



## **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, 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](http://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.
- 1.8** 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.

### **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 & FDAS symbol combined ILAC MRA mark by laboratories

**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**

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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;**

.....  
.....

**1.4 Name of authorized person by applicant Laboratory**

.....  
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 testing from permanent location? Y/N

**2.4** Is application for Testing mobile facility? Y/N

**2.5** 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

Field: (example – Mechanical)

Group: (example – Building material) refer to FDAS-100

*S.No.	Material/ Products	Component/Parameter/ Characteristic tested	Test Method <sup>1</sup>	**Equipment used

- \*S. No. will change with change in product and not with tests performed on respective product.
- \*\*Mention only when the equipment is very specific to the test.
- Scope to be apply field wise & for groups within the field refer to FDAS-100.
- <sup>1</sup>Laboratory to provide the test method along with the year of publication.

#### 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: .....