



International Quality And Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

307/20, 2nd Lane No. 5A, Ranjit Nagar, New Delhi 110008, India

IQAS-003

Application form for Testing Laboratories

International Quality and Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

| | | | |
|---------------------------|---|----------------|-------------------------|
| Doc. No.: IQAS-003 | Title: Application form for Testing Laboratories | Page 1 of 12 | |
| Issue No.: 02 | Issue Date: 01.07.2024 | Amend. No.: 02 | Amend. Date: 13.12.2024 |

**International Quality And Accreditation Services Pvt. Ltd.**

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307/20, 2nd Lane No. 5A, Ranjit Nagar, New Delhi 110008, India

AMENDMENT SHEET

| Sr. No. | Page No. | Clause No. | Date of Amendment | Reasons of amendment | Amendment details | Remark | Approved by |
|---------|----------|------------|-------------------|----------------------------|--|--|-------------|
| 1. | All | All | 01.07.2024 | Improvement | Detailing and Rephrasing | Replace s earlier issue dated 20.11.2023 | R.S.Rana |
| 2. | 15 | Annexure | 01.07.2024 | Detailing | Detailing of legal entity is added. | - | R.S.Rana |
| 3. | 7 | 3 | 02.09.2024 | Discipline | Detailing | - | R.S.Rana |
| 4. | 7 | 4 | 02.09.2024 | Scope | Rephrasing | - | R.S.Rana |
| 5. | 9,11 | 10,13 | 02.09.2024 | Outcome of APAC evaluation | PT/ILC plan is mentioned | - | R.S.Rana |
| 6. | 7 | 3 | 13.12.2024 | Improvement | Addition of hyperlink related to groups in each discipline | - | R.S.Rana |
| 7. | 7,8,9 | 4,5,6,7,9 | 13.12.2024 | Improvement | Addition of discipline /groups | - | R. S. Rana |
| 8. | 12 | Annexure-I | 13.12.2024 | Improvement | Proprietary Firms | - | R. S. Rana |

International Quality and Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

Doc. No.: IQAS-003

Title: Application form for Testing Laboratories

Page 2 of 12

Issue No.: 02

Issue Date: 01.07.2024

Amend. No.: 02

Amend. Date: 13.12.2024



International Quality And Accreditation Services Pvt. Ltd.

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307/20, 2nd Lane No. 5A, Ranjit Nagar, New Delhi 110008, India

Contents

| | |
|--|----|
| Instructions for filling up the application | 4 |
| Application Form | 5 |
| 1. Application for getting accreditation for Testing in the following category | 5 |
| 2. CAB details: | 5 |
| 3. Applicable Accreditation discipline | 5 |
| 4. Scope of Accreditation | 7 |
| 5. Personnel authorised for reviewing and releasing test results | 7 |
| 6. Details of staff in the laboratory | 8 |
| 7. Equipment/Instruments and CRM available in the CAB | 8 |
| 8. Internal Audit and Management Review | 9 |
| 9. Proficiency Testing | 9 |
| 10. Application Fees | 9 |
| 11. Declaration by the CAB | 10 |
| 12. List of enclosures Application Form - Check List | 11 |
| 13. Annexure -I (Legal Entities) | 12 |

International Quality and Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

| | | |
|--------------------|--|-------------------------|
| Doc. No.: IQAS-003 | Title: Application form for Testing Laboratories | Page 3 of 12 |
| Issue No.: 02 | Issue Date: 01.07.2024 | Amend. No.: 02 |
| | | Amend. Date: 13.12.2024 |



International Quality And Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

307/20, 2nd Lane No. 5A, Ranjit Nagar, New Delhi 110008, India

Instructions for filling up the application

1. The application shall be complete in all respect in the prescribed format of IQAS-003.
2. The application fee and other requirements are to be referenced to the latest IQAS-001 information/Bulletins/relevant quotation or information available on IQAS website, as applicable and relevant.
3. Conformity Assessment Body (CAB) shall have adequate personnel, instruments/equipment as per the scope of accreditation along with latest national/international or regional standards and the latest guiding documents of IQAS.
4. CAB shall be a Legal Identity as per the law/rule of the Government of India. Refer IQAS-003 (Annexure-I)
5. CAB shall participate in ILC/PT for the applied scope. Refer IQAS-009
6. The educational qualification and experience of CAB personnel shall be as mandated by IQAS mentioned below:

| Sr. No. | Educational Qualifications | Experienced Required |
|---------|--|----------------------|
| 1. | M.Sc./ B.Tech./B.E. or Equivalent | 6 Months |
| 2. | B.Sc./Diploma in Engineering/ or equivalent | 1 Years |
| 3. | IT/Senior examination in science or equivalent | 3 Years |

7. CAB shall take corrective action within the time frame specified by IQAS. Refer IQAS-001
8. IQAS terms and conditions shall be duly signed by the CAB along with the Application Form. Refer IQAS-006
9. Options opted for in Application Form is to be appropriately ticked by applicant CAB.

Note: All above IQAS documents are available on our website.

International Quality and Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

| | | |
|--------------------|--|-------------------------|
| Doc. No.: IQAS-003 | Title: Application form for Testing Laboratories | Page 4 of 12 |
| Issue No.: 02 | Issue Date: 01.07.2024 | Amend. No.: 02 |
| | | Amend. Date: 13.12.2024 |



Application Form

1. Application for getting accreditation for Testing in the following category

(Please put v in the applicable box)

- **New Application**
- **Renewal of existing Accreditation**
- **Scope addition/enhancement**
- **Name Change**
- **Premises change**

If yes (✓) :- (Earlier Accreditation certificate no.....and validity date.....)

2. CAB details:

| | | |
|-------|---|--|
| 2.1 | Name of the CAB | |
| 2.2 | Address | |
| 2.3 | Telephone | Mobile: Land line: |
| 2.4 | Email Id | |
| 2.5 | Website (if available) | |
| 2.6 | Laboratory facility: | Permanent Yes <input type="checkbox"/> No <input type="checkbox"/> Site Yes <input type="checkbox"/> No <input type="checkbox"/> Mobile Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2.7 | Legal Identity (Refer Annexure-I) | |
| 2.7.1 | Government entity (Registration No. and date or Gazette Notification reference along with date) | |
| 2.7.2 | Listed Limited Company. (Registration No. and date) | |
| 2.7.3 | Private Limited Company (Registration No. and date) | |
| 2.7.4 | Proprietary Firm, (Registration No. and date) | |

**International Quality And Accreditation Services Pvt. Ltd.**

(Formerly International Quality And Accreditation Services LLP)

307/20, 2nd Lane No. 5A, Ranjit Nagar, New Delhi 110008, India

| | | |
|-------|---|---------------------|
| 2.7.5 | Partnership Firm (Registration No. and date) | |
| 2.7.6 | GST No. (Registration No. and date) | |
| 2.7.7 | Any other Registrations which CAB desires to declare (give Registration No. and date) | |
| 2.7.8 | Name of the CAB as required on the Accreditation Certificate (Note: If the desired name of the CAB on the Accreditation Certificate is different from the Legal Identity, then Certificate will be issued on the name of the Legal Identity only) | |
| 2.8 | Senior Management information | |
| 2.8.1 | Chief Executive / Director / Head of the Laboratory | |
| 2.8.2 | Person responsible for the management system | |
| 2.8.3 | Person responsible for technical operations | |
| 2.8.4 | Contact person for IQAS | |
| | Name | |
| | Designation | |
| | Mobile no. | |
| | Landline no. | |
| | Email | |
| 2.9 | Organisation Chart | (Enclosed Annexure) |
| 2.10 | If part of larger organisation mentions position of the Testing Laboratory in the organisation structure (Please also attach organisation chart of the Testing Laboratory) | |
| 2.11 | Mention how the Testing laboratory is related to its own parent organization (if applicable) | |

International Quality and Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

Doc. No.: IQAS-003

Title: Application form for Testing Laboratories

Page 6 of 12

Issue No.: 02

Issue Date: 01.07.2024

Amend. No.: 02

Amend. Date: 13.12.2024



International Quality And Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

307/20, 2nd Lane No. 5A, Ranjit Nagar, New Delhi 110008, India

3. Applicable Accreditation discipline

(Please put v in the applicable box)

- Biological <https://forms.gle/dekUqpPfAzxq2YG27>
- Mechanical <https://forms.gle/77qZVyTQz4SZUAEk9>
- Chemical <https://forms.gle/w9c ewBV7asYpzEUv7>
- Non-Destructive <https://forms.gle/ZUL3frwF6eJCEP4M6>
- Electrical <https://forms.gle/MFEwbHa9ZGfvySG7>
- Photometry <https://forms.gle/uVQjy5K2SURAcipf9>
- Electronic <https://forms.gle/aPGu8nxUEQ286tBh9>
- Radiological <https://forms.gle/LVqpvyFRKyN3pMYMA>
- Fluid-Flow <https://forms.gle/Vb6DbPbNv84ABPru7>
- Diagnostic Radiology QA Testing <https://forms.gle/A2UND5Mtg2mAZohE9>
- Forensic Science <https://forms.gle/eow68b5ccMrTCyML9>
- Software & IT system <https://forms.gle/xj35mspqtZ96fhGA>

4. Scope of Accreditation

(Scope to be filled separately discipline & Group wise- Refer IQAS-026)

Discipline: _____

Group _____

| Sr. No. | Product/ Material to be tested | Parameter/ Type of test/ Properties Measured | Range of measurement/ detection limit | Method/ Technique | Uncertainty of Measurement (\pm) at value or percentage |
|---------|--------------------------------|--|---------------------------------------|-------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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International Quality and Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

| | | |
|--------------------|--|-------------------------|
| Doc. No.: IQAS-003 | Title: Application form for Testing Laboratories | Page 7 of 12 |
| Issue No.: 02 | Issue Date: 01.07.2024 | Amend. No.: 02 |
| | | Amend. Date: 13.12.2024 |

**International Quality And Accreditation Services Pvt. Ltd.**

(Formerly International Quality And Accreditation Services LLP)

307/20, 2nd Lane No. 5A, Ranjit Nagar, New Delhi 110008, India

5. Personnel authorised for reviewing and releasing test results

Discipline: _____ Group _____

| Sr. No | CAB / Department / Section | Name & Designation | Qualification with Specialisation | Relevant experience (in years) related to present work | Relevant Training | Authorised for which specific area of testing | Specimen Signature |
|--------|----------------------------|--------------------|-----------------------------------|--|-------------------|---|--------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

6. Details of staff in the laboratory

Discipline _____ Group _____

| Sr. No. | Laboratory/ Department/ Section | Name & Designation | Qualification with Specialisation | Relevant experience (in years) related to present work | Relevant Training | Responsible for performing which specific type of testing |
|---------|---------------------------------|--------------------|-----------------------------------|--|-------------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

7. Equipment/Instruments and CRM available in the CAB**7.1 Detail of equipment/instrument available to perform testing**

Discipline _____ Group _____

| Sr. No. | Unique ID of equipment | Name of equipment | Model / type / year make | Receipt date | Range and accuracy | Date of last calibration | Calibration due on | Calibrated by (Internal/ External) |
|---------|------------------------|-------------------|--------------------------|--------------|--------------------|--------------------------|--------------------|------------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

*In case of external, please specify name of calibration agency.

International Quality and Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

Doc. No.: IQAS-003

Title: Application form for Testing Laboratories

Page 8 of 12

Issue No.: 02

Issue Date: 01.07.2024

Amend. No.: 02

Amend. Date: 13.12.2024



International Quality And Accreditation Services Pvt. Ltd.

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307/20, 2nd Lane No. 5A, Ranjit Nagar, New Delhi 110008, India

7.2 Detail of CRM available in the CAB

Discipline _____ Group _____

| Sr. No | Unique ID | Name of reference material | Source | Date of expiry/validity | Traceability |
|--------|-----------|----------------------------|--------|-------------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

8. Internal Audit and Management Review

8.1 Date of last Internal Audit -----

8.2 Whether all requirements of ISO/IEC 17025:2017 covering all activities of Laboratory have been audited at least once in last one year. Yes /No

8.3 Date of last Management Review -----

9.0 Participation in PT/any other Inter Laboratory Comparison

(Please refer to ISO/IEC 17043)

Discipline _____ Group _____

| Sr. no. | PT/ILC | Product/ Materials | Parameters | Date of Testing initiated and completed | Nodal (Accreditation body / | Z score | Corrective action taken in case Z score more than (±2) |
|---------|--------|--------------------|------------|---|-----------------------------|---------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Note: Please submit the PT/ILC plan Annexure-I of IQAS-009 document.

9. Application Fees

10.1 Application Fees (Rs.) (Amount Rs.....)

(for applicable fee calculation refer IQAS-001)

10.2 DD/at par cheque number/ bank transfer reference number and date

Note: Bank details:

INTERNATIONAL QUALITY AND ACCR SERV P L

HDFC BANK LTD

A/c. NO. 50200091849719

RTGS/NEFT IFSC: HDFC0002008

International Quality and Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

| | | | |
|--------------------|--|----------------|-------------------------|
| Doc. No.: IQAS-003 | Title: Application form for Testing Laboratories | Page 9 of 12 | |
| Issue No.: 02 | Issue Date: 01.07.2024 | Amend. No.: 02 | Amend. Date: 13.12.2024 |



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10. Declaration by the CAB

We declare that

11.1 We shall abide with the terms and conditions of IQAS for maintaining the accreditation as per the IQAS-006 Signed copy of the terms and conditions, for maintaining the accreditation, is attached

11.2 We shall fully comply with the requirements of ISO/ IEC 17025:2017 for obtaining and maintaining the accreditation of our Testing Laboratory.

11.3 We agree to comply with accreditation procedures of IQAS and pay all fees for the assessments or any other charges incurred in the process of accreditation irrespective of the result of assessment.

11.4 We agree to co-operate and coordinate with the assessment team appointed by IQAS for examination of all relevant documents required by the assessment team and their visits to those parts of the Laboratory that are part of the scope of accreditation.

11.5 We undertake to abide all national, regional and local regulatory requirements for operating the Testing Laboratory.

11.6 No adverse action has been initiated/ taken against the laboratory in the past. (If yes, please provide the details with present status)

11.7 All information provided in this application is true to the best of our knowledge and ability.

11.8 We will opted / not opted for preliminary assessment.

Signature of CEO/ Laboratory Head/ Laboratory Director

Name & Designation

Date & Place

International Quality and Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

| | | | |
|---------------------------|---|-----------------------|--------------------------------|
| Doc. No.: IQAS-003 | Title: Application form for Testing Laboratories | Page 10 of 12 | |
| Issue No.: 02 | Issue Date: 01.07.2024 | Amend. No.: 02 | Amend. Date: 13.12.2024 |



International Quality And Accreditation Services Pvt. Ltd.

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11. List of enclosures Application Form - Check List

| Sr. no. | Documents/Details provided by the CAB | Yes/No |
|---------|--|--------|
| 1. | Complete application in all respect duly signed by the CAB representative | |
| 2. | Quality Manual/ Quality Management System Document as per ISO/IEC 17025: 2017 (latest version) | |
| 3. | Application fees a) As per IQAS-001, for applied discipline, group and sub groups. b) Demand Draft / details of NEFT/at par cheque in favor of International Quality and Accreditation Services (IQAS) | |
| 4. | Copy of Legal Identity (Registration Details of the CAB) | |
| 5. | Goods and Service Tax (GST) Number along with PAN/TAN Number | |
| 6. | Declaration about the Consultant (if any) | |
| 7. | Signed copy of IQAS Terms and Conditions IQAS-006 (latest issue) | |
| 8. | PT/ILC plan, Annexure-I of IQAS-009 | |

Verified the above documents/details and confirmed the availability of all required documents/ details declared in Application Form.

Signature of CAB representative/ CAB Head / CAB Director

Name & Designation

Date & Place

International Quality and Accreditation Services Pvt. Ltd.

(Formerly International Quality And Accreditation Services LLP)

Doc. No.: IQAS-003

Title: Application form for Testing Laboratories

Page 11 of 12

Issue No.: 02

Issue Date: 01.07.2024

Amend. No.: 02

Amend. Date: 13.12.2024



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Annexure-I

Legal Entities

Legal Entity -The term legal entity refers to any organisation which is constituted as per the regulation and laws under the Government of India. Legal entity could be any individual, group, person, or organisation that has legal rights and obligations related to the agreements, contracts, payments, penalties etc.

1. Who are legal entities
 - a. Any and all Govt. organisations by their very nature.
 - b. Public companies, Pvt. Companies, Pvt. Ltd. companies. by requirement of law.
 - c. Partnership firm registered with Registrar of Partnership firms.
 - d. Proprietary Firms having following
 - Bank Account (copy of bank passbook with Account statement of CAB and PAN / Aadhar Card).
2. Who are not Legal entities
 - a. Partnership firm **NOT** registered with Registrar of Partnership firms.
 - b. Proprietary Firms **NOT** having documents as mentioned in 1d above.

Note:

- A. Application of only organisations that are legal entities, as described above, will be processed for further accreditation process.
- B. Decision of Authorised Competent Authority of IQAS will be final with regard to application submitted and will be binding on applicant.