



सत्यमेव जयते

Application Form For Designation of Telecom Security Testing Laboratory

Doc. No.: **NCCS/SLR/02**

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National Centre for Communication Security

Department of Telecommunications, Ministry of Communications,
City Telephone Exchange, Sampangirama Nagar, Bangalore- 560027

AMENDMENT RECORD

AMENDMENT					NATURE OF CHANGE	Approved by
No.	DATE	PAGE No.	Sec. No.	REV. NO.		

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Application Form

First Designation

Renewal of Designation

Additional scope of Designation

1.1 Laboratory Details:

i.	Name of the Telecom Security Testing Laboratory:	
ii.	Address:	
iii.	Telephone No.:	
iv.	Fax No.:	
v.	E-mail:	
vi.	Website:	

Enclose copy of Address proof

1.2 Name of Parent Organization (if part of an organization)

Telephone No. _____ Fax No. _____ E-mail _____

1.3 Legal status of Laboratory and date of establishment

(Enclose copy of legal identity).

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1.4 Type of laboratory by service (please ✓ the appropriate box)

Open to Others		Partly Open to Others		An in –house activity	
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1.5 Details of NABL accreditation

Certificate Number and Date	Scope of approvals/accreditation	Valid Upto

1.6 Other approvals/certifications/accreditations if any of laboratory as of date:

Approval/Certification/Accreditation Body	Scope of approvals/accreditations	Valid upto

**1.7 Whether Lab accommodation is owned/leased/rented?
(In case of lease/rented, the lease/rent period should be atleast for 3years)**

1.8 Infrastructure details pertaining to Lab:

- What is the space earmarked for the Lab?
- What are the DC and AC power arrangements in the Lab?
- Does the Lab have sufficient Back up power supply?
- Does the Lab have sufficient Air conditioning to maintain Telecom equipments with in prescribed Temperature range?
- Does the Lab have robust Fire protection system?
- Is the Lab provided with Access control systems?

1.9 Detailed layout of Lab may be provided:

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1.10 How many concurrent Telecom equipment testing can the Lab perform?

2.0 Organization

2.1 Senior Management

2.1.1 Chief Executive/Head Laboratory: _____

Telephone No.	Mobile No	Email ID

2.1.2 Person responsible for the laboratory management system: _____

Telephone No.	Mobile No	Email ID

2.1.3 Person responsible for Technical operations: _____

Telephone No.	Mobile No	Email ID

2.1.4 Contact person for interacting with NCCS: _____

Telephone No.	Mobile No	Email ID

2.2 Organization Chart

2.2.1. Indicate in an organization chart the operating departments of the testing laboratory for which designation is being sought (please attach as annexure)

2.2.2 Indicate how the testing laboratory is related to external organizations or to its own parent organization (where applicable)

2.2.3 How do you establish independence of testing laboratory from other activities of the parent organization?

2.3. Employees

(Please clearly indicate staff in the Lab responsible for testing)

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SN	Name	Designation	Academic and Professional Qualifications with field of specialization	Experience related to present work (in years)	Total Experience

* Please enclose as Annexure

2.4 Authorized Signatories(Please refer to “Designation Requirements of TSTL” Doc.No NCCS/SLR/03 for qualification and experience details):

Authorized signatories for approval of test reports

S/N	Laboratory/ Department/ Section	Name & Designation of Signatory	Qualification with Specialization	Experience in years related to present work	Relevant Training	Authorized for which Type of testing	Specimen Signature

2. 5 List of test tools (both Hardware and Software) available for use:

SN	Name of tool	Type of Tool (Software / Hardware)	Make/Model	License Validity (if applicable)

3.0 Proposed Scope of Designation:

3.1 First Designation:

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Give details of Telecom equipment (s) for which Designation is sought

SN	Telecom equipment name	Applicable ITSAR (s)

3.2 Additional Scope of Designation:

Give details of existing scope of Designation:

SN	Telecom equipment name	Applicable ITSAR (s)	Designation certificate reference

Give details of Telecom equipment (s) for which additional scope of Designation is sought:

SN	Telecom equipment name	Applicable ITSAR (s)

3.3 Designation details for renewal (applicable only in case of renewal of designation)

NCCS Certificate details which is to be renewed		
Certificate Reference	Date of issue	Valid up to

4. Any other information you would like to add:

5. Application Fees:

5.1 Number of Telecom equipment applied for First Designation/Additional Scope of Designation/Renewal of Designation:

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5.2 Applicable fees in Rs.:

5.3 Payment mode and details :

6. Undertaking by the laboratory:

We undertake that -

6.1 We agree to fulfill all conditions and meet all requirements in accordance with the procedures given under the "Procedure for designating Telecom Security Testing Laboratories" document No. NCCS/SLR/01.

6.2 We agree to fully comply with all the requirements given in the documents "Designation Requirements for Telecom Security Testing Laboratories" document No.NCCS/SLR/03 and "Communication Security Certification Scheme" Doc No NCCS/ComSec/01 and "Procedure for Security Certification of Telecom Equipment" Doc.No.NCCS/SC/01 doc

6.3 We are fully independent and do not have any conflict of interest as an Original Equipment Manufacturer (OEM) or Local Representative (LR) of foreign OEM or Importer of Telecom equipment and shall remain so during the entire period of designation. We further undertake that while carrying out testing of any product for which designation is sought, the same shall be done in fair and /or un-biased manner.

6.4 None of our employees or members of management of the laboratory or their family members or sister units of the laboratory shall, in any way, be related directly or indirectly to any activity, which may have a "conflict of interest" with the activities of the laboratory.

6.5 We have suitable arrangements for ensuring confidentiality and archiving of the test data. The laboratory's management and all its employees shall, at all times, maintain absolute confidentiality and integrity in operations of the laboratory.

6.6 Neither members of the management of the laboratory nor their family members or sister units of the laboratory or any employee of the laboratory shall, in any way, act as authorized Indian representative for any foreign manufacturer under the Mandatory testing and certification (MTCTE) Scheme of DoT.

6.7 We shall participate in the online process prescribed by DoT for Security testing and certification of Telecom equipment for applicable ITSAR(s).

6.8 We shall have a record system which shall have a retention period of at least 5 years for documents related to equipment testing. We shall maintain all the relevant documents including

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list of Telecom equipment submitted for testing, equipment-wise testing and evaluation reports. These documents shall be produced before the Designating Authority (DA) within seven days, as and when required.

6.9 Non-disclosure agreement, as required, shall be signed with the client for ensuring protection of their Intellectual Property Rights in the course of testing by maintaining professional ethics, secrecy and keeping all the Telecom equipment related information confidential. We hereby indemnify NCCS/DoT, at all times, from any claim arising out of breach/infringement of such rights.

6.10 We agree to indemnify NCCS/DoT from and against all liabilities, damages, claims, cost and expenses incurred or sustained as a result of any action taken by NCCS relating to the designation as TSTL.

6.11 Test reports shall be issued in the format as and when prescribed by NCCS.

6.12 We agree to comply with approval, surveillance and reassessment procedures pertaining to TSTL designation.

6.13 We agree to co-operate with the NCCS assessment team for examination of all relevant documents by them and their visits to those parts of the laboratory that are part of the scope of designation.

6.14 We comply all national, regional and local regulatory requirements for operating a laboratory.

6.15 We understand that the fee paid along with the application form will not be refunded in the event of cancellation of Application for Designation by the applicant.

6.16 We shall not further subcontract the evaluation activity including testing in part or full to any other agency for which our lab is designated.

6.17 All information provided in this application is true.

Signature & Seal of Applicant: _____

Name & Designation: _____

Address & Contact: _____

Place & Date: _____

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