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

AMENDMENT SHEET

Sr. No.	Page No.	Clause No.	Date of Amendment	Reasons of amendment	Amendment details	Remark	Approved by
1.	--	--	28.10.2026	Periodic Review as per document control procedure	Detailing as part of periodic review	Replaces previous issue 02 dated 01.07.2024	R.S. Rana
2.							
3.							

Contents

Instructions for filling up the application 4
Application Form 6
1. Application for getting accreditation for Testing in the following category 6
2. CAB details: 6
3. Applicable Accreditation discipline 9
4. Scope of Accreditation 9
5. Personnel authorised for reviewing and releasing test results 10
6. Details of staff in the laboratory 10
7. Equipment/Instruments and CRM available in the CAB 11
8. Internal Audit and Management Review 11
9. Proficiency Testing 11
10. Application Fees 12
11. Declaration by the CAB 13
12. List of enclosures Application Form - Check List 14
13. Annexure -I (Legal Entities) 15

Instructions for filling up the application

1. The application shall be complete in all respect in the prescribed format of IQAS-003.
2. The CAB (Conformity Assessment Body shall) refer to IQAS-001, 'General Information Brochure and Accreditation Process & Procedure,' for the applicable accreditation requirements, process, procedures, applicable fees, and other relevant information.
3. The CAB shall also refer to IQAS-026, 'Information on Classification of Product Categories in Testing, Calibration Field and Reference Materials,' and other applicable information, guidelines, bulletins, and documents available on the IQAS website, as relevant.
4. CABs are advised to familiarize themselves with IQAS-013 'Procedures for Dealing with Adverse Decisions' and IQAS-007 'Policy for Use of IQAS Symbol and/or IQAS Accredited CAB's for claiming Accreditation & IQAS Accredited CABs Combined ILAC MRA Mark duly signed by the top management (Chief Executive Officer/Head of the laboratory).
5. The IQAS Terms and Conditions shall be duly signed only by the Top Management (Chief Executive Officer/Head of the Laboratory) and submitted along with the Application Form. (Refer to IQAS-006 'Contractual Terms and Conditions between IQAS and CAB for Obtaining and Maintaining Accreditation')
6. 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.
7. CAB shall be a Legal Identity as per the law/rule of the Government of India (Refer Annexure-I of this Application form).
8. The CAB shall participate in PT/ILC, as applicable, for the applied scope and submit the PT/ILC Plan as per Annexure-I of IQAS-009. For details, refer to IQAS-009, 'Policy and Guidelines for Proficiency Testing and/or Inter-Laboratory Comparison (ILC) other than Proficiency Testing.'
9. The applicant/accredited CAB shall provide the complete address of the CAB for which accreditation is sought, including the PIN Code. Where the CAB forms part of a larger organization or institution, the exact location of the CAB shall also be specified, including the building name, floor number, or any other unique identification necessary to clearly identify the CAB premises.

10. The applicant/accredited CAB shall use calibration methods as specified in the current National or International Standards. Where such methods are not available, other appropriately validated methods, including in-house methods, laboratory-developed methods, or modified methods, may be used. The CAB shall provide appropriate reference to the method, including the method number, issue date, or other relevant details, along with the application. Validation data shall also be submitted for all validated methods along with the application (Refer IQAS-030 Supplementary Criteria for Testing Laboratories).
11. The educational qualification and experience of CAB personnel authorized for reviewing and releasing test results 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.	ITI/Senior examination in science or equivalent	3 Years

12. CAB shall take corrective action within the time frame specified by IQAS. (Refer IQAS-001 ‘General Information Brochure and Accreditation Process & Procedure’)
13. Options opted for in Application Form is to be appropriately ticked by applicant CAB.

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

Application Form

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

(Please put √ 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** *Note: (Please indicate if the premise is owned or is acquired on lease, as applicable. Copy of proof of ownership or registered lease agreement shall be enclosed as evidence).*					
	Plot/House/Unit No./Building /Premises name					
	Street/Road**/** Locality/Area					
	City/Town/Village					
	District					
	PIN Code					
	State/UT					
	Country					
	Landmark (If any)					
2.3	**Telephone**	**Mobile:** **Land line:**				
2.4	**Email Id**					
2.5	**Website (if available)**					
2.6	**Laboratory facility:**	Permanent	Yes	☐	No	☐
		Site	Yes	☐	No	☐
		Mobile	Yes	☐	No	☐
		Additional Permanent Site	Yes	☐	No	☐

2.6.1	**Address of the Additional Permanent site facility (if yes to 2.6 above)** *If yes, provide the address of the additional permanent site facility(s). Address of such additional site facility(s) will not be mentioned in accreditation certificate & annexures for scope of accreditation unless scope of permanent facility is replicated in additional facility*	
2.6.2	**Type of service provided by the Testing Laboratory**	Open to others ☐ Partly open to others ☐ An in-house activity ☐
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)**	
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)**	
2.7.9	**Other Accreditations, if any (Name of Accreditation Bodies to be shared)**	
2.7.10	**Any adverse action been initiated/taken against the laboratory in the past by any Accreditation Bodies?**	**YES/NO**

	(If yes, please provide the details with present status)	
2.8	**Senior Management information**	
2.8.1	**Chief Executive / Director / Head of the Laboratory**	

Name	
Designation	
Contact no	
Mobile no.	
Landline no.	
Email (The email id will be used to provide official information by IQAS)	

2.8.2	**Person responsible for the management system**	

Name	
Designation	
Contact no	
Mobile no.	
Landline no.	
Email (The Person may be contacted for any issue related to management system)	

2.8.3	**Person responsible for technical operations**	

Name	
Designation	
Contact no	
Mobile no.	
Landline no.	
Email (The Person may be contacted for any issue related to technical requirements)	

2.8.4	**Contact person for IQAS (communication to be in name of this person or persons mentioned in 2.8.1/2.8.2/2.8.3. Mails to be bear name of person sending the same)**	
	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)	

3. Applicable Accreditation discipline

(Please put √ in the applicable box)

• Biological		• Mechanical	
• Chemical		• Non-Destructive	
• Electrical		• Photometry	
• Electronic		• Radiological	
• Fluid-Flow		• Diagnostic Radiology QA Testing	
• Forensic Science		• Software & IT system	

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 (±) at value or percentage

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.

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. 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	PT Provider /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.

10. 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

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/Partner/Proprietor

Name & Designation

Date & Place

12. 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 InternationalQuality 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 CEO/Laboratory Head/Laboratory Director/Partner/Proprietor

Name & Designation

Date & Place

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. organizations 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.
        - PAN card of Proprietor
        - Aadhar card of Proprietor.
        - Proof that Cab premises are in name of Proprietor or rented by Proprietor.
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 organizations 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.