



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; E-mail ID: nciipc.nabet@qcin.org



APPLICATION FORM FOR CONSULTANCY ORGANISATIONS

Conformity Assessment Framework for IT/ICS Cyber Security Consultancy Organisations

Date of Application: <dd/mm/yyyy>

To apply for QCI accreditation of Consultancy Organisations (COs) for Cyber security of Critical Sector Entity (CAF_CS_CSE) Scheme, please complete this application form and send it to QCI at the address mentioned above accompanied by:

1. Documents as listed in Part IV of application;
2. Application Fee (with applicable taxes) in favour of Quality Council of India to be paid through PADD QCI portal.
3. Kindly select the work packages (MDs are subject to change as per the selection) as mentioned below:

- ☐ Designing and facilitation of implementation of CSMS (L1/L2/L3) with focus on Governance, Risk and Compliance Requirements
- ☐ IT Cyber Security, Architecture, Design, Engineering and Implementation
- ☐ IT Cyber Security Administration and Management
- ☐ ICS Cybersecurity Risk Assessment
- ☐ ICS Cybersecurity Architecture, Design, Engineering and Implementation
- ☐ ICS Cybersecurity Operations & Maintenance
- ☐ Cyber Defence
- ☐ Cyber Security Monitoring and Assessment
- ☐ Cyber Security Operations
- ☐ Cyber Security Forensics & Investigation
- ☐ Cyber Training & Skill Gap Assessments

Before completing this application, form and submitting application accreditation of COs, kindly study the documents titled as 'Accreditation Scheme for IT/ICS Cyber Security Consultancy Organisations'. If any clarification is needed, please contact QCI.

If additional space is required for providing information to any item, the information may be annexed as a separate sheet.

Please provide information as per the format and in the space given.

PART – I GENERAL INFORMATION					
1.	Name of the Consultancy Organisation				
2.	Address of Main Office				
		City			
		State		PIN	
3.	Branch Office Location(s), if any				
a.		City			
		State		PIN	
b.		City			
		State		PIN	



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c.		City			
		State		PIN	
4.	Contact Details of Main office	Phone			
		Fax			
		E-mail			
		Web			
5	Ownership Details (Pvt. Ltd. / PPP / LLP / LLC / regd. Society / Autonomous entities etc.)				
		Note: Any partnership / proprietorship firms are neither allowed nor accepted for application under this Scheme.			
6.	Legal Registration Details	Status			
		Regn. No.			
		Date of Regn.			
		Regn. Authority			
7.	Address of registered office and Place of Registration	If registered outside the country where the Main Office is located. Also provide above the details of approval to operate or to do business in India / other countries and annex copy of the approval granted.			
8.	Chief Executive / Head of the Organisation	Name			
		Designation			
9.	Primary Contact Person (SPOC for Scheme applied for)	Name			
		Designation			
		Phone			
		Mobile			
		E-mail			



PART – II						PERSONNEL INFORMATION					
10.	Quality Manager or Management Representative			<i>Name</i>							
				<i>Email id</i>							
				<i>Contact details</i>							
11. Persons of CO involved in activities pertaining to accreditation											
Nature of engagement		Head Office						Location 1			
		Consultant		Expert		Managerial Staff		Consultants		Staff	
Full-Time											
Contract											
Technical Experts											
<i>Mention only numbers above and annex details of key Managerial Personnel and all Examiners at the Main Office as well as Branch Office locations (if any) as per the format in Table B</i>											



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PART – III		OTHER INFORMATION			
12.	Accredited certification as per ISO/IEC 9001 from IAF member AB (e.g. NABCB), if any <i>Please specify Accreditation Cert. No. and Validity Period</i>				
13.	Other Approval(s) from Govt. or Regulatory Bodies, if any				
14.	Other activities within the same legal entity				
15.	Related Organization(s), if any, and their activities				
16.	Financial Performance (for last 3 financial years)	<i>Financial Year</i>	<i>Income</i>	<i>Expenditure</i>	<i>Net Profit / Loss</i>

PART – IV		ANNEXED INFORMATION	
1.	CO's Certificate & Memorandum / Articles of Association (<i>copy only</i>)	<i>Annex – 1</i>	
2.	Master List of Documents for Accreditation Scheme for COs (with issue and/or revision status)	<i>Annex – 2</i>	
3.	Quality Manual in accordance with ISO/IEC 9001, if available	<i>Annex – 3</i>	
4.	Documentation relating to accreditation of COs (Procedures, Competence related documents etc.)	<i>Annex – 4</i>	
5.	Branch Office(s) to be covered under accreditation (<i>list as per format in Table – A</i>)	<i>Annex – 5</i>	
6.	List of Managerial Personnel & Consultants (<i>list as per format in Table – B</i>)	<i>Annex – 6</i>	
7.	Application Fee (with applicable taxes) in favour of Quality Council of India to be paid through PADD QCI portal.	<i>Annex – 7</i>	
8.	CRM-cum-Assessment Report for accreditation of COs	<i>Annex – 8</i>	
9.	Other Documents (<i>annex list</i>)	<i>Annex – 9</i>	



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PART –V

DECLARATION

I, the Authorized Representative on behalf of our Consultancy Organisation, agree to the following Terms & Conditions of QCI as well as Rules and Procedures for QCI under accreditation of COs and declare the following:

1. All statements, information and documents provided along with this application are correct to the best of our knowledge and belief.
2. The criteria, requirements, procedures and documents, as mentioned in the 'Accreditation Scheme for IT/ICS Cyber Security Consultancy Organisations' have been read, understood and implemented.
3. Have adequate resources to undertake consultancy work under the accreditation of CO, undergo assessment as well as maintain conditions for approval, and shall pay all necessary fee and charges (including any applicable taxes) to NABET, QCI.
4. Shall ensure that the operations, staff and procedures of our CO will always continue to comply with the Accreditation Scheme for IT/ICS Cyber Security COs - its criteria and process.
5. Shall always maintain impartiality and integrity in operations as well as in consultancy assignments / activities.
6. Shall always provide, or give access to, all documents, records, information and facilities during the entire assessment process to enable a thorough assessment of our CO and also later during the period of approval.
7. Shall take adequate and prompt corrective and/or preventive action(s) as may be necessary on the issues raised by NABET, QCI.
8. Shall immediately notify NABET, QCI of any significant changes in organizational status / structure, operations, facilities, main policies, procedures, staff or competence, which are likely to affect our approval.
9. Shall undertake routine assessments, surveillances & reassessments as scheduled by QCI and also the verification or surprise visits as decided by NABET, QCI.
10. Any fee and charges payable by our consultancy organisation and which remain unpaid shall be recovered from our CO with late payment charges as appropriate and decided by NABET, QCI.
11. Compliance with the Rules for Use of Scheme Mark.
12. If our CO at any time is found not complying with the above declaration or the requirements of Accreditation Scheme for IT/ICS Cyber Security Consultancy Organisations for applied scope or is found misrepresenting or misusing accreditation or carrying out malpractices or bringing NABET, QCI into disrepute, any action against our CO may be taken including suspension, withdrawal or debar as deemed appropriate by NABET, QCI.
13. Our CO has not been blacklisted, debarred or expelled by any regulatory authority.
14. If any information given along with this application is later found to be false, QCI may decide to cancel our application.

	Authorized Representative
Signature	
Name	
Designation	
E-mail	
Date	
Place	



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CONSULTANCY ORGANISATIONS BRANCH OFFICE LOCATION(S)			TABLE – A
S.No.	Branch Office location with complete address	Phone, Fax & E-mail; Local Contact Person (with Designation)	Activities Performed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

CONSULTATION ORGANISATION MANAGERIAL PERSONNEL & CONSULTANTS			TABLE – B
S. No.	Name with Designation	Qualifications & Years of Relevant Experience	Location
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			