

Empanelled expert—an AO/ACO may also have ‘empanelled’ experts. An empanelled expert may be a ‘freelancer’ (not a full-time employee of any organization) or may be working with an NGO or Research organization/Academic institute. In case of Research organization/Academic institute, a No Objection Certificate (NOC) is to be obtained from the appointing authority, namely, Registrar for a University, the Principal for a college and the head of organization for a NGO or a Research organization, as the case may be. The AO/ACO must have an MOU/written agreement with such experts. Details to be included in NOC and MOU/Agreement

3.3 Scope of accreditation

An applicant consultant organisation should have expertise in the sector(s) of laboratories mentioned in the table below. The COs can provide consultancy for development / technical upgradation / design & development of management system for laboratories, it is expected to satisfy the requirement of experienced experts for consultant activities of planning, documenting, implementing, monitoring and reporting.

Consultant Organisation may apply for minimum one scope to any number or all scopes (Table 1) as per the availability of qualified, experienced and competent experts, infrastructure and Consultancy Quality Assurance System (CQAS) required for the scope.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Scope</th>
<th>Abbreviation</th>
<th>Nature of laboratory</th>
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<tbody>
<tr>
<td>Item A. Consultancy for development / technical up-gradation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Food, Agriculture, Drugs and relevant testing</td>
<td>FD&amp;T</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Chemicals and relevant testing</td>
<td>Chem&amp;T</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Environmental and relevant testing</td>
<td>Envt&amp;T</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Engineering products testing</td>
<td>Eng&amp;T</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Construction, building material and relevant testing</td>
<td>CB&amp;T</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Forensic Science</td>
<td>FS</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Physio Mechanical Calibration</td>
<td>PMC</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Electro-technical and associated calibration</td>
<td>ETC</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Clinical Laboratories</td>
<td>CLT</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Radiology Testing / Calibration</td>
<td>RTC</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Any other</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Item B. Consultancy for design &amp; development of Management System</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>ISO/IEC 17025 (Testing laboratory)</td>
<td>17025 Testing</td>
<td></td>
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<tr>
<td>12</td>
<td>ISO/IEC 17025 (Calibration)</td>
<td>17025 Calibration</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>ISO 15189 (Medical)</td>
<td>15189</td>
<td></td>
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<tr>
<td>14</td>
<td>ISO/IEC 17043 (PTP)</td>
<td>PTP</td>
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<tr>
<td>15</td>
<td>ISO 17034 (RMP)</td>
<td>RMP</td>
<td></td>
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</table>

Nature of laboratory to be identified by CO and minimum one competent expert should be available to take specific scope

Nature of laboratory not applicable. However, CO must have at least one full time expert for anyone of the applied scope.
3.4 Infrastructure

Consultant Organisation(s) wish to apply for accreditation under this Scheme should have the following infrastructural facilities:

a. Office setup, suitable meeting/discussion room(s)

b. Experts room/work stations

c. May have laboratories/workshops

d. Contemporary discussions/training aids (as projectors, white board, markers, flipchart, audio, video facilities etc.) including requisite software for their staff or clients

e. Library facilities or appropriate subscriptions to update their knowledge about the latest developments in the area of laboratory.

f. If CO have offices at multi locations, these should be mentioned in application with details of experts, infrastructure etc. at each location.

g. Other than, above CO has to demonstrate how they do consultancy/trainings at in-house facilities/customers place or at hired training halls etc.

3.5 Consultancy Quality Assurance System (CQAS)

Consultant organisation should have quality assurance system for continually improving the delivery and effectiveness of consultancy. It could be based on Quality Management System ISO 9001, while addressing specific requirements of NABET Scheme. The organization should have the following procedures prescribed below:

1. Procedure for evaluating, selecting, appointing and monitoring expert for the laboratory consultancy

2. Procedure for planning, scheduling and conducting consultancy

3. Procedure for collecting feedback, analysis and evaluation of feedback for improving the methodology, delivery and effectiveness of future Laboratory consultancy projects

4. Procedure for addressing complaints, suggestions, impartiality and conflict of interest.

5. Procedure for internal audits, maintaining records and documents

6. Procedure for periodic reviewing the requirements, law, rules and laboratory consultancy materials

7. Procedure for ensuring the implementation of all the above procedures and maintaining related records

Refer suggested guidelines - Appendix 2.
4.0 Assessment and accreditation process

4.1 Application Process

Accreditation scheme and Application form (Annexure 1) is posted on the QCI-NABET website. Any organisation keen to get accreditation under the scheme should carefully go through the requirements, processes and assess their own adequacy and take care of shortfalls, if any, before applying.

Application form complete in all respects giving relevant details and application fee can be sent in a soft copy to -

The Director,
National Accreditation Board for Education & Training,
Institute of Town Planners India, 6th Floor,
4 A, Mahatma Gandhi Road (Ring Road), New Delhi - 110 002, India
Tel: +91 11 233 23 416 / 417 / 418 / 419 / 420 Fax: +91 11 233 23 415
Email id: hari@qcin.org

Hard copy of any other document may have to be submitted if asked for, by QCI-NABET. NABET Secretariat will inform the CO of any clarification/additional information that may be required for completeness of the application.

Bank details for fee payment: http://nabet.qci.org.in/eiafile/ICICI%20Bank%202144.pdf

4.2 Accreditation Cycle

In a 2-year cycle of accreditation, 2-types of assessments shall be carried out. However, Re-Accreditation shall be conducted after 24 months of Initial Accreditation. These are

I. Initial Accreditation (IA)
II. Surveillance Assessment (SA)
III. Re-Accreditation (RA) (After 24 months of Initial Accreditation)

1. Initial Accreditation (IA) -

In IA, the potential of the applicant organization shall be assessed during the office assessment and based on that accreditation is granted. On successful completion of the initial assessment, an applicant organization is given accreditation for two years, subject to a surveillance assessment after 12 months in 1st accreditation cycle.

2. Surveillance Assessment (SA) -

Surveillance assessment (SA) to be carried out within 12 months of initial accreditation (which is effective from the date of grant of accreditation for initial accreditation).

Application for SA in prescribed format, accessible from QCI-NABET website, is required to be submitted to NABET at least 1 months before the due date i.e. 11 months after IA. The
application must be complete with all relevant documents, which include a list of consultancies carried out after IA, list of experts involved, copy of the CQAS, other details etc.

**NOTE:**
If there is no change in approved experts, consultancy quality manual, infrastructure, etc. then Accredited CO shall submit the SA application (Annexure 5) and inform NABET for due surveillance. Accredited CO need not to submit full application.

Process will be similar as initial assessment giving particular emphasis on performance, quality of consultancy delivery, client’s feedback, implementation of CQAS, compliance to conditions of accreditation.

In the **first cycle** of Accreditation, NABET shall conducts on-site office assessment during surveillance assessment within 12 months from the date of grant of accreditation. The first surveillance will be similar to initial assessment and cover expansion of scope, (if any).

However, from the accreditation **second cycle onwards**, the surveillance shall be carried out though desktop assessment within 12 months of each Re-accreditation. If required, office assessment may be conducted for verification. Applicable fee to be paid before the assessment.

3. **Re-Accreditation (RA)**-

   Process will be similar as initial assessment, giving emphasis on “continual improvement” achieved by the ACO during the period of accreditation in two years from the date of accreditation.

   RA application shall be submitted 2 months prior to due date. RA process shall be completed before the expiry of accreditation to avoid any discontinuation of accreditation.

   **Extra Visit if needed:** On the bases of risk factors, received information or complaint from primary or secondary source, surprise visit / extra visit may be planned unannounced or announced.

4.3 **Assessment Process**

   All the three types of accreditation mentioned above have the following three stages. These are explained in detail below-

   a. **Application Completeness:** Application submitted shall be reviewed by NABET secretariat for its completeness. Inadequacies in application (if any) shall be informed to applicant organization.

      CO should submit complete response within 30 days. Only completed applications will be further processed. CO should submit the filled self-assessment report in NABET format.

      **Note 1:** If inadequacies found in the response again, the same will be communicated with an additional time of 30 days. If CO fails to submit satisfactory response even after additional time then the application will be made inactive and the CO has to re-apply afresh.
Note 2: If inactive period will be for 60 days and CO does not submit the satisfactory response in the given time, then the application will be treated as closed and the CO has to re-apply afresh.

b. Desktop Assessment: NABET assessor conducts adequacy assessment (application & technical assessments of documents submitted by CO). Observation(s) and NCs (if any) would be communicated by NABET secretariat. CO should submit complete response within 30 days.

Note 3: NABET assessor will verify Closure of NCs and observations submitted by CO. Note 1 & 2 given will be followed for timelines.

Non-Conformity (NC): - Non-fulfilment of the requirement/s of the scheme
Observation (Obs): Any point which may lead to non-conformity if not addressed.

c. Office Assessment: Following the review and acceptance of the documentation procedures, NABET shall undertake, one- or two/more days full assessment (days depending upon CO HR size and proposed scope) at CO premises.

It includes interaction with each expert (In-house and Emp) /quality manager, concerned administrative staff etc. verification of infrastructure, implementation of quality assurance system, clients feedback mechanism and complaint handling procedure.

Assessment report [findings like observation(s) and NCs (if any)] would be reported by Assessor to NABET secretariat and in turn communicated to CO. Corrective measures shall be submitted by CO within 15 days. CO assessment report will be reviewed NABET secretariat and put up to accreditation committee for accreditation.

Decision regarding grant/denial of accreditation would be communicated to organization by NABET secretariat.

Note 4: NABET assessor will verify closure of NC’s and observations submitted by CO.

4.4 Accreditation Criteria

Accreditation under this criterion will be:

On the basis of desktop assessment (DA), report by assessor(s) and satisfactory closure of NCs and observations, office assessment will be conducted by NABET assessor(s). Based on office assessment report, NCs and observation, if any, shall be communicated to the CO for the compliance. CO shall submit evidence-based compliance of NCs and observations within 15 days but not later than a month. If required, additional office assessment may be conducted for verification of closures.

Accreditation period of two years will be counted from the date of grant of accreditation; however, this validity period is subject to satisfactory completion of surveillance assessment.
4.5 Expansion of Scope / Addition of Experts

Request for modification/expansion/addition in scope can be made at any time with a written request/application to NABET secretariat.

ACO must submit a complete application with required fee for seeking expansion including additional experts, resources, facilities now implemented based on which expansion is sought, refer Annexure 6.
5 Terms & Conditions to maintain accreditation

5.1 Compliance to the conditions of Accreditation

a. Accreditation period of two years shall be counted from the grant of accreditation; however, this validity period is subject to the satisfactory completion of surveillance assessment.
b. Accreditation shall expire at the end of its validity unless renewal is sought in time.
c. All payments shall be made in advance.
d. Franchising, licensing, subcontracting of NABET accredited consultant organisation(s) is NOT permissible.
e. Any change in expert, employment status, scope etc. shall be informed to NABET within 15 days with relevant documents.
f. The ACO shall maintain relevant records of each consultancy conducted.
g. ACO just after accreditation shall sign the ‘Code of Conduct’ and send it to NABET Secretariat.

5.2 Suspension / withdrawal/reduction in scope of accreditation

NABET shall suspend/withdraw/cancel/reduce or even debar accreditation on account of any or more grounds during accreditation process or after, but not limited, to the following:

a) Non-compliance, violation of the NABET requirements and conditions of accreditation.
b) Deviation from facts as stated in application and enclosures.
c) Submission of false or misleading information in the application or in subsequent submissions. Improper use of NABET accreditation mark or QCI/NABET logo.
d) Carrying out changes in experts/ quality procedures without NABET’s approval
e) Failure to report any major legal (mandatory compliance) changes and evident conflict of interest
f) Using fraudulent practices by the ACO in respect of its submission/ interaction with NABET which would include, but not limited to, deliberate concealment and/or submission of false or misleading information, suppression of information, falsification of records or data, unauthorized use of accreditation, and non-reporting of complaints against organization to NABET.
g) Non-payment of applicable fees in time to NABET.
h) Violation of the Code of Conduct for the consultant organizations
i) Not submitting SA/RA application in time and allowing to conduct the same.
j) Franchising, licensing or subcontracting of consultancy/ programmes
k) Any other condition deemed appropriate by NABET

The decision for the Suspension/ withdrawal/ reduction in scope will be with the approval of accreditation committee with prior notice to the organization.

5.3 Code of Conduct

All ACO’s are obliged to improve the standing of the profession by rigorously observing the
Code of Conduct. Failure to do so may result in the suspension or cancellation of accreditation.

The ACO undertakes:

a) To act professionally, accurately and in an unbiased manner.
b) To be truthful, accurate and fair to the assigned work, without any fear or favour.
c) To judiciously use the information provided by or acquired from the applicant and to maintain the confidentiality of information received or acquired in connection with the assignment.
d) To avoid and / or declare any conflict of interest that may affect the work to be carried out.
e) Not to act in a manner detrimental to the reputation of any of the stakeholders including NABET and the customer.
f) To co-operate fully in any formal enquiry procedure of NABET

5.4 Complaint and Appeals

i. The ACO shall establish documented procedures for handling and disposal of complaints and appeals within a reasonable time. The documented procedure shall include provision for-
   - Providing information regarding complaint handling process to all interested parties
   - Acknowledgement of complaints.
   - Complaint analysis/ investigation for redress of complaint/appeals.
   - Communication with the complainant/appellate for satisfactory closure of the complaint.
   - Involvement of NABET in unresolved complaints or appeals, if any.

ii. The ACO shall maintain records of all complaints and their resolutions including actions taken.

iii. All complaints and appeal to be assessable to NABET assessment.

5.5 Payment of Fee

Detail of fee structure given in Section 6.

1. The fees is to be paid by a Demand Draft/NEFT/RTGS/IMPS/Cheque payable at Delhi in favor of “Quality Council of India” (details available http://nabet.qci.org.in/eiafile/ICICI%20Bank%202144.pdf

2. Applications not accompanied with application fee will not be processed further.

3. Any pending fee payments shall made before finalizing the date of assessment.

4. Annual accreditation fee shall be paid every year.

5. No IA, SA, RA, issuance of certificate etc. if dues are pending.

6. The fees paid are not refundable.

7. Service Tax/GST- as applicable.

8. Application fee payment to be made in advance and mention payment transaction no. details in the application.
9. If dues not paid for 60 days then name of the Accredited CO may be removed from list of Accredited CO without prior information.

5.6 Governance

QCI-NABET reserves the rights with respect to accreditation scheme for CO(s). QCI-NABET will have following functions (but not limited to):

a. Changing/ modifying the criteria/ guidelines/ fee structure
b. Suspension/cancelling of accreditation in case of violation of any clause of the Scheme
c. Surprise visits/ extra office assessments

5.7 Confidentiality

a. All information, documents submitted by an applicant to NABET shall be used by NABET (including NABET Assessors and Members of Accreditation Committee) for the purpose of assessment & accreditation only. These may also be used for research purpose or sharing with any ministry, APLAC and other members of the International Personnel Certification Association. However, the identity of the accredited CO would be protected for sensitive information related to business whenever it is called for/ appropriate. In case a CO wants the information to be kept confidential, a communication shall be sent to NABET citing reasons for the same. NABET reserves the right to take decision in this regard.
b. ACO shall have adequate arrangements consistent with applicable laws to safeguard confidentiality of all information provided by stakeholders.
c. The accredited CO should maintain confidentiality of their client’s related information like location, products, processes, vendors, feedback form, personal details etc.

5.8 Use of QCI/NABET Logo

NABET logo can be used by accredited CO and is restricted only to the promotional material and stationery saying CO is accredited by NABET for consultancy only.

NABET logo can be used by ACO only at following places:
• On promotional material stating that the CO is accredited by NABET
• On letterhead and visiting cards mentioning that, the CO is accredited by NABET for the scope specific consultancy.
• ACO should ensure that NABET logo should not be used until accredited by NABET for specific scope.
• On suspension, withdrawal, after expiry of accreditation validity, earlier accredited CO must not use NABET logo. It may attract legal implications.
6 Fee Structure

Fees will be charged to the CO under the following heads:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Fee Details</th>
<th>Amount in Rs. (excluding taxes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Application Fee (IA &amp; RA)</td>
<td>Up to 1 scope: - Rs 10,000/- For any addition of each scope: - Rs 10,000/-</td>
</tr>
<tr>
<td>2</td>
<td>Desktop Assessment fee (DA)</td>
<td>Up to 1 scope: - Rs 5,000/- For any addition of each scope: - Rs 5,000/-</td>
</tr>
<tr>
<td>3</td>
<td>Office Assessment (OA)</td>
<td>1 - 2 or more man days (Number of man-days will depend upon the scope and size of the CO)</td>
</tr>
<tr>
<td></td>
<td>• For IA, SA &amp; RA</td>
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<td></td>
<td>• For DA from second cycle of accreditation i.e. after Re-accreditation (RA)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Annual Fee</td>
<td>Up to 1 scope: -Rs 10,000/- For any addition of each scope: -Rs 5,000/-</td>
</tr>
<tr>
<td>5</td>
<td>Per consultancy fee (After IA)</td>
<td>Rs 1000/ per project</td>
</tr>
<tr>
<td>6</td>
<td>Scope Expansion (can be made at any stage; will be process as per S. No 1)</td>
<td>Up to 1 scope: - Rs 10,000/- For any addition of each scope: - Rs 10,000/-</td>
</tr>
<tr>
<td>7</td>
<td>Addition of expert or any change</td>
<td>Rs 2000/-</td>
</tr>
</tbody>
</table>

Travel and stay of assessors - at actual to be borne by Organization.

Note:
1. Applicable service tax/GST payable by the organization.
2. ‘Man day’ charges are Rs. 7500/ at the present. Numbers of days for assessment are estimated based on the scope number of candidates proposed to be interacted and size of the organization, documents/laboratory to be seen etc.
3. QCI/NABET reserves the right to revise the “man day” rate, if deemed necessary.
4. Economy class air fare/organization’s guesthouse or Hotel (boarding and lodging, equivalent to 3-star facility), local travel by AC car/ taxis are paid at actuals by the applicant to NABET. The consultant organization may also make the ticketing & other arrangements as per the requirements, if requested by NABET.
5. The annual fee for the first year is to be sent only after the receipt of confirmation from NABET of the applicant having been approved for accreditation.
6. Certificate shall be sent after receipt of full fees and expenses at NABET.
Appendix 1

Qualifications, Experience and Technical Requirement for Laboratory Experts

1. Minimum Educational Qualification and experience requirement

The minimum requirement to become an expert is –

M.Sc / B.Tech with minimum 10 years of experience related to relevant laboratory’s scope which may include working in laboratory at a responsible position / assessment / tutor / setting up of the laboratories etc. ;

Or

B.Sc / Diploma with minimum 20 years of experience related to relevant laboratory’s scope which may include working in laboratory at a responsible position / assessment / tutor / setting up of the laboratories etc.

Or

MD in laboratory medicine with minimum 5 years of experience related to relevant laboratory’s scope, which may include working in laboratory at a responsible position / assessment / tutor / setting up of the laboratories etc.

2. Minimum Technical Qualification:

The Professional/expert shall have successfully completed the following training from reputed institute:

i. Atleast 4 day programme on LMS and/or laboratory scope related services

Or

ii. 5 day assessor programme from any ILAC/APLAC- MRA accreditation body

3. Technical Skills as per Laboratory Disciplines:

Laboratory Experts should have following technical skills-

- Should be conversant with the basic QMS principle with specific reference to laboratory systems and alike
- Should have understanding and operational requirement
- Able to interpret and implement the requirements of one or more scope as stipulated in Table 1.
- Should be qualified to undertake the internal audit of client/customer
- Should have basic knowledge of quality tool, legislative requirement, staff management and training.
Appendix 2

Guidelines for Developing Consultancy Quality Assurance System (CQAS)

CO should have quality assurance system (QAS) for continual improvement in the delivery and effectiveness for providing laboratory consultancy. This should ensure that customer need is understood and fulfilled to their satisfaction. CQAS guidelines may be based on QMS as described in ISO 9001. Normally for a laboratory CO the delivery and post-delivery activities are not limited to the following only:

- Conceptualisation and awareness creation
- Documentation
- Implementation
- Evaluation through audit and reviews

The CO should identify one person as Quality Manager with overall responsibility of implementing CQAS. Each activity could be supported by many activities; however, as a minimum the CO should have procedures as listed below. While formulating procedure the process listed above to be kept in mind.

1. Procedure for evaluating, selecting, appointing and monitoring expert for the laboratory consultancy
2. Procedure for planning, scheduling and conducting consultancy
3. Procedure for collecting feedback, analysis and evaluation of feedback for improving the methodology, delivery and effectiveness of future Laboratory consultancy projects
4. Procedure for addressing complaints, suggestions, impartiality and conflict of interest.
5. Procedure for internal audit, maintaining records and documents
6. Procedure for periodic reviewing the requirements, law, rules and laboratory consultancy materials
7. Procedure for ensuring the implementation of all the above procedures and maintaining related records

Broad guidelines on issues to be addressed for each of the above items are given below:

1. Procedure for evaluating, selecting, appointing laboratory expert – should give procedures for
   a. Prescribing qualifications, experience, competence requirements for laboratory experts/resource persons (in-house/ empanelled)
   b. Assessing competence of an expert/resource person prior to appointment.
   c. Assessing performance/ monitoring laboratory expert after appointment and during/after consultancy
   d. Identifying training needs area for the laboratory expert/resource person
   e. Fixing Terms of Reference (TOR) for retention and guidelines for
a) Imparting impartial consultancy
b) Code of conduct and Conflict of Interest

2. **Procedure for conducting laboratory consultancy:** should give procedures for
   a. Defining roles and responsibilities of the laboratory consultancy experts and support team
   b. Communication with client, giving information about consultancy activity, main area, communication channel information, feedback etc.
   c. Meeting clients, discussions, defining minimum infrastructure requirements in terms of conference space, seating, projectors, consultancy material etc.
   d. Continuous upgrading the documentation and regular review of the milestones of the consultancy.
   e. Developing procedure how to fulfil the requirements of consultancy and closure of project.

3. **Procedure for feedback collection, evaluation and improvements** – giving procedures for
   a. Inviting feedback on consultancy imparted from clients in specific formats to assess laboratory expert competence, mode of delivery, effectiveness etc.
   b. Evaluating the feedback for areas of strengths and improvements in respect of documentation, implementation and quality of consultancy
   c. Corrective & preventive actions for gaps in the deliverables/ expectation of clients
   d. Action to be taken to close the gap on quality of consultancy including changing the concerned laboratory expert, if required
   e. Updating the consultancy parameters, as necessary

4. **Procedure for addressing complaints, suggestions and conflict of interest** – Applicable to CO
   a. Informing the stakeholders about the provision of complaints and conflict of interest
   b. Accepting, handling and disposal (including authority and responsibility) of the same within reasonable time
   c. Maintaining records of complaints
   d. Conflict of interest (COI) procedures, monitoring
   e. Ensuring implementation COI/ preventive/ corrective actions

5. **Procedure for maintaining records, documents and internal audits**
   a. Approving documents prior to issue
   b. Ensuring quick availability of relevant revision of the document
   c. Maintaining consultancy specific records of venue, date, promotional literature, laboratory expert/resource persons involved.
   d. Storage, protection, retrieval and disposal of documents
   e. Periodic and systematic audit, both internal and external and follow up action for closure of non-conformances NCs/ observations/OFIs.
6. **Procedure for periodic reviewing the requirements, law, rules and Laboratory consultancy materials** giving procedures for
   a. Up-dation of documents, as required
   b. Management committee review/ periodic review of actions pending from last review
   c. Action on feedback from stakeholders to update consultancy requirements
   d. Updating of amendments in rules/laws, new case studies, latest scenario as per laboratory services and related aspects
   e. Administrative issues including future consultancies and sectors.

7. **Procedure for ensuring the implementation of above all procedures**
Appendix 3

Assessment Process

Assessment Process comprises three parts:

- **Initial Assessment** – Completeness of application, technical assessments of documents submitted and office assessment including interaction with laboratory expert(s) and concerned administrative staff to understand capability for consultancy

- **Surveillance Assessment** – Same as above, with particular emphasis on performance, quality and effectiveness of consultancy provided, compliance to conditions of accreditation, carried out within 12 months after initial accreditation and re-accreditation.

- **Re-Accreditation** – same as initial assessment, with particular emphasis on continual improvement during the accreditation cycle including feedback by client(s), after 2 years of initial accreditation.

**Initial Accreditation**
Aspects to be considered and their weightage:

**For Accreditation –**

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<tr>
<th></th>
<th>Aspect</th>
<th>Weightage</th>
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<tbody>
<tr>
<td>1</td>
<td>Desktop assessment, number &amp; competence of laboratory experts (documentary evidence of knowledge base) available with applicant consultant organisation, trainings attended,</td>
<td>40%</td>
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<tr>
<td>2</td>
<td>Access to infrastructural facilities of applicant consultant organisation, consultancy material, provision how to update experts time to time</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>Consultancy Quality Assurance System and implementation</td>
<td>30%</td>
</tr>
<tr>
<td>4</td>
<td>Past experience and successful projects completion by CO for Initial assessment and feedback of clients in surveillance assessment and continual improvements</td>
<td>10%</td>
</tr>
</tbody>
</table>
Annexure 1

Application Form
Laboratory Consultant Organisation

1) Applicant Organization
   a) Name:
   b) Registered Address
   c) Head Office- address, email, telephone:
   d) Branch Office(s) - addresses, email, telephone:
   e) Website:

Application for (please mark (✓) the appropriate status):
- [ ] Initial Accreditation
- [ ] Surveillance Assessment
- [ ] Re- Accreditation Application

Scope as per Table 1 of Scheme

<table>
<thead>
<tr>
<th>Sr. No (as per Scheme)</th>
<th>Applied Scope</th>
<th>Abbreviation As per Scheme</th>
<th>Nature of Laboratory (In detail, applicable for Item A only)</th>
</tr>
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2) Name of Head of the applicant organization with designation:

3) Contact person details:
   a. Name :
   b. Tel No.:
   c. Mobile:
   d. Email:
4) Legal Status of the Organization (please mark (v) the appropriate status):
   a) Public/Private/Government
   b) Company/Partnership/Proprietorship/Registered Society
   c) Research/Academic Institute
   d) Industry Association
   e) Others (please specify and attach necessary evidence)

5) Date of Registration/Incorporation (DD/MM/YYYY):
   (Attach copy of certificate of incorporation/registration)
   ___________  ___________  ___________

6) Year of Establishment: ___________

7) Details of consultancy provided in laboratory and related field.
   a. Total No. of laboratory and related area consultancy provided so far
   b. Detailed break up (Year wise and scope wise) as per table below

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Areas/sector, name of organisation in which consultancy provided</th>
<th>Start and End Year</th>
<th>Duration in months</th>
<th>Remark</th>
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8) Other services provided by Consultant Organization (if any, like Training etc.)

9) If involved in training, please provide details of training (Use Separate Sheet if required)
   a) Topic  b) Duration  c) Not applicable

10) Is organization affiliated with any Regulatory Body?

10.1 If YES, please mention the following:
   a). Name of the Body (s) with which affiliated: ___________________________
   b). Affiliation no. and validity: ___________________________
c). Year of affiliation: -----------------------

(Note: Attach affiliation certificate)

11) Organization structure (with details of locations/ associates etc)

12) Consultancy Facilities –
   Summary of personnel involved in laboratory consulting services –
   i. In house Experts –
   ii. Empanelled Experts –
   iii. Administrative staff -

(Note: Attach list of proposed experts with their CV as per Annexure 3 in application)

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Name</th>
<th>IH/Emp</th>
<th>Applied for Scope</th>
<th>Educational Qualification (highest one)</th>
<th>Total Experience</th>
<th>Training Certificate, if any (Laboratory related)</th>
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</table>

Kindly ensure that the proposed experts meets the qualification and experience requirements as prescribed in the Appendix 1 of the Scheme

13) Does the CO receive any grant from Govt. of India / State Government / Union Territory or any other source?
(Attach -Details of grants received in last 3 years; Summary of Audited financial reports of last 3 years)

14) Enclose a copy of Consultancy Quality Assurance System meeting the requirements of Scheme as mentioned in Appendix 2)
(Attach Organization Brochure and associated documents)

15) Enclosed payment details made through DD/ Cheque/ NEFT/ RTGS / IMPS/ any other source in favour of Quality Council of India, payable at New Delhi towards the application fees-

16) Declaration
   We have carefully read all NABET guidelines for Accreditation Laboratory Consultant Organisation. We confirm that the information in support of the application is correct to the best of our knowledge. We agree to abide by the code of conduct and terms & conditions of NABET as applicable from time to time.
We authorize NABET to make any enquiry as deemed fit as part of the reviewing process. We understand that in case any information is found to be incorrect, it may result in rejection of this application and/or disqualification. We authorize NABET to utilize the information provided in this application for legal, research, training, sharing with other IPC members and/or for any other purpose as may be deemed fit by NABET.

If accredited, we commit to notify NABET immediately of any changes in the status where information regarding such changes, if declared may affect the consideration for accreditation of the organization.

Authorised Signatory

Name: ______________________________
Designation: ______________________________
Date: ______________________________
Place: ______________________________

List of Enclosures (to check)  

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Enclosure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Registration certificate of organisation/trust/society</td>
<td>Y</td>
</tr>
<tr>
<td>2</td>
<td>Copy of affiliation certificate</td>
<td>Y</td>
</tr>
<tr>
<td>3</td>
<td>Organization chart</td>
<td>Y</td>
</tr>
<tr>
<td>4</td>
<td>Consultancy promotional material developed</td>
<td>Y</td>
</tr>
<tr>
<td>5</td>
<td>List and resumes of experts/staff (indicating qualification &amp; experience)</td>
<td>Y</td>
</tr>
<tr>
<td>6</td>
<td>Admin. support staff (indicating qualification and experience)</td>
<td>Y</td>
</tr>
<tr>
<td>7</td>
<td>Details of grants received in last 3 years, if any</td>
<td>Y</td>
</tr>
<tr>
<td>8</td>
<td>Summary of audited financial reports of last 3 years</td>
<td>Y</td>
</tr>
<tr>
<td>9</td>
<td>Consultancy quality assurance system, organization brochure and associated documents</td>
<td>Y</td>
</tr>
<tr>
<td>10</td>
<td>Required infrastructure details</td>
<td>Y</td>
</tr>
<tr>
<td>12</td>
<td>Application fee (as applicable)</td>
<td>Y</td>
</tr>
<tr>
<td>13</td>
<td>Signed agreement / MoU with empanelled experts</td>
<td>Y</td>
</tr>
</tbody>
</table>
Annexure 2

Declaration of Accepting NABET’s Code of Conduct

C.E.O. / Head of Consultant Organisation

This is to confirm that I ……………………….., working as CEO/ Head of ………………..agree with the Code of Conduct (Section 4.3 of Scheme), conditions of accreditation of NABET and give an undertaking that I would abide by the stated conditions for all activities pertaining to Consultancy Services/ Activities.
I also understand that awarding/ continuation of accreditation of my organization is subject to continual compliance to conditions of accreditation.

Name  ........................................................................................................
Designation ............................................................................................
Date ...........................................................................................................
Signature .................................................................................................
Annexure 3

RESUME FORMAT

☐ In house Expert
☐ Empanelled Expert

Applied for scope (along with the nature of laboratory applicable for Item A only):

______________________________________________________________

1. Dr/Mr./Ms./Mrs.

______________________________________________________________

(First Name) (Middle Name) (Last Name)

2. Date of Birth __________________

3. PAN No. _____________________

4. Mailing Address (Office)

______________________________________________________________

State: ___________ District: ________________ Pin Code: ____________

5. Mailing Address (Home)

______________________________________________________________

State: ___________ District: ________________ Pin Code: ____________

6. Mobile No. _____________________________

7. Email (Official/Personal) _____________________________

______________________________________________________________

8. Academic Qualifications (Graduation and above)

<table>
<thead>
<tr>
<th>Period (Year)</th>
<th>Qualification</th>
<th>University/College</th>
<th>Subjects/Specification</th>
<th>Grade/ % Marks</th>
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Passport Size Photograph
9. Training Course attended related to Laboratory Disciplines:

<table>
<thead>
<tr>
<th>Area of Knowledge/Expertise</th>
<th>Training/Certification</th>
<th>Conducted by</th>
<th>Duration</th>
<th>Result</th>
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10. Membership of Professional Bodies:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Professional Body (Name and Address)</th>
<th>Membership Grade</th>
<th>Membership No.</th>
<th>Valid Till</th>
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11. Experience (write in chronological order with most recent experience listed first):

(A) General Experience (in brief)
Total Experience (in Years): ___________

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Period (Month and Year)</th>
<th>Name of the Employer/Organization</th>
<th>Designation</th>
<th>Type of Experience</th>
<th>Roles and Responsibilities</th>
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(B) Laboratory work experience
Relevant experience in laboratory services (in Years): ___________

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<thead>
<tr>
<th>Sr. No</th>
<th>Period (Month and Year)</th>
<th>Name of the Employer/Organization</th>
<th>Department</th>
<th>Designation</th>
<th>Roles and Responsibilities</th>
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(C) Details of the experience in consultancy (as Consultant)
Total experience in consultancy (in Years): ___________

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Experience (Consultancy)</th>
<th>No. of Man-days</th>
<th>Name of the Employer/Organization</th>
<th>Roles and Responsibilities</th>
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</table>
(D) Details of the experience as 3rd party Lead Assessor/Technical Assessor
Total Experience as 3rd party Lead Assessor/Technical Assessor (in Years): ________________

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Experience</th>
<th>No. of Audits/assessments</th>
<th>Name of the Employer/Organization</th>
<th>Roles and Responsibilities</th>
</tr>
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12. Any other information you would like to provide-

13. Declaration by the applicant

I attest that the above information relating to my education and experience is correct. I do understand that any incorrect information will result in the disqualification of self and the organizational accreditation with NABET.

I hereby declare that I am not working as Assessor for NABL.

Signature_________________________ Date ______/_______/_______

14. Declaration by the Consultant Organization

The above information in relation to Dr./Mr./Ms. ………………………………………………… has been verified and found to be correct.
Dr./Mr./Ms. ………………………………………………… not giving his/her service as Assessor for NABL.

I understand in case the information is found to be incorrect it may result in the rejection/suspension of this application for the accreditation of Laboratory Consultant Organization.

Attested By

Authorized Signatory:

Name
Designation
Date
Place
Annexure 4

MOU/Agreement of Empanelled Expert

Written MOU/Agreement shall be signed between the organization and empanelled expert whose services are used for conducting laboratory consultancy. Such MOU/Agreement should include:

i. Name of the expert & organisation
ii. Name of sector/scope, expert applied
iii. Scope of sectors covered
iv. Duration of association
v. Specific roles & responsibilities and acceptance of empanelled expert
vi. Not associated with any other three Laboratory consultant organisations
Annexure 5

Surveillance Application for Laboratory Consultant Organisation
(To be filled by ACO, if no change since last assessment)

1. Applicant Organization
   a. Name:
   b. Registered Office
   c. Head Office - address, email, telephone:
   d. Branch Office(s) - address, email, telephone:

   Application for Surveillance Assessment (please mark (✓) the appropriate status):

   1st Accreditation Cycle
   2nd Accreditation Cycle

2. Contact person details:
   a. Name:
   b. Tel No.:
   c. Mobile:
   d. Email:

3. Details of consultancy provided in laboratory and related field (since last assessment)

4. Other services provided by Consultant Organization (if any like Training etc.)

5. If involved in training, please provide details of training (Use Separate Sheet if required)
   a) Topic
   b) Duration
   c) Not applicable

6. Consultancy Facilities –
   Summary of personnel involved in laboratory consulting services –
   a) In house Experts –
b) Empanelled Experts -

c) Administrative staff -

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Name</th>
<th>IH/Emp</th>
<th>Accredited for (Laboratory related) since last assessment</th>
<th>Training Certificate, if any</th>
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</tbody>
</table>

7. Please provide complete payment details made through DD/ Cheque/ NEFT/ RTGS / IMPS/ any other source in **favour of Quality Council of India**, payable at New Delhi towards the application fees-

8. **Declaration**

We have carefully read all NABET guidelines for Accreditation Laboratory Consultant Organisation. We confirm that the information in support of the application is correct to the best of our knowledge. We agree to abide by the code of conduct and terms & conditions of NABET as applicable from time to time.

We authorize NABET to make any enquiry as deemed fit as part of the reviewing process. We understand that in case any information is found to be incorrect, it may result in rejection of this application and/or disqualification. We authorize NABET to utilize the information provided in this application for legal, research, training, sharing with other IPC members and/or for any other purpose as may be deemed fit by NABET.

If accredited, we commit to notify NABET immediately of any changes in the status where information regarding such changes, if declared may affect the consideration for accreditation of the organization.

Authorised Signatory

Name: ___________________________________

Designation: ______________________________

Date: _____________________________

Place: _______________________________
Annexure 6

Application Form for Scope Expansion

1. Applicant Organization
   a) Name :
   b) Registered Office- address, email, telephone:
   c) Head Office- address, email, telephone:
   d) Branch Office(s)- address, email, telephone Mobile:
   e) Website:

2. Contact person details:
   a) Name :
   b) Tel No.:
   c) Mobile:
   d) Email:

3. Reason for applying:

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Reason for applying</th>
<th>Tick and specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Addition / Modification in scope of accreditation of CO</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Addition / Modification in scope of experts</td>
<td></td>
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<tr>
<td>3</td>
<td>Other</td>
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</table>

*Application must be submitted along with the applicable fee (see Section 6 of the Scheme).
- Amount paid
- Mode of payment and number (DD/cheque no.)
- Date of issue
DD / Cheque to be drawn in favour of ‘Quality Council of India’ payable at New Delhi.

4. Addition/modification in (scope as per Table 1 of Scheme)

<table>
<thead>
<tr>
<th>S. No As per Scheme</th>
<th>Applied Scope</th>
<th>Abbreviation As per Scheme</th>
<th>Nature of Laboratory (In detail, applicable for Item A only)</th>
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5. Summary of personnel involved in laboratory consulting services –
   i. In house Experts –
ii. Empanelled Experts –
(Note: Attach list of proposed experts with their CV as per Annexure 3 in application)

<table>
<thead>
<tr>
<th>S No</th>
<th>Name</th>
<th>IH/Emp</th>
<th>Applied for Scope</th>
<th>Educational Qualification (highest one)</th>
<th>Total Experience</th>
<th>Training Certificate, if any (Laboratory related)</th>
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</table>

*Kindly ensure that the proposed experts meets the qualification and experience requirements as prescribed in the Appendix 1 of the Scheme*

6. Declaration

We have carefully read all NABET guidelines for Accreditation Laboratory Consultant Organisation. We confirm that the information in support of the application is correct to the best of our knowledge. We agree to abide by the code of conduct and terms & conditions of NABET as applicable from time to time.

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If accredited, we commit to notify NABET immediately of any changes in the status where information regarding such changes, if declared may affect the consideration for accreditation of the organization

Authorised Signatory

Name: ___________________________________
Designation: ______________________________
Date: 
Place:
To submit your application or for further details contact:

**National Accreditation Board for Education & Training**
Institute of Town Planners India
6th Floor, 4 - A, Ring Road, I P Estate,
New Delhi – 110002
Tel: +91 11 233 23 416 / 417 / 418 / 419 / 420 Fax: +91 11 233 23 415