IQAS-037

Application form for Proficiency Testing Provider (PTP)

AMENDMENT SHEET

Sr. No.	Page No.	Clause No.	Date of Amendment	Reasons of amendment	Amendment details	Remark	Approved by
	--	--	28.10.2026	Periodic Review as per document control procedure	Detailing as part of periodic review	Replaces previous issue 01 dated 21.12.2024	R.S. Rana

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Instructions for filling up the application

1. The application shall be complete in all respect in the prescribed format of IQAS-039.
2. The applicant/accredited PTP shall carry out its PT activities in such a way as to meet the requirement of ISO/IEC 17043: 2023, IQAS Application documents/specific criteria IQAS-037, other relevant requirements of IQAS and the regulatory authorities, as applicable at all times.
3. 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.
4. 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.
5. CABs are advised to familiarize themselves with IQAS-013 'Procedures for Dealing with Adverse Decisions' and IQAS-007 'Policy for Use of IQAS Symbol.
6. 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')
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 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.
9. The educational qualification and experience of CAB authorised Signatory personnel shall be as mandated by IQAS mentioned below:

Sr. No.	Educational Qualifications	Experienced Required
1.	M.Sc./ B.Tech./B.E. or Equivalent	3 Years
2.	B.Sc./Diploma in Engineering/ or equivalent	5 Years
3.	ITI/Senior examination in science or equivalent	7 Years

10. CAB shall participate in ILC/PT for the applied scope.
11. CAB shall take corrective action within the time frame specified by IQAS. (Refer IQAS-001 'General Information Brochure and Accreditation Process & Procedure')
12. 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. PTP details:

2.1	**Name of the PTP**					
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)*					
2.3	Plot/House/Unit No./Building /Premises name					
	Street/Road**/** Locality/Area					
	City/Town/Village					
	District					
	PIN Code					
	State/UT					
	Country					
	Landmark (If any)					
2.4	**Telephone**	**Mobile:** **Land line:**				
2.5	**Email Id**					
2.6	**Website (if available)**					
2.7	**CABs facility:**	Permanent	Yes	☐	**No**	☐
		Site	Yes	☐	**No**	☐
		Mobile	Yes	☐	**No**	☐
2.8	**Legal Identity of PTP (Refer Annexure)**					
2.9	**Government entity (Registration No. and date or**					

	Gazette Notification reference along with date)	
2.10	**Listed Limited Company. (Registration No. and date)**	
2.11	**Private Limited Company (Registration No. and date)**	
2.12	**Proprietary Firm, (Registration No. and date)**	
2.13	**Partnership Firm (Registration No. and date)**	
2.14	**GST No. (Registration No. and date)**	
2.15	**Any other Registrations which CAB desires to declare (give Registration No. and date)**	
2.16	**Other Accreditations, if any (Name of Accreditation Bodies to be shared)**	
2.17	**Any adverse action been initiated/taken against the laboratory in the past by any Accreditation Bodies?** *(If yes, please provide the details with present status)*	**YES/NO**
2.18	**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)*	
2.19	**Senior Management information of PTP**	
2.19.1	**Chief Executive / Director / Head of the PTP**	

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

2.19.2	**Person responsible for the PTP management system**	

Name	
Designation	

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

2.19.3	**Person responsible for technical operations of the PTP**	

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

2.19.4	**Contact person for IQAS** (communications to be in name of this person or persons mentioned in 2.18.1/2.18.2/2.18.3. Mails to bear name of person sending the same)	
	Name	
	Designation	
	Contact no	
	Mobile no.	
	Landline no.	
	Email	
	Organisation Chart (PTP)	**(Enclosed Annexure)**
2.20	**If part of larger organisation mention position of the Testing Laboratory in the organisation structure (Please also attach organisation chart of the PTP)**	
2.21	**Name of the Parent Organisation (if applicable)**	
2.22	**Does PTP have uses any Externally Provided Product and Services/Sub-Contractor**	**Yes/No**

2.22.1 If yes, submit the details as below

S. No.	Name of Externally Provided Product and Services/Sub-Contractor	Address and Phone No	Whether the organization is accredited, Provide details	Description of PT activity

2.23 Proficiency Testing Scheme(s) as per ISO/IEC 17043 (Completed/Initiated)

S. No.	Name of Programme	Total Number of Participants	Statistical Technique Adopted	Status

2.24 Details of staff in the laboratory

2.24.1 **Total Number of Employees in the organization** _____

2.24.2 **Total Number of Employees involved in running PT Schemes** _____

Sr. No.	PTP/ Department/ Section	Name & Designation	Qualification with Specialization	Relevant experience (in years) related to present work	Relevant Training	Responsible for performing which specific type of PTP activities

2.25 Details of Steering/ Advisory Committee

S. No.	Name of Person	Qualification with Specialization	Experience in years related to present work	Relevant Training	Affiliation	Area of Responsibility

3. Applicable Accreditation discipline and Sub-discipline:

(Please put √ in the applicable box)

3.1 Discipline in which accreditation is sought

- Testing ☐
- Medical ☐
- Calibration ☐

3.1.1 Sub-discipline of Testing for which accreditation is sought (includes sampling also)

- Biological ☐
- Mechanical ☐
- Chemical ☐
- Non-Destructive ☐
- Electrical ☐
- Optical Photometry ☐
- Electronic ☐
- Radiological ☐
- Fluid-Flow ☐
- Forensic ☐

3.1.2 Sub-discipline of Calibration for which accreditation is sought

- Electro-Technical ☐
- Thermal ☐
- Mechanical ☐
- Optical ☐
- Fluid Flow ☐
- Radiological ☐
- Medical Device ☐

3.1.3 Sub-discipline of Medical for which accreditation is sought

- Clinical Biochemistry ☐
- Haematology ☐
- Clinical Pathology ☐
- Histopathology ☐
- Microbiology & Infectious disease serology ☐
- Cytopathology ☐
- Flow Cytometry ☐
- Cytogenetics ☐
- Molecular testing ☐

4. Scope of Accreditation

(Scope to be filled separately discipline wise)

Discipline: _____& Sub-Discipline_____

S. No.	Proficiency Testing Scheme	Type of PT Item/ Matrix	Measurand/ Characteristic/ Type of measurand/ Type of characteristic/ Analyte/ Parameter	Range of Measurement (if applicable)	Minimum Periodicity	Test method	Remarks

Note:

1. *Latest test method/ standard to be mentioned in the applied scope.*
2. *While applying for renewal of accreditation, in case of enhancement of scope it shall be specifically mentioned and clearly identified in the scope of accreditation*

5. Personnel authorised for reviewing and releasing the PT Reports & certificates

Sr. No.	PTP/ 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. Equipment/Instruments and CRM available in the CAB

6.1 Detail of equipment/instrument available to perform testing

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

6.2 Detail of CRM available in the CAB

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

Note-: For traceability in measurement, Refer IQAS-008

7. Internal Audit and Management Review

7.1 Date of last Internal Audit ----------

7.2 Whether all requirements of ISO/IEC 17043:2023 covering all activities Of PTP have been audited at least once in last one year. Yes /No

7.3 Date of last Management Review ----------

8. Application Fees

8.1 Application Fees (Rs.) ……. (Amount Rs…….)

8.2 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

9. Declaration by the CAB

We declare that

9.1 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

9.2 We shall fully comply with the requirements of ISO/ IEC 17043:2023 for obtaining and maintaining the accreditation of our Testing Laboratory.

9.3 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.

9.4 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.

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

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

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

9.8 We will opted / not opted for preliminary assessment.

Signature of CEO/Laboratory Head/Laboratory Director/Partner/Proprietor

Name & Designation

Date & Place

10. 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 17043: 2023 (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. 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'
        - 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 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.