BUREAU OF INDIAN STANDARDS
(LABORATORY RECOGNITION SCHEME - 2013)

APPLICATION FOR RECOGNITION / RENENWAL OF RECOGNITION OF LABORATORY
(Strike-off whichever is not applicable)

(To be filled by the applicant laboratory and submitted in duplicate)

1.	**Name of Applicant Laboratory and Complete Address**	
1.1	Name of the Laboratory	
	Complete Address (clearly indicate prominent landmark and attached location plan)	
	Telephone / FAX / Email	
1.2	Name & Designation of Chief Executive of the Applicant	
	Telephone / FAX / Email	
1.3	Name & Designation of Operational Head I Contact Person of the Applicant Laboratory	
	Telephone / FAX / Email	
1.4	Type of Organization	**Govt. / Pvt. / Educational Institution**
1.5	Premises of the Laboratory and its Legal Identity	
	Document authenticating premises of the laboratory [enclose self attested copy of document as per 3.1.1 of LRS 2013]	
	Document establishing legal identity of the laboratory [enclose self attested copy of document as per 3.1.1 of LRS 2013]	
2.	**Recognition I Renewal of Recognition**	
2.1	Validity of the Recognition (applicable in case of renewal of recognition)	
2.2	Field(s) of Testing (as applicable)	**Chemical / Microbiological, Mechanical / Electrical**
3.	**Scope of Recognition**	
3.1	Scope of Recognition Applied for / Existing Scope of Recognition (attach field-wise separate list of Indian Standards)	
3.2	Any change proposed in the scope of recognition (deletion / addition of fields / Indian Standards) (applicable in case of renewal of recognition). If yes, please attach details separately.	**Yes / No**
3.2	Testing Fees chargeable (attach list in the format given in Annex 1). Please indicate concession, if any, given to BIS for BIS samples.	
4.	**Management Structure of the Laboratory**	
4.1	Name & Designation of the person responsible for the Quality System Management in the Laboratory	

<table>
<tr><td>4.2</td><td colspan="6">Organogram (including names and designations of employees of the operating departments of the Laboratory</td><td></td></tr>
<tr><td>5.</td><td colspan="6">Employees/Personnel</td><td></td></tr>
<tr><td>5.1</td><td colspan="6">Total number of employees / testing personnel employed in the Laboratory</td><td></td></tr>
<tr><td rowspan="3">5.2</td><td colspan="7">Department-wise details with name, designation, qualification, experience, training details, etc. (attach separate sheet as per the following format)</td></tr>
<tr><td>Department</td><td>Name</td><td>Designation</td><td>Qualification</td><td>Experience</td><td>Training Details</td><td>Employed since</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>5.3</td><td colspan="5">Whether any systematic method available for training of personnel to update skills with due attention to quality requirements? (If yes, please attach details on separate sheet)</td><td colspan="2">Yes / No</td></tr>
<tr><td>6.</td><td colspan="5">Test Equipment/ Instruments and Test facilities</td><td colspan="2"></td></tr>
<tr><td>6.1</td><td colspan="5">Attach list of IS-wise and requirement-wise test equipment / facility required and available / required but not available in the format given in Annex 2. In case complete in-house test facilities as per the Indian Standards applied for / recognized for are not available, whether any exemption has been sought in respect of any test?</td><td colspan="2"></td></tr>
<tr><td>6.2</td><td colspan="5">Repair and maintenance facility available internally or with outside agencies (attach details on a separate sheet)</td><td colspan="2"></td></tr>
<tr><td rowspan="3">6.3</td><td colspan="5">(a) Arrangement for calibration of test equipment / instruments (in-house or through outside agency) (attach details on a separate sheet)</td><td colspan="2"></td></tr>
<tr><td colspan="5">(b) In case calibration is done in-house, whether the calibration activity is accredited as per IS/ISO/IEC 17025 or ISO/IEC 17025. If yes, attach accreditation certificate(s).</td><td colspan="2"></td></tr>
<tr><td colspan="5">(c) In case of in-house calibration of any equipment/ instrument whether standard reference materials (SRM/CRM) used for calibration are traceable to national or international standards of measurements and are within the validity period. (Attach details)</td><td colspan="2"></td></tr>
<tr><td>6.4</td><td colspan="5">Whether the environment in which sampling is done and tests are carried out conforms to relevant ISS to ensure accuracy & reliability of test results? If yes, please attach specific details separately.</td><td colspan="2">Yes / No</td></tr>
<tr><td>7.</td><td colspan="5">Laboratory Premises/Layout</td><td colspan="2"></td></tr>
<tr><td>7.1</td><td colspan="5">Total space available</td><td colspan="2"></td></tr>
<tr><td>7.2</td><td colspan="5">Layout plan of the laboratory indicating testing area, office etc. (Attach Layout Plan)</td><td colspan="2"></td></tr>
<tr><td>8.</td><td colspan="5">Water Supply</td><td colspan="2"></td></tr>
<tr><td>8.1</td><td colspan="5">Source</td><td colspan="2">Municipal / Own</td></tr>
<tr><td>8.2</td><td colspan="5">Any system for testing the water for suitability at certain frequency? If yes, please provide details.</td><td colspan="2">Yes / No</td></tr>
<tr><td>9.</td><td colspan="5">Power supply</td><td colspan="2"></td></tr>
<tr><td>9.1</td><td colspan="5">Source</td><td colspan="2">State Electricity Board I Other Govt. Dept. / Captive Power</td></tr>
<tr><td>9.2</td><td colspan="5">Sanctioned/Available load</td><td colspan="2"></td></tr>
</table>

9.3	Own Generator capacity, if any	
9.4	Load requirement	
9.5	Whether uninterrupted power supply is available continuously throughout 24 hours. If yes, please provide details.	**Yes / No**
9.6	Stability of power supply with respect to frequency/ voltage	
10.	**Type/Utilization of Testing Facility**	**Restricted/Open to public**
11	Capacity/Time taken for issuance of reports	
11.1	How many samples for different products for which recognition is sought can be taken up for testing in a month? Please attach IS-wise details.	
11.2	How much time (approx) would you take to issue test reports from the date of receipt of sample? Please attach IS-wise details.	
12	**Laboratory Quality Management System**	
12.1	Is your laboratory accredited as per IS/ISO/ IEC 17025 or ISO/ IEC 17025?	**Yes / No**
12.2	Indicate the field(s) of accreditation	**Chemical / Microbiological, Mechanical / Electrical**
12.3	Validity of accreditation	
12.4	If all the tests are not covered under the accreditation, please state reasons for the same.	
12.5	Details of Quality Manual and procedures with work instructions / standard operating procedures (SOPs) available with the laboratory. Also please attach a copy of the Quality Manual.	
13.	**Handling and storage**	
13.1	Whether you have proper arrangement for handling of samples?	**Yes / No**
13.2	Whether you have adequate and proper storage facilities for storage of samples at specified conditions before and after test as applicable? If yes, please provide specific details.	**Yes / No**
14.	**Proficiency Testing/Inter Laboratory Test Comparison**	
14.1	Whether your laboratory has participated in any proficiency testing/ Inter Laboratory test program (during last three years) for any of the products for which recognition/ renewal of recognition is sought. If yes, please provide details. **If** outcome is not satisfactory, whether reasons for the same have been identified and corrective actions taken?	**Yes / No**
15.	**Test Reports**	
15.1	Does test report cover all the aspects as per the requirement of IS/ISO/IEC 17025 or ISO/IEC 17025? If yes, please attach existing format?	**Yes / No**
15.2	Is the laboratory prepared to issue test reports in the format approved by BIS as per Annex 3 (only for BIS related samples)? If no, please state the reason(s).	**Yes / No**

15 .3	Number of test reports issued during the last three years. Please also attach details on a separate sheet year-wise, client-wise (for major clients) and IS-wise.	
16.	**Sub-Contracting of testing**	
16.1	Is any test sub-contracted in respect of the product for which recognition/ renewal of recognition is sought? If yes, attach details with reasons and period of sub-contracting.	**Yes / No**
17.	**Confidentiality of samples**	
17.1	Whether the laboratory has any system for controlling the access of unauthorized persons in the testing areas? If yes, please provide details.	**Yes / No**
18.	**Any other information considered relevant**	

DECLARATION:

i) I / We hereby undertake that the management of the laboratory and its employees, including the testing personnel, are neither directly nor indirectly associated with applicants / licensees in the past / at present and are free from any external influence which may effect impartiality and independence in judgment. The laboratory further undertakes to maintain absolute confidentiality and integrity at all stages of testing.

ii) I / We hereby declare that our laboratory is holding all valid statutory clearances from the respective departments.

iii) I / We hereby also declare that the above mentioned information is true to the best of my/our knowledge. I am / we are also aware that any deviation to the above-mentioned declaration or any information submitted, if found incorrect by BIS at any stage, may lead to rejection of application / de-recognition of the laboratory.

Signature
(CEO/ Owner of the laboratory/ authorized signatory*)

Name

Designation

Seal

Date

Place

In case of authorized signatory a letter from CEO/ Owner of the lab certifying the signature of authorized signatory to be submitted with the application.

Note:

The *application is to be submitted to the concerned BIS (T&C) Centre as per the list given in Annex 4.*

ANNEX -1

TESTING CHARGES

SI. No.	IS No.	Product	Clause No. & Requirement	Testing Time (Requirement-wise)	Testing Charges (Rs.)

Derlaration — This is to declare that the testing charges, as given above, shall remain in force during the total tenure of recognition and shall not be revised upwards during the tenure of the recognition.

(Signature of Authorized Signatory)
Name & Designation (Stamp)
Date

ANNEX - 2

DECLARATION REGARDING AVAILABLE TEST FACILITIES FOR INDIAN STANDARDS

(to be submitted separately for each Indian Standard with the application and subsequently, as and when the Standard is revised or amended)

PART A t- TEST FACILITIES AVAILABLE WITH THE LABORATORY

IS..... : .... Product :											
Sl. No.	Clause No. & Requirement	Method of Test (if & as applicable)	Test Facility (Equipment, Ref. Material etc.)		Range, Accuracy & Least Count (if & as applicable)		Calibration (if & as applicable)		Environmental Condition(s) (if & as applicable)		Repair I Maintenance Facility (whether available in-house or outsourced) / Annual Maintenance Contract
					Required	Available	Validity	Traceability	Required	Maintained	

PARB TEST FACILITIES NOT AVAILABLE WITH THE LABORATORY

Sl. No.	Clause No. & Requirement	Method of Test (if & as applicable)	Test Facility not available (Equipment, Ref. Material etc.)	Exemption(s) sought, if any	Remarks (if any)

Declaration — This is to declare that the test facilities as given above are owned by us and available at the premises mentioned under S.No.1 of the application.

(Signature of Authorized Signatory)
Name & Designation (Stamp)
Date

Verification — The above test facilities are verified as available

(Signature of BIS Auditor)
Name & Designation
Date

ANNEX - 3

TEST REPORT PROFORMA

Lab logo	**Name of the lab with address and NABL logo**	
TEST REPORT FOR AS PER **IS:** UP TO AMMENDMENT No.____	**Quality Format No.:**	
	Doc No.: TR/IS	**Issue No. 1**
	Issue Date :	Page 1 of 5
Prepared by	**Approved by:**	

Test Report No. **Date:**

PART A:

PARTICULARS OF THE SAMPLE SUBMITTED

a) Nature of Sample
b) Grade/Variety/Type/Class/Size etc.
c) Declared values, if any
d) Code No.
e) Batch No. & Date of Manufacture
f) Quantity
g) Date of Receipt in ..Lab
h) BIS Seal
i) 10's Signature
j) Any other information/ Expiry date, if any
k) Date of commencement of testing
l) Date of completion of testing

Tested by	Approved by/ Authorized Signatory	Issued by
	(Name/ Designation)	(Name/ Designation)
Date:	Date:	Date:

Notes: 1. The report, in full or in part, shall not be published, advertised, used for commercial purpose or any legal action, unless prior permission has been secured from the Director General, Bureau of Indian Standards. This report is intended for "BIS CERTIFICATION MARKS PURPOSE ONLY".
2 This report is ONLY FOR THE SAMPLE TESTED.

Test Report No. **Date:**

PART B:

TEST METHODOLOGY

a) Reference to sampling procedure, where : applicable.

b) Supporting documents for the measurements taken and results derived like graphs, tables, sketches and /or photographs, as appropriate to test report, if any (To be attached)

c) Deviation from the test methods as prescribed in relevant ISS/ Work instructions, if any.

Matted by:	Appeoved by/ Authorized Signatory	D,atized by
(Name/ Designation)	(Name/ Designation)	(Name/ Designation)

Test Report No.: **Date:**

Summary of Testing:

Test Code	Measurement/ Testing _____	Total No of Tests	No of Tests/ Req. Passed	Page No.

Total No. of requirements to be observed / inspected:

No. of requirement for which sample passed:

Total No. of test to be conducted:

No. of test for which sample passed:

Tested by:	Approved by/ Authorized Signatory	Issued by
	(Name/ Designation)	(Name/ Designation)
Date:	Date:	Date:

Test Report No. **Date:**

PART C:

TEST RESULTS

Test Code	Test I Req.	Specified Requirement	Test Method	Test Result/ Observation	Verdict

Part D

Remarks:

Tested by:	Approved by/ Authorized Signatory	Issued by
	(Name/ Designation)	(Name/ Designation)
Date:	Date:	Date:

GUIDELINES FOR MAKING OF THE TEST REPORT

1. Part 'C' of the report providing Test Results shall only include results of testing and inspection of the sample where objective assessment has been made. No assessment is required to be reported either against subjective requirements or marking / packaging requirements.

2. The test results in Part 'C' of the test report shall be provided exactly as per the requirements detailed out in the relevant Indian Standards.

3. Under Part 'D' of the report, specific remarks on the following aspects of testing must be appropriately made:

   i) Remark on partial testing, if applicable;

   ii) Remark on any deviation from test request;

   iii) Details of sub-contracting. if any;

   iv) Remark on failure during sequential testing, resulting in stoppage of further testing: and

   v) Marking related to safety aspects, for example, terminals in electrical appliances.

ANNEX - 4

ADDRESSS OF REGIONAL TEST CENTRES AND ITS JURISDICTION

The jurisdiction of BIS T&C Centres for the purpose of operation of the LRS shall be as follows:

SI. No.	BIS T&C Centre	Jurisdiction	Address of Testing Centre	Email Id
1.	CTCC	New Delhi, U.P,Rajasthan ,Haryana, M.P,Chandigarh	Central Testing & Calibration Centre Plot No. 20/9, Site IV, Sahibabad Industrial Area, Sahibabad - 201 010.	cl@bis.org.in
2.	ERTC	W.Bengal,Orrissa, Jharkhand, Assam	Eastern Regional Testing Centre P-230, C.I.T. Scheme VII M, Block-W, Kankurgachi, Kolkata - 700054.	erol@bis.org.in
3.	NRTC	Punjab, J & K, Haryana,Himachal Pradesh	Northern Regional Testing Centre B-69, Phase VII, SAS Nagar, Industrial Focal Point, Mohali — 160051.	nrol@bis.org.in
4.	WRTC	Gujrat, Maharashtra,	Western Regional Testing Centre Manakalaya, E-9, M.I.D.C., Behind Marol Telephone Exchange, Andheri (East), Mumbai - 400 093.	wrol@bis.org.in
5.	SRTC	Tamil Nadu, Pondicherry, Telangana, Seemandhra and A & N Islands	Southern Regional Testing Centre C.I.T Campus, IV Cross Road, Chennai - 600 113.	srol@bis.org.in
6.	BNBTC	Karnataka & Kerala	Bangalore Branch Testing Centre Peenya Industrial Area, 1st Stage, Bangalore -Tumkur Road, Bangalore-560 058	bnbol@bis.org.in