



APPLICATION FOR TESTING LABORATORY

1.0 GUIDELINES FOR FILLING APPLICATION FORM

- 1.1** Please read “information brochure (FDAS 100)” before filling application form.
- 1.2** Laboratories are to submit its management system manual, checklist 1, with its application, available at www.fdasindia.org.
- 1.3** Ensure that Accreditation requirements have been addressed prior to commencement of the assessment.
- 1.4** Apply separately for each location.
- 1.5** Testing of a product could be multi-disciplinary activity and laboratories are advised to define the scope field wise, one by one in the same application.
- 1.6** Providing false information may result in rejection of the application/termination of the accreditation process.
- 1.7** First time applicants are subjected to initial assessment, however on request, preliminary visit will be organized as a non-consultancy activity, to determine the preparedness of the laboratory.

2.0 Laboratories are to abide by

- 2.1** ISO/IEC 17025:2017: General Requirements for the Competence of Testing and Calibration Laboratories.
- 2.2** FDAS supplementary criteria for testing laboratories
- 2.3** Terms and conditions of FDAS to maintain accreditation
- 2.4** Terms and conditions for use of FDAS symbol

APPLICATION FOR TESTING LABORATORY

Apply for:

| | |
|---|---------------------------------------|
| <input type="checkbox"/> Initial assessment | <input type="checkbox"/> Reassessment |
| <input type="checkbox"/> Extension of Scope | |

1.0 Name of Applicant Laboratory

.....
.....

1.1 Laboratory Location/ Address

.....
.....

Telephone No:Mob:-.....E-mail ID:.....

1.2 State Legal entity

- i. Laboratory has its own legal identity..... Y/N
- ii. Laboratory is a part of large organization..... Y/N
- iii. Attach photocopy of letter issued by authority that gave legal identity.
- iv. Goods and Service Tax (GST) Number..... (attach copy)
- v. PAN/TAN No..... (attach copy)

1.3 Name of Laboratory to be written in accreditation certificate;

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1.4 Name of authorized person by applicant Laboratory

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.....

Address:

Telephone Mobile:

E-mail id:

2.0 Other details:

2.1 Date of commencement of Laboratory:

2.2 Date of compliance with current standard:

2.3 Is the lab open to others? Y/N

2.4 Is application for testing from permanent location? Y/N

2.5 Is application for Testing mobile facility? Y/N

2.6 Is application for site testing? Y/N

3.0 Field of testing:

3.1 Biological Y/N

3.2 Chemical Y/N

3.3 Electrical Y/N

3.4 Electronic Y/N

| | |
|-----------------------------------|-----|
| 3.5 Fluid Flow | Y/N |
| 3.6. Mechanical | Y/N |
| 3.7 Non-Destructive Testing (NDT) | Y/N |
| 3.8 Optical & photometry | Y/N |
| 3.9 Radiological | Y/N |
| 3.10 Thermal | Y/N |

4.0 Scope Applied For: (field-wise)

Field of testing (example – Mechanical)

| S. No* | Material/ Products | Component/ Parameter/ Characteristic tested | Test Method | Equipment used |
|--------|-----------------------|--|----------------|----------------|
| | | | | |
| | | | | |
| | | | | |

*S.No. will change with change in product and not with tests performed on respective product.

5.0 Personnel details field wise:

| S. No | Name | Designation | Qualification | Experience (Years) |
|-------|------|-------------|---------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

6.0 Equipment details field wise:

| S. No | Name of Equipment/instruments | Make | Range |
|-------|----------------------------------|------|-------|
| | | | |
| | | | |

7.0 Details of Payment of Application Fees:

| | |
|--|--|
| Cheque/Demand Draft/NEFT/RTGS, Number & Date | |
| Name of Bank & Branch | |
| List the field applied for | |
| Amount + GST | |

8.0. I declare that the information furnished herewith is correct to the best of my knowledge.

9.0. I am fully aware that this program involves international commitment, and to this effect I commit to abide by the norms, that are required by FDAS and any reference document which the conformity assessment body is to follow.

10.0 I, hereby give my consent on behalf of the management of the laboratory, to abide by the terms and conditions of FDAS.

Authorized Person by Applicant Laboratory

Signature with seal:

Name:

Designation:

Place & Date: