



## QUALITY COUNCIL OF INDIA (QCI)

1st floor, K Tower, Gate no. 5, World Trade Centre, Block F, Nauroji Nagar, Safdarjung Enclave,  
New Delhi- 110029 Web: [www.qcin.org](http://www.qcin.org); E-mail ID: [nciipc.nabet@qcin.org](mailto:nciipc.nabet@qcin.org)



**NABET: Accreditation Scheme| COs: FR:**

# **Witness Assessment Report** *for* **Accreditation Scheme for IT/ICS Cyber Security Consultancy Organisations**

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## **WITNESS ASSESSMENT REPORT – Accreditation Scheme\_ IT/ICS Cyber Security Consultancy Organisations**

|                                                       |                             |             |                      |
|-------------------------------------------------------|-----------------------------|-------------|----------------------|
| <b>Name of CO</b>                                     |                             |             |                      |
| <b>Office Location</b>                                | <i>Main Office</i>          | Head Office |                      |
|                                                       | <i>Location Assessed</i>    |             | <i>Main / Branch</i> |
| <b>Address</b>                                        |                             |             |                      |
| <b>Scope of Accreditation applied and/or approved</b> |                             |             |                      |
|                                                       | <i>Location Assessed</i>    |             |                      |
| <b>Key Personnel</b>                                  | <i>Chief Executive/Head</i> |             |                      |
|                                                       | <i>Technical Manager(s)</i> |             |                      |
|                                                       |                             |             |                      |
|                                                       |                             |             |                      |

|                                                                                |  |
|--------------------------------------------------------------------------------|--|
| <b>Assessment Type</b>                                                         |  |
| <b>Assessment Date(s) and Man-days</b>                                         |  |
| <b>Assessment Team</b><br>(Lead Assessor/Assessor/Expert)                      |  |
| <b>Assessment Criteria</b><br>(Applicable Standard / Requirements & Documents) |  |



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|                                                                            |  |
|----------------------------------------------------------------------------|--|
| <b>Last Assessment</b><br>(Type & Date)                                    |  |
| <b>Status of corrective actions on non-conformities in last assessment</b> |  |

|                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Introduction about organization witnessed</b><br>(About the organization, its legal status, management structure, financial performance, operations at location etc.) |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------|--|
| <b>Evaluation of the Previous stages in the process (Based on the documents provided by the Agency)</b> |  |
|---------------------------------------------------------------------------------------------------------|--|

|                                                                   |  |
|-------------------------------------------------------------------|--|
| <b>Comments on competence of person(s) witnessed</b>              |  |
| <b>Overall Comments on Agency competence for applicable scope</b> |  |
| <b>Assessment Findings</b>                                        |  |



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### Assessment Summary

### Recommendations

| Non-conformities<br>& Concerns | Scheme Requirements | Critical NC | Major NC | Minor NC | Concern |
|--------------------------------|---------------------|-------------|----------|----------|---------|
|                                |                     |             |          |          |         |
|                                |                     |             |          |          |         |

|       |  |               |  |
|-------|--|---------------|--|
| Date  |  | Signature     |  |
| Place |  | Lead Assessor |  |