

**BUREAU OF INDIAN STANDARDS**

**APPLICATION FOR RECOGNITION / RENEWAL OF RECOGNITION OF ASSAYING & HALLMARKING CENTRE SET UP IN ACCORDANCE WITH IS 15820:2009**

*(To be filled by the applicant Assaying & Hallmarking Centre and submitted in duplicate)*

*(Strike-off whichever is not applicable)*

<b>1.</b>	<b>Name of Assaying &amp; Hallmarking Centre and Complete Address</b>	
1.1	Name of the Centre	
	Complete Address (clearly indicate prominent landmark and attach location plan)	
	Telephone / FAX / Email	
1.2	Name & Designation of Owner/Chief Executive of the Applicant	
	Telephone / FAX / Email	
1.3	Complete address of the Registered Office <i>(if different from 1.1 above)</i>	
	Telephone / FAX / Email	
1.4	Type of Ownership	<b>Proprietorship / Partnership / Limited Company / Govt. I PSU</b>
1.5	Premises of the Centre and its Legal Identity	
	Document authenticating premises of the centre <i>(enclose self attested copy of document)</i>	
	Document establishing legal identity of the centre <i>(enclose self attested copy of document)</i>	
<b>2.</b>	<b>Recognition / Renewal of Recognition</b>	
2.1	Validity of the Recognition <i>(applicable in case of renewal of recognition)</i>	
<b>3.</b>	<b>Scope of Recognition</b>	
3.1	Scope of Recognition Applied for / Existing Scope of Recognition	<b>Gold / Silver / Gold &amp; Silver Both</b>
3.2	Any change proposed in the scope of recognition (applicable in case of renewal of recognition). If yes, please indicate details.	<b>Yes / No</b>
<b>4.</b>	<b>Management Structure of the Centre</b>	
4.1	Name & Designation of the person responsible for the Quality System Management in the Centre	
<b>5.</b>	<b>Employees/Personnel</b>	
5.1	Total number of employees in the centre	

5.2	Department-wise details with name, designation, qualification, experience, training details, etc. (attach separate sheet as per the following format)								
	Department	Name	Designation	Qualification	Experience	Training Details	Name of deputy, if any		
<b>6. Test Equipment/ Instruments and Test facilities</b>									
6.1	Clausewise list of test equipments/facilities as per the following format ( <i>please attach separate sheet</i> )								
Sl. No.	IS No. & Clause Ref.	Method of Test (if & as applicable)	Test Facility (Equipment, Ref. Material etc.)	Model/Type/ Serial no. and make	Range, Accuracy & Least Count (if & as applicable)		Calibration (if & as applicable)		Remarks, If any
					Range	Least Count	Validity	Traceability	
<b>7. Centre Premises/Layout</b>									
7.1	Total space available								
7.2	Layout plan of the centre indicating testing area, office etc. ( <i>attach Layout Plan</i> )								
<b>8. Water Supply</b>									
8.1	Source				<b>Municipal / Own</b>				
8.2	Availability of Halide free Water				In-house with testing facility / Procured from outside with Test Certificate				
<b>9. Power supply</b>									
9.1	Source				<b>State Electricity Board / Other Govt. Dept. I Captive Power</b>				
9.2	Sanctioned/Available load								
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.				<b>Yes / No</b>				
<b>10. Centre's Quality Management System</b>									
10.1	Is your centre accredited as per IS/ISO/ IEC 17025 or ISO/ IEC 17025?				<b>Yes I No</b>				
10.2	Validity of accreditation								
10.3	Is Quality Manual implemented in the Assaying & Hallmarking Centre				<b>Yes I No</b>				
<b>11 Proficiency Testing/Inter Laboratory Test Comparison</b>									
11.1	Whether your centre has participated in any proficiency testing/ Inter Laboratory test programme (during last three years). If yes, please provide details.				<b>Yes I No</b>				
<b>12 Confidentiality and Security Arrangements</b>									
12.1	Whether the centre has any system for controlling the access of unauthorized persons in the Centre's facility except the receipt and delivery areas, waiting areas and wash rooms? If yes, please provide details.				<b>Yes / No</b>				

12.2	Have arrangements been made for ensuring the security of the gold/silver jewellery/artefacts during working hours and articles held overnight? If yes, please provide details	<b>Yes / No</b>
13.	<b>Insurance</b>	
13.1	Has professional Indemnity Insurance been taken? If yes, please provide policy no., validity date and amount of insurance taken	<b>Yes / No</b>
13.2	Has Insurance for artefacts under process/stock and high cost equipments been taken? If yes, please provide policy no., validity date and amount of insurance taken	<b>Yes / No</b>
14	<b>Preparedness for Assessment</b>	
14.1	By which date will the centre be ready for assessment?	
15.	<b>Details of Previous Cancellation/Convictions, if any</b>	
16.	<b>Details of Payment</b> ( <i>refer to the fee applicable for AHCs</i> )	
16.1	Amount	
16.2	Name of the Bank	
16.3	DD No./UTR No./Bank Challan No.	
16.4	Date	
17	<b>Any other information which the centre may like to provide</b>	

Declaration — This is to declare that I have read and understood the Policy for Recognition and Operation of Assaying & Hallmarking Centres and am willing to abide by them.

**Signature**  
**(CEO/ Owner of the Centre/ Authorized Signatory\*)**  
**Name**

**Designation**

**Seal**

**Date**

**Place**

\* In case of authorized signatory a letter from Chief Executive Officer (CEO)/ Owner of the centre certifying the signature of authorized signatory to be submitted with the application.

## **FEES APPLICABLE FOR ASSAYING & HALLMARKING CENTRES (AHCs)**

1. The applicable fees shall be as follows:

Application Fees (for grant of recognition or renewal)	Rs 5000/-
Assessment Fee	Rs 5 000/- per man-day
<u>Recognition/Renewal Fee (for three years)</u>	
For AHCs located in Metros and cities with population more than 10 lakhs as per 2011 census	Rs 60 000/-
For AHCs located in other cities	Rs 40 000/-

2. The travel and stay expenses of the auditors shall be borne by the Assaying & Hallmarking Centre (AHC) for Pre-recognition Initial Assessment and Renewal Assessment. In case of Special Assessment on request of AHC, travel and stay expenses of the auditors shall also be borne by AHC.

3. Applicable taxes as per prevalent rates shall be payable in addition to above.

**Note:**

*Payment can be made through Bank Demand Draft drawn in favour of "BUREAU OF INDIAN STANDARDS" payable at the station where the BIS Regional Office is located.*

*OR*

*Through Bank Challan generated online. A copy of the challan is to be enclosed with the application form.*

*OR*

*Through NEFT for which details of accounts at Regional offices of BIS are given below:*

Region	Southern Region	Northern Region	Eastern Region	Western Region	Central Region
Bank details					
Name of Bank & address	Central Bank of India, Kasthuribai Nagar, Adyar, Chennai	State Bank of India, Sector 34A, Chandigarh	Punjab National Bank, Maniktala, P-43, CIT Scheme, Kolkata	Canara Bank, MIDC, Mumbai	Syndicate Bank, Manak Bhavan Branch, New Delhi
Type of account & Bank Account Number	Current 3063667866	Current 63022351933	Current 0956002100004375	Current 2840201000128	Current 90841010000018
(11digit) IFSC Code of the Bank	CBIN0281293	SBIN0030440	PUNB0095600	CNRB0002840	SYNB0009084