



APPLICATION FOR CALIBRATION 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, signed copy of Terms and Conditions of FDAS to maintain accreditation (FDAS 131) & Terms and conditions for use of FDAS symbol & FDAS symbol combined ILAC MRA mark by laboratories (FDAS 132), with its application, available at www.fdasindia.org.
- 1.3 Ensure that accreditation requirements have been addressed prior to submission of application for the applied scope.
- 1.4 Apply separately for each location.
- 1.5 Providing false information may result in rejection of the application/termination of the accreditation process.
- 1.6 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.
- 1.7 As policy FDAS requires use of latest edition of test & cal. Method(s), laboratories are required to fill the latest year of the standard published, for the scope applied.
- 1.8 FDAS is committed for the management of all information obtained or created during the accreditation process and about the information it intends to put in public domain through an agreement (FDAS 138) & available on website of FDAS.

2.0 Laboratories are to abide by

- 2.1 ISO/IEC 17025:2017: General Requirement for the Competence of Testing and Calibration Laboratories.
- 2.2 FDAS supplementary criteria for calibration laboratories.
- 2.3 Terms and conditions of FDAS to maintain accreditation.
- 2.4 Terms and conditions for use of FDAS symbol & FDAS symbol combined ILAC MRA mark by laboratories

APPLICATION FOR CALIBRATION LABORATORY

Apply for:

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

1.0 Name of Applicant Laboratory

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1.1 Laboratory Location/ Address

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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 Is the lab open to others? Y/N

2.3 Is application for calibration from permanent location? Y/N

2.4 Is application for calibration mobile facility? Y/N

2.5 Is application for site calibration? Y/N

3.0 Field of calibration:

3.1 Chemical Y/N

3.2 Electro-technical Y/N

3.3 Fluid Flow Y/N

3.4 Mechanical	Y/N
3.5 Optical & photometry	Y/N
3.5 Thermal	Y/N
3.6 Radiological	Y/N
3.7 Medical Devices	Y/N

4.0 SCOPE APPLIED for: (field-wise)

4.1 Field of calibration (example - Mechanical)

S. No	Parameter	Calibration Method/ Procedure ¹ & Equipment used as Reference Standard	Range	Uncertainty in measurement*

*Laboratory to express the expanded uncertainty in a coverage probability of approximately 95%

¹Standard's year of publication needs to be mentioned.

5.0 Personnel

S. No	Name	Designation	Qualification	Experience (Years)

6.0 Equipment

S. No	Name of Equipment (used as reference standard)	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 all 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: