QUALITY COUNCIL OF INDIA (QCI)
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New Delhi- 110029 Web: www.qcin.org; E-mail ID: nciipc.nabet@qcin.org

APPLICATION FORM FOR TRAINING BODIES

Accreditation Scheme for IT/ICS Training Bodies

Date of Application: <dd/mm/yyyy>

To apply for QCI accreditation of Training Bodies (TBs) 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 heads (MDs are subject to change as per the selection) as mentioned below:*

- ☐ Governance, Risk and Compliance
- ☐ Technology & System Security Architecture
- ☐ Secure Software Development
- ☐ Application Security Testing
- ☐ Security Product Testing
- ☐ Network Security Administration
- ☐ System Security Administration
- ☐ Applications & Data Security Administration
- ☐ Security Support Services
- ☐ Security Performance Management
- ☐ ICS Cyber Security
- ☐ ICS Cyber Risk Assessor
- ☐ ICS Cybersecurity design, & Implementation
- ☐ ICS Cybersecurity Operations & Maintenance
- ☐ Cyber Defence
- ☐ Cyber Vulnerability, Threat & Risk Management
- ☐ Security Operations
- ☐ Cyber Forensics & Investigation
- ☐ Cyber Training & Awareness Documentation
- ☐ Implementation and Internal Auditing of CSMS (BTC-L1, STC- L2 and ATC -L3 as applicable)
- ☐ Implementation/Execution of Cyber Crisis Management Process (CCMP)

Before completing this application, form and submitting application accreditation of TBs, kindly study the documents titled as 'Accreditation Scheme for IT/ICS Training Bodies'. 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 Training Body**		
2.	**Address of Main Office**		
		City	

		State		*PIN*	
3.	**Branch Office Location(s), if any**				
a.		*City*			
		State		*PIN*	
b.		*City*			
		State		*PIN*	
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**	*Name*	
		Email id	
		Contact details	

11. **Persons of TB involved in activities pertaining to accreditation**

Nature of engagement	Head Office			Location 1	
	Trainer	Faculty	Managerial Staff	Trainer/ Faculty	Managerial Staff
Full-Time					
Contract					
Technical Experts					

Mention only numbers above and annex details of key Managerial Personnel and all Trainers/ Faculties at the Main Office as well as Branch Office locations (if any) as per the format in Table B

PART – III	**OTHER INFORMATION**				
12.	**Accreditation as per ISO/IEC 9001 from IAF member AB (e.g. NABCB), if any** *Please specify Accreditation Cert. No. and Validity Period*				
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)	*Financial Year*	*Income*	*Expenditure*	*Net Profit / Loss*

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

PART –V DECLARATION

I, the Authorized Representative on behalf of our Training Body, agree to the following Terms & Conditions of QCI as well as Rules and Procedures for QCI under accreditation of TBs 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 Training Bodies' have been read, understood and implemented.
3. Have adequate resources to undertake trainings under the accreditation of TB, 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 TB will always continue to comply with the Accreditation Scheme for IT/ICS TBs - its criteria and process.
5. Shall always maintain impartiality and integrity in operations as well as in training 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 training body 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 training body and which remain unpaid shall be recovered from our training body with late payment charges as appropriate and decided by NABET, QCI.
11. Compliance with the Rules for Use of Scheme Mark.
12. If our TB at any time is found not complying with the above declaration or the requirements of Accreditation Scheme for IT/ICS Training Bodies for applied scope or is found misrepresenting or misusing accreditation or carrying out malpractices or bringing NABET, QCI into disrepute, any action against our TB may be taken including suspension, withdrawal or debar as deemed appropriate by NABET, QCI.
13. Our TB 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	

TRAINING BODY 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.			

TRAINING BODY MANAGERIAL PERSONNEL & TRAINER/FACULTY	TABLE – B

S. No.	Name with Designation	Qualifications & Years of Relevant Experience	Location
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			