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Section 0 : Preface

0.1 Introduction

Ministry of Electronics & Information Technology is the nodal agency for all activities related to policy and promotion of IT, internet and E-Commerce. STQC Directorate, as a part of Ministry, is mandated to align itself w.r.t. The objectives of Ministry and provide support and services to the users in line with these objectives. Over the years STQC's Core Competence has been around Standardisation, Test & Calibration and Certification.

With the Indian IT Act 2000 coming into existence, Ministry has taken up several initiatives to facilitate the spread the use of IT and promotion of E-Commerce. Owing to its Core Competence, STQC is providing IT related services concerning Standardisation, Test & Certification. The IT Certification Services is one such focussed effort on certification.

This Certification service is stated to cover a range of services starting with Information Security Management System Certification and might cover other certification as they progress.

Through this manual, it is sought to lay down broad parameters with which the IT Certification services operate. The policies and procedures contained in this manual are generic enough to allow a modular approach in adding more services later on. Besides this, it reflects STQC's endeavour to comply with applicable international standards and guidelines to be able to provide its services in a competent and credible manner.

STQC IT Certification Body has established, documented and maintained a management system which is capable of supporting and demonstrating the consistent achievement of the requirements of ISO/IEC 17021. In addition to meeting the requirements of ISO/IEC 17021, The Certification body has implemented a general management system, the requirements are addressed in this manual as well as various other documents.



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0.2 Approval and Issue

This document is the property of STQC IT Certification Services and should not be reproduced in part or full without the written consent.

Reviewed by : Advisory Board

Approved by : Chairman, Advisory Board

Note:

1. Management Representative is responsible for issue and distribution of this document including amendments.
2. Holder of this copy is responsible for incorporation of all the amendments and currency of the document.



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0.3 Amendment Record: Amendment to last issue

Amendment No.	Amendment Date	Description	Page Ref
1	14-09-2007	Legal Status	10
2	14-09-2007	Impartiality Requirement	10-11
3	14-09-2007	Certified Client Information	24
4	14-09-2007	Preparation for Assessment(Short Notice auditing)	37
5	14-09-2007	Stage1 for recertification, Information for granting recertification	37
6	14-09-2007	Suspending, withdrawing or reducing certification	38
7	14-09-2007	Replacing ISO/IEC 17021 with ISO/IEC 17021	6
8	12-11-2007	Terms of reference of AB modified to include impartiality as part of agenda in the AB minutes.	16
9	21-11-2008	Frequency of Surveillance audits changed from three to two in between a certification cycle	37



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10	16-12-2011	Attributes of Certification Resources elaborated as per the requirements of (Knowledge & Skill Metrix)- ISO/IEC 17021:2011	20-21
11	07-03-2014	<ul style="list-style-type: none">• Impartiality clause 2.3 modified as per the practice & requirements.• Criteria for Competency of management representative & Operation personnel made more stringent.	11 13,22
12	01-11-2016	ISO27006:2015 alignment	At arelevant places

Section 1: General

1.1 Purpose & Scope

1.1.1 The purpose of this document is to lay down the policies and procedures for all the IT certification Schemes operated by "STQC IT Certification Services+ as per the applicable national/international standard or normative document.

1.1.2 This document describes the organisation of Certification Body and process of certification, which, by means of assessment and subsequent surveillance provides an adequate level of confidence that the certified system is conforming to the specified requirements of the applicable standard or normative document. It will also ensure consistent and reliable operation of Certification Body thereby facilitating their acceptance on national/international basis in the interest of national /international trade.

1.1.3 The Certification Body will take all steps necessary to assess and determine conformance of applicant organisation's system to all the applicable requirements as defined in respective scheme specific documentation. This documentation will include:

- Definition of scope of operation for each scheme
- Identification of applicable standards/normative documents



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- Assessment criteria
- Criteria for suitability and competence of personnel and facilitative

1.1.4 The products of STQC IT Certification Services are identified in document IT CERT/D02.

1.1.5 This document is applicable to all those involved in providing the certification services.

1.1.6 The term "System" is used generically to represent "Management System".

1.2 References

- ISO/IEC Guide 2,1996 - General terms and their definitions concerning standardisation and related activities
- ISO/IEC 17021 - Conformity Assessment-Requirements for bodies providing audit & certification of Management system
- ISO 9000, 2000 - Quality management systems-Fundamentals and vocabulary
- ISO - 19011 - Guidelines for auditing Quality System (all parts)
- ISO27006 - ISO guidelines for the Accreditation of Bodies operating Certification/Registration of ISMS

1.3 Definitions

For the purpose of this document, the following definitions, in addition to those given in ISO/IEC Guide 2 & ISO 9000 shall apply.

1.3.1 Organisation

Company, Corporation, firm enterprise, authority or institutions, or part or combination thereof, whether incorporated or not, public or private, that has its own functions and administration and is able to ensure that the compliance to the specific standard for certification is maintained.

1.3.2 Certification of Conformity

Action by a third party, demonstrating that adequate confidence is provided that the client's product and/or system are in conformity with specified requirements of applicable standard or normative document.



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1.3.3 **Certification System**

System that has its own rules of procedure and management for carrying out certification of conformity.

1.3.4 **Certification Body**

The body which conducts certification of conformity with respect to published standards and any supplementary documentation required under the system.

1.3.5 **Registration**

Inclusion of the client's particulars and field of assessed capability by the Certification Body in an appropriate register or list.

1.3.6 **Certificate of Conformance or certification/registration document**

Document issued under the rules of a Certification System indicating conformance to the specified requirements of the applicable standard or normative document.

1.3.7 **Certification Agreement**

An agreement which is part of the Certification System and which details the mutual rights and obligations of the certificate holder and the Certification Body, and which includes the right to use the certification mark and/or logo and certificate.

1.3.8 **Assessment**

All activities related to the system certification of an organization to determine whether the organization meets all the requirements of the relevant clauses of the specified standard necessary for granting certification and whether they are effectively implemented, including documentation review, audit, preparation and consideration of the audit report and other relevant activities necessary to provide sufficient information to allow a decision to be made as to whether system certification shall be granted.

1.3.9 **Appeal**

A formal expression of dissatisfaction by any party that feels affected by a decision of a Certification Body.

1.3.10 **Complaint**



A formal expression of dissatisfaction with some matter related to a Certification Body, a certified client, or an individual.

1.3.11 Dispute

Expression of difference of opinion between two parties in relation to some matter related to a Certification Body, a certified client, or an individual.

1.3.12 Logo

A symbol used by a body as a form of identification, usually stylized. A logo may also be a mark.

1.3.13 Mark

A legally registered trade mark or otherwise protected symbol which is issued under the rules of a certification body indicating that adequate confidence is provided that the relevant product, process or service is in conformity with a specific standard or other normative document.

1.3.14 Major Non-conformance

- The absence of, or the failure to implement or maintain a required element of the standard for certification, or objective evidence of a situation that would raise significant doubts as to the capability of the organization to achieve its policy and objectives.

Minor Non-conformance

- A single observed lapse or imperfection or weakness in fulfilling a requirement specified in the standard.

1.3.16 Licence (for certification)

Document issued under the rules of a Certification System, by which a Certification Body grants to a person or body the right to use certificates processes or services in accordance with the rules of the relevant Certification Scheme.



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Section 2 : Certification Body - Requirements

2.1 Name and Office Locations

%STQC IT Certification Services+ of STQC Directorate, herein referred as Certification Bodyq operates from New Delhi .

2.2 Legal Status

%STQC IT Certification Services+ of STQC Directorate is a part of Ministry of Electronics & Information Technology, Government of India. (See Org. Chart Figure 1 at Annexure II). STQC being an attached office of DIT, DG, STQC is empowered for adequate administrative & financial authorities which ensures its independence existence & relationships with other constituent of ministry.

2.3 IT Certification Policy and Objectives

Goal

To provide IT certification services in a consistent, competent, credible and reliable manner thereby facilitating their acceptance on a national/international basis in the interest of trade.

IT Certification Policy

To continuously improve and sustain quality of IT certification services, consistent with market requirements and technological developments to provide better value to the clients.

IT Certification Objectives

The certification body seeks to achieve its organisational goal by following means :

- Establishing a system in line with internationally accepted norms (e.g. ISO/IEC Guides,
- Certifying systems as per applicable norms



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- continuously review and upgrade technical content of the activities in line with market need
- Seeking strategic alliances with other national/international agencies engaged in similar work
- adopting innovative methods/practices to provide better value to the clients

Impartiality :

STQC is committed to manage its IT certification activities in an impartial manner. This intent is communicated publicly through its website www.stqc.nic.gov.in. STQC IT Certification services has identified & analysed the risks arising from provision of certifications related to impartiality as described below.

In case of any conflict of interest anticipated because of relationship with MCIT or its any unit (e.g. CDAC, STPI, CMET etc.) in respect of administrative, financial, functional etc. the certification activity shall not be undertaken for that applicant organization. While assigning the audit team, following aspects are examined by Head Operations:

- Aspects like previous engagements or services imparted (training imparted, gap analysis, advisory role to Govt. departments/ Ministry e.g. e Gov projects like UID) are considered at the time nomination of lead auditor/auditor for the assessment. If there is any previous engagement of above mentioned nature, the the auditor is not nominated to conduct the audit of that particular organization.
- At the time of nomination for assessment, confirmation from the auditor (s) is taken that there is no conflict of interest as far as conducting of audit is concerned.
- Applicant organization/ clients agreement is taken regarding assessment team.
- If any certification committee member is involved in conduct of assessment, his authority in respect of decision making as CC member is no more applicable.

Impartiality is carefully examined and ensured by CEO, IT certification while approving the audit teams for certification assessments.

STQC shall not certify any certification body engaged in ISMS and ITSMS certification activities. STQC shall not engage in consultancy or internal auditing



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activity for any organization which could result in conflict of interest for its certification services. As far use of external resources (other than STQC personnel) is concerned, only technical experts can be used for organizations for which necessary domain expertise does not exist in STQC. In this scenario, the expert(s) shall sign Non-disclosure/Confidentiality agreement and declare that no conflict of interest arises due to their participation in audit.

Certification body shall not contract any consulting/marketing organisation for promotion of its IT certification services. No auditor involved in specific training services to applicant organization shall be assigned the auditing job. However, this condition shall not apply for open training courses.

All the resources assigned with the task of audit conduct/ management shall intimate certificate body in case there is any conflict of interest or even possibility of such situation due their employment relationship, financial or any other aspect (engagement of relatives etc.) The same shall be brought to the notice of certification body by the individual concerned before taking up the assignment. Intentional non-disclosure shall be treated as willful suppression of facts and suitable action shall be taken by CEO, certification body.

Additionally STQC CB shall not engage itself in any activity related to arranging & Participating as lecturer, performing second & third party audits outside the scope of accreditation, providing Internal information security reviwis of certified clients.etc.

2.4 General Provisions

- 2.4.1 The Certification Body provides unhindered access to all the applicants seeking certification of their System, whose activities fall within its declared field of operation, without undue financial or other conditions. However, it is conditional for certification that certified organisations are regularly involved in the activities for which they have been certified.
- 2.4.2 All the procedures adopted by the Certification Body are administered in a non-discriminatory manner. The Certification Body makes its services accessible to all applicants, without any undue financial or other conditions.
- 2.4.3 The Certification Body confines its assessment and decision on certification to those matters specifically related to the scope of certification being considered.
- 2.4.4 The Certification Body has defined criteria (covered under scheme specific documentation) against which the system of an applicant is assessed.
- 2.4.5 The Certification Body is responsible for its decisions relating to the granting, maintaining, extending, reducing, suspending and withdrawing certifications.



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- 2.4.6 The Certification Body has an identified management structure which has the overall responsibility for the operation of Certification System. Details are covered in subsequent paragraphs.
- 2.4.7 The Certification Body has a documented structure which safeguards impartiality, of the operation of Certification Body. It further enables participation of all interested parties in the content and functioning of certification system.
- 2.4.8 The Certification Body ensures that each decision on certification is taken by persons different from those who carried out the assessment.
- 2.4.9 The Certification Body has rights and responsibilities relevant to its certification activities.
- 2.4.10 The Certification Body has adequate arrangements to cover liabilities arising from its operations and/or activities (in the form of certification agreement).
- 2.4.11 The Certification Body has financial stability and resources required for the operation of the certification system, in the form of budgetary support from Government of India. The financial administration of the scheme including determination of charges is the responsibility of Chief Executive Officer (CEO) under the authority of Management Committee.
- 2.4.12 The Certification Body has sufficient number of personnel having the necessary education, training, technical knowledge and experience for performing certification functions under the overall responsibility of CEO.
- 2.4.13 The Certification Body has a documented management system to provide confidence in its ability to operate a certification system.
- 2.4.14 The Certification Body is not engaged in any activity other than Certification. STQC Directorate is not involved in any consultancy activities.
- 2.4.15 The Certification Body's personnel alongwith CEO & staff are free from any commercial, financial and other pressures, which might influence the results of Certification process.
- 2.4.16 The Certification Body has defined criteria for appointment and operation of all the committees needed for Certification process. These committees are free from any commercial, financial and other pressures that might influence decisions.
- 2.4.17 The Certification Body ensures that activities of related bodies do not affect the confidentiality, objectivity or impartiality of its certification. It does not offer or provide:
- Those services that it certifies others to perform
 - Consultancy services to obtain or maintain certification



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- Services to design/development of system it certifies

2.4.18 The Certification Body has a defined policy and procedure for resolution of Complaints, Appeals and Disputes received from clients or other parties about the handling of certification or any other related matter.

2.5 Quality System of IT Certification Services

2.5.1 Management Representative (MR)

The management representative is a person having

- adequate academic qualifications (preferably a Science/Engineering graduate) with adequate knowledge in Information Technology
- QA experience of atleast 10 years
- training, qualification and experience of a Management System Lead Assessor
- knowledge and awareness in matters related to Certification and Accreditation.
- possess adequate skills in English/Hindi,
- should have knowledge of relevant ISMS/ITSMS Standards like ISO/IEC 27001, ISO/IEC 20000-1.
- preferably a qualified Auditor/Lead Auditor in ISMS or ITSMS, should have knowledge about requirements of ISO 17021, ISO/IEC 27006 besides STQC IT Certification schemes.

See %list of appointments+Doc No [IT CERT/D03](#) for the identified person as MR.

2.5.2 Authorities of Management Representative

- ensure that a system is established, implemented and maintained in accordance with this document
- report on performance of the system to the management of the Certification Body for review and as a basis for improvement
- review system related procedures and forms / formats

2.5.3 Structure

The Certification Body has a documented system defining its policy, including objectives and its commitment. The Certification Body ensures effective implementation of documented system procedures. The structure of the system documentation is as given in figure 2 at Annexure I. The following paragraph identifies the broad contents of various categories of System Documentation.

* *IT Manual*



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- Certification policies and objectives as per the requirements of ISO/IEC Guides 17021 and ISO27006.
- Adequate references to system procedures and scheme specific manuals/ Procedures
- Process flow (System Certification)

* **System Procedures**

- Details about certification system elements as applicable to all schemes (Ex :Internal Audit, Management Review, Doc. Control etc.).

* **Scheme Specific Manuals and Procedures**

* **Manual**

- scheme description (including scope of operation, relevant standards or parts thereof and any other requirements such as risk assessment and references to scheme specific procedures, forms/formats.
- information on certification process, resources requirements etc.

* **Procedures**

- Detailed information on scheme specific process.

* **Forms/Formats**

- Both system & scheme specific forms/formats.

2.6 Organisation

2.6.1 **Organisation Chart & Reporting Structure are in Figure 1,2 & 3, at Annexure III.**

2.6.2 Organisation Description

2.6.2.1 *The certification body has*

- I a Chairman
- II an Advisory Board
- III a Management Committee
- IV Technical Advisory Committee(s)
- V Certification Committee
- VI Certification Personnel
 - i) Chief Executive Officer
 - ii) Operations personnel
 - iii) Management Representative



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- iv) Assessors/Specialists
- v) Certification support staff

2.6.2.2 *Criteria, Composition and Terms of Reference*

I) **Chairman, Certification Body**

Director General, STQC is the ex-officio chairman of Certification Body acting under the authority of Secretary, Ministry of Electronics and Information Technology, Govt. of India. He is responsible for overall functioning of the STQC IT Certification Services in line with the objectives of STQC Directorate, as well as Ministry.

II) **Advisory Board**

i) **Object**

The object of the Advisory Board is to safeguard the impartiality of the Certification Operations to provide confidence in certification by the Certification Body.

ii) **Structure & Composition**

The Advisory Board will have members not exceeding 15 including the Chairman and Member Secretary.

- DG, STQC is the ex-officio chairman of Advisory Board.
- Members are chosen from among those interested parties involved in the process of certification.
- The members have adequate academic and professional experience in the field they represent.
- In general the following is deemed as representing the interested parties:

Interested parties

- Customers and clients of products and services provided by certified organisations
- Regulators
- Trade bodies
- IT Professionals
- Government

The members are appointed by the Chairman, Certification Body, in consultation with respective interested parties, for a period of 3 years. At the end of the tenure, the Chairman, Certification Body may re-appoint the members for further period. Depending upon the need, the



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Board may co-opt for more members. In any case the number of co-opted members will not exceed three and their tenure of membership will not exceed the tenure of the current Advisory Board. The Chief Executive Officer is the Member Secretary of the Board.

iii) Terms of Reference of Advisory Board

- formulation of policy matters relating to the operation of Certification Body and approval for adoption of policy related documentation (IT Manual).
- an overview of the implementation of its policies.
- setting up of committees as required to which defined activities are delegated or delegate such authority to Management Committee.
- safeguarding impartiality and enabling participation of all parties concerned regarding the content and functioning of the Certification System.
- ensuring that the Certification Body operates in a non discriminatory manner.
- Issues related to any conflict of interest/ impartiality shall be discussed in the Advisory Board meetings for review on annual basis or in case of any change in the present status of STQC vis-à-vis DIT.

The Advisory Board has power to obtain from the Management Committee all such information on the conduct of its policy to enable it to discharge its duties properly. The Management Committee provides all the necessary information, including the reasons for all the significant decisions and actions , and the selection of the persons for particular activity.

The advice of the board is binding on the Management Committee on certification related matters.

iv) Business Procedure

Meetings of the Advisory Board are held atleast **once** a year. The date and place will normally be decided during the previous meeting. The Chairman of the Advisory Board may at his discretion or at the request of atleast three members call for a special meeting giving prior intimation to the members sufficiently in advance.

The quorum of the meeting is obtained when more than half members are present at the meeting. If there is no quorum, the meeting shall proceed but in such circumstances where decisions require confirmation, voting by correspondence will take place subsequent to the meeting. However, in all cases of voting, the Chairman, Advisory



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Board and Member Secretary do not have the right to vote, either in favour or against the matter under consideration for voting.

Depending upon the importance of the matter under consideration during a meeting, the Chairman, Advisory Board may decide for voting at the meeting itself or voting by correspondence. The proposal on the subject matter is adopted when no opposing vote is received within the time specified in the correspondence, otherwise the matter shall be dealt with at the next meeting.

The Certification Body is maintaining records of confidentiality and background experience of the board members.

III) Management Committee

i) Object

The object of the Management Committee is to manage the certification activities in line with the charter of STQC Directorate and advice of Advisory Board.

ii) Structure & Composition

* Chairman

STQC person of sufficiently senior level, appointed by Chairman, Certification Body. Chief executive officer, IT Certification is the ex officio Chairman.

* Members

- Do not exceed 10 in numbers excluding Chairman and Member Secretary,
- Belong to STQC Directorate of sufficiently senior level, preferably unit/activity head,
- Active professionals in certification related fields, administration & finance,
- The committee shall include representative for each IT certification scheme e.g. (ISMS) at least one person with appropriate competence in that field of certification.
- Appointed by Chairman, Certification Body in consultation with Chairman Management Committee
- Depending on the need the committee may co-opt more members up to a maximum of 2 persons,
- Management Representative is the member secretary of the committee.

iii) Terms of Reference

While being accountable to Advisory Board, the Management Committee will:

- formulate and oversee the implementation of the business plan for STQC certification services,



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- decide on approval of decisions made by the Chief Executive Officer and relating to the granting, maintaining, extending, reducing, suspending and withdrawing of certification in case of equal vote in the Certification Committee, or in case the Chief Executive Officer not being in agreement with the advice of Certification Committee,
- provide all requisite information and support to the Advisory Board to enable it to fulfill its obligations,
- ensure compliance with the advice of the Advisory Board,
- carry out periodic reviews of the certification systems/operations to ensure compliance with all applicable requirements,
- seek Advisory Board's concurrence on the technical contents of policy nature for adoption into the certification system,
- set up committees as required to deal with the technical content of the certification system,
- review and approve all scheme specific documentation (except forms / formats),
- make efforts for satisfactory resolution of complaints/disputes received from clients or other parties.
- To review state of STQC Certification body positioning (w.r.t MeitY & its entities etc.), certification operations (assessors, Technical experts) & other function/activities of STQC i r o trainings, consultancy & other advisory services for ascertaining impartiality in certification operations.

iv) **Business Procedure**

Meetings of the Management Committee are held generally twice a year. Special meeting of the Management Committee can further be held as and when required by the Chairman or at the request of any of the members.

The business transacted at the meeting is recorded in the minutes by Management Representative.

IV) **Technical Advisory Committee (TAC)**

i) **Object**

The object of the Technical Advisory Committee(TAC) is to provide technical interpretation on need to know basis to Advisory Board, Management Committee, CEO, Certification Committee etc. TAC is also responsible for evaluation of technical documentation of certification scheme. The advice of the TAC is not binding to these committees, it is only recommendatory in nature.

ii) **Structure & composition**

The TAC consists of a convenor and members from various sectors including Industry, Institution, Govt & Experts, who

- have adequate academic background or experience in Information Technology and Infrastructure related issues.
- involved/engaged in IT/IT Security related projects/activities.



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iii) Terms of Reference

While advising on technical interpretation to various committees, they are required to be

- independent in opinion
- confidential
- impartial
- objective
- technological relevant ec.
- Accountable to the committees

iv) Business procedure

The Committee meets on need basis. The task is made known to the committee before starting the issue. Convenor is provided with all the relevant information alongwith supporting documents. The Committee will examine the inputs and advises the committee on their interpretation.

v) Certification Committee

i) Object

The object of the Certification Committee is to advise the Chief Executive officer on decisions relating to

- certification of systems
- certification of assessor/specialist resource for empanelment,

ii) Structure & Composition

The composition of the Certification Committee should have competence in Management system auditing and subject expertise, represented by one or more persons individually or collectively.

The Certification Committee consists of a convener representing the Certification Body (operations personnel) and up to five members from STQC Department or otherwise who meets at least one of following:

- adequate academic background (preferably graduate in science/engineering) with adequate knowledge in information Technology
- criteria and qualifications of a Lead Assessor in QMS and / or EMS and / or ISMS or IT expertise (e.g. Network Management, Web security, e-mail security, Malicious codes, expertise on OS like windows NT, Unix etc.)
- possess knowledge and awareness of certification related matters including national/ international standards and other normative documents.



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Chairman, IT Certification Services appoints members of the Certification Committee in consultation with the CEO & Chairman Management Committee.

iii) **Terms of Reference**

While advising the CEO on certification related decisions, the Certification Committee will:

- ensure compliance of assessment to the defined criteria,
- review the reports of assessment for adequacy of their content,
- provide feed back for improvement,
- seek expert opinion where necessary for determining the technical basis for granting certification,
- be accountable to Management Committee.

iv) **Business Procedure**

The committee normally meets once a fortnight or as required. The committee shall include, for each of the schemes QMS, ISMS etc.-in which certification decisions will be taken during the present session of the committee, at least one appropriately qualified member.

The independence of the committee in each decision is ensured by not involving committee members who took part in the assessment process on which a decision has to be made. The minimum quorum of the committee should consist of at least **two independent** members. If excluding one or more committee members should result in inappropriate expertise in ISMS, or empanelment not being present while needed to make a certification decision, the convener shall arrange for participation of independent experts during the relevant parts of the meeting.

Convener is not a party to the decision of the committee.

The convener of the committee presents all requisite information along with supporting documentation to the committee. The committee will examine the inputs and advises the Chief Executive Officer on certification decision.

The Certification Committee should not normally overturn a negative recommendation of the assessment team. If such a situation should arise, the Certification Committee shall document and justify the basis for the decision to overturn the recommendation.

In case of equal vote in the Certification Committee, or the Chief Executive Officer is not in agreement with the advice of Certification Committee, the Chief Executive Officer may take decisions, as appropriate, subject to the approval of Management Committee.

VI) **Certification Resources**



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a) Personnel

i) Chief Executive Officer (CEO)

- is an active professional in QA, belonging to STQC Directorate and of sufficiently senior level.
- has sufficient work experience (preferably not less than 10 years) in certification and accreditation matters.
- meets qualifications and criteria of a lead assessor in QMS and / or EMS.
- Has Knowledge of audit principles, practices and techniques (Passed LA Course)
- possesses Knowledge of specific management system standards/normative documents.
- has Knowledge of certification body's processes (have adequate procedure and instructions/guidelines for carrying out their activities).
- has Knowledge of client business sector.
- has Knowledge of client products, processes and organization
- is appointed by Chairman, Certification Body.
- alongwith his team (certification personnel) is responsible to the Management Committee and thereby to the Advisory Board for day to day operation of the Certification System.
- will act on the advice of Certification Committee on certification decisions. In case of equal votes the Certification Committee or conflict of opinion with the decision of the Certification Committee, he may take decision, as appropriate, subject to the approval of the Management Committee.
- is the member secretary of the Advisory Board.
- is responsible for approval of System Procedures and Forms/Formats.

ii) Operations Personnel

The personnel looking after the certification operation Certification Body.

- are having adequate academic background (preferably graduate/diploma in Engg. or science graduate)
- having sufficient work experience (preferably not less than 2 years) in quality assurance & Information Technology
- preferably meet training & qualification related to relevant scheme and criteria of an assessor.
- are appointed by CEO



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- are responsible for day-to-day operations of all pre-certification activities of product/ system certification.
- Have Knowledge of certification body's processes (have adequate procedure and instructions/guidelines for carrying out their activities).
- Have Knowledge of client business sector.
- Have Knowledge of client products, processes and organization
- all activities connected with organising assessor/specialist empanelment.
- all liaison/co-ordination within and outside the certification body.
- possess adequate skills in English/Hindi,
- should have knowledge of relevant ISMS/ITSMS Standards like ISO/IEC 27001, ISO/IEC 20000-1.
- preferably a qualified Auditor/Lead Auditor in ISMS or ITSMS,
- should have knowledge about requirements of ISO 17021, ISO/IEC 27006 besides STQC IT Certification schemes.

The performance of MR & Head operations is reviewed periodically on knowledge of applicable standards, , Knowledge of STQC scheme requirements, knowledge of all the domain/sector particularly IT & electro-technical areas, auditing principles, practices and techniques, application acceptance & review of assessment report. This is done in form ISMS F/17 & ISMS F18 to by CEO

Details of specific responsibilities are available in respective scheme documentation.

The activities & functional responsibilities of the parts of STQC are defined in [IT CERT/D09](#)

iv) **Management Representative**

See clause 2.5.1 of this document.

v) **Assessors/Specialists**

- The policies and procedures for the recruitment & training of assessors/specialists and monitoring of their performance are described in the scheme specific document.
- Responsible for carrying out their assigned activities on the advice of Certification Body.
- Clearly documented procedures/instructions are available for carrying out assigned activities.



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- Records of training, experience and background information of individual assessors/specialists are maintained.

vi) **Certification Support Staff**

The support staff at HQ are responsible for:

- maintenance of files, records and website related to certification matters.
- secretarial support to Certification Personnel
- maintenance of data base.

2.6.3 **List of Appointments**

The Doc No. [IT CERT/D03](#) on list of appointments identifies the personnel & other resources involved in the activities of Certification Body as follows

- Members of Advisory Board
- Members of Management Committee
- Members of the Technical Advisory Committee
- Chief Executive Officer
- Members of Certification Committee
- Management Representative
- Certification Operations personnel

- * At STQC Directorate
- Assessors/Specialists
- Support staff

The responsibilities of all personnel involved in the certification activities are indicated in Doc No. [IT CERT/D04](#) (Responsibility Matrix).

2.7 **Internal Audits and Management Review**

2.7.1 **Internal Audits**

- For the purpose of verifying that the system is implemented and effective, Internal Audits are carried out covering all procedures in a planned and systematic manner.
- Audits are conducted by trained personnel independent of the area/activity being audited.
- It is ensured that



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- * Personnel responsible for the area audited are informed of the outcome of the audit.
 - * Corrective action is taken in a timely and appropriate manner.
 - * Results of the audit are recorded for periodic review.
-
- Internal audits of the entire system will be carried out at least once a year.
 - Detailed procedures for carrying out internal audits are covered in the Doc No. [IT CERT/P03](#).

2.7.2 Management Review

- Management reviews are conducted at least **twice a year** to ensure continuing suitability and effectiveness of the certification system.
- Management Review includes assessment of the results of Internal Audits, Appeals, Complaints etc.
- The Management Reviews are conducted by the Management Committee.
- Records of the reviews are maintained.
- Detailed proceedings for conducting Management Review are covered in the Doc No. [IT CERT/P04](#).

2.8 Documentation

2.8.1 The Certification Body has established and is maintaining procedures to control all documents and data that relate to its certification functions. (The documentation structure is given in para 2.5.3 of this document). These documents are reviewed and approved for adequacy by authorised and competent personnel prior to issue (either on initial development/or any subsequent amendment). The following table identifies reviewing and approving authorities for various types of documents within the system :

Sl. No.	Type of Doc.	Review	Approval
1.	IT manual	A B	Chairman, AB
2.	Scheme specific manual	TAC	CEO
3.	System procedures/forms	MR	CEO



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4.	Scheme specific Procedures/forms	TAC	CEO
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The review and approval of the documents by CEO is on the authorisation of Management Committee.

A list of all documents with the respective issue and/or amendment status is maintained. The distribution of all these documents is controlled to ensure that appropriate documentation is made available to personnel of certification body or client when required to perform any function relating to the activities of an applicant or the certified client.

Detailed procedure for document control is described in the document No. [IT CERT/P05](#).

For the control of external documentation, such as standards, interpretations, EA guidelines, reference material, etc. MR is the custodian and is responsible to regularly update the documents of the external origin, the others can refer on need basis.

2.8.2 ***The Certification Body, documents, updates at periodic intervals and makes available, on request, the following***

- a) Information about the authority under which the Certification Body is operating. (Approval of Govt. of India).
- b) For each certification scheme, a brochure containing a documented statement on the certification system incorporating the rules and procedure for granting, maintaining, extending, reducing, suspending and withdrawing certification. (Ref. [ISMS /D03](#)).
- c) Leaflets/handouts on the scheme specific process of certification.
- d) Published schedule of charges (Doc No. [IT CERT/D06](#)) available to applicants and certified clients.
- e) Certification Agreement describing the rights and duties of applicants and certified clients, including requirements, restriction or limitation on the use of Certification Body logo (Doc No. [IT CERT/D05](#)).
- f) Information on procedures for handling of Complaints, Appeals and Disputes (in the brochures and Certification Agreement and Doc No. [IT CERT/P07](#) & [IT CERT/P08](#)).
- g) Quarterly updated list of Certified Clients including their locations, and scope of certification (Ref. [IT CERT/D08](#)) & [website](#) List of clients suspended/withdrawn is [updated on website and the format](#) of certified clients to be revised. As a policy, information regarding certificate withdraw shall be maintained for one year duration from the date of withdraw.

2.9 **Criteria for Certification Personnel (Recruitment, Training and Monitoring)**



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2.9.1 **General**

2.9.1. The personnel of the Certification Body involved in certification are competent for the functions they perform, such as

- a) review of contracts with the clients (application handling)
- b) select and verify the competence of auditors
- c) brief auditors and arrange any necessary training
- d) decide on the granting, maintaining, withdrawing, suspending, extending or reducing of certification
- e) set up and operate appeals/complaints procedure

2.9.1.2 Information on the relevant qualifications, training and experience of each member of the personnel involved in the certification process is maintained by the Certification Body. Records of training and experience are kept up-to-date.

2.9.1.3 Clearly documented instructions are available to the personnel describing their duties and responsibilities. These instructions are maintained up-to-date.

2.9.2 **Qualification Criteria for Auditors and Technical Experts**

2.9.2.1 In order to ensure that assessments are carried out effectively and uniformly, the minimum relevant criteria for competence is defined by the Certification Body.

2.9.2.2 Auditors meet the requirements of the appropriate international documentation. For the assessment of a system, the relevant guidelines for auditing are those defined in ISO 19011 and the relevant criteria for auditors are those defined in ISO 19011. The qualification criteria for auditors for each certification scheme is defined separately e.g. ISMS doc [ISMS/D02](#)

2.9.2.3 Technical experts are not required to comply with the requirements for auditors covered in ISO 10011-1. However their personal attributes are to be as per ISO 19011, clause 7. The qualification criteria of technical experts for each certification scheme is defined separately e.g. ISMS doc [ISMS/D02](#) for qualification and [ISMS/P04](#) for Use of Technical expert.

2.9.3 **Selection Procedure**

2.9.3.1 Selection of auditors and technical experts.

The Certification Body has a procedure (Doc No. [IT CERT/P01](#)) for selection of auditors and technical experts.

- a) selecting auditors and, technical experts, on the basis of their competence, training, qualifications and experience;



- b) initially assessing the conduct of auditors and technical experts
- c) (if required) during assessments and subsequently monitoring their performance periodically in ITCERT/F03. The performance monitoring includes on-site monitoring, report monitoring & Feedback received from the clients.

2.9.4 **Assignment for a Specific Assessment**

When selecting the audit team for a specific assessment the certification body will ensure that the skills for each assignment are appropriate. The team will

- a) be familiar with the applicable legal regulations, certification procedures and certification requirements.
- b) have a thorough knowledge of the relevant assessment method and assessment documents
- c) have appropriate technical knowledge of the specific activities for which certification is sought and where relevant, with associated procedures and their potential for failure (technical experts who are not auditors may fulfill this function)
- d) have a degree of understanding sufficient to make a reliable assessment of the competence of the client to provide products, processes or services in its certified scope
- e) be able to communicate effectively, both in writing and orally in the required languages
- f) be free from any interest that might cause team members to act in other than an impartial or non-discriminatory manner, for example ;
 - audit team members or their organization shall not have provided consulting services to the applicant or certified client which compromise the certification process and decision
 - in accordance with the directives of the Certification Body, the audit team members shall inform the Certification Body, prior to the assessment, about any existing, former and envisaged link between themselves or their organizations and the client to be assessed.

The requirement for the assignment of specific assessment by assessors and experts are defined in specific doc e.g. [ISMS/P01](#).

2.9.5 **Contracting of Assessment Personnel**

The Certification Body requires all the personnel involved in the assessment to sign a contract by which they commit themselves to comply with the rules defined by the Certification Body, including those relating to confidentiality and those relating to independence from commercial and other interests and any prior and/or present link with the clients to be assessed. The Certification Body,



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in the event of using any sub-contracted assessment personnel, documents the way those personnel satisfy all the requirements for assessment personnel outlined in this document and ensures compliance with the same.

2.9.6 *Training*

Training to facilitate continuing Professional development is as per Doc: [IT CERT/P02](#).

2.9.7 *Assessment / Personnel Records*

2.9.7.1 The Certification Body possesses and maintains up-to-date records on assessment personnel consisting of

- a) name and address
- b) affiliation and position held in the organization
- c) educational qualification and professional status
- d) experience and training in each field of competence of the certification body
- e) date of most recent updating of record
- f) performance appraisal
- g) Area of Technical Expertise

2.9.8 *Procedures for Audit Teams*

Audit teams are provided with up-to-date assessment instructions and all relevant information on certification arrangements and procedures.

2.10 *Sub-Contracting*

2.10.1 Whenever Certification Body decides to sub-contract work related to certification (e.g. audits) to an external body or person, a properly documented agreement covering the arrangements, including confidentiality and conflict of interests, will be drawn up. The Certification Body will

- a) take full responsibility for such sub-contracted work and maintain its responsibility for granting, maintaining, extending, reducing, suspending or withdrawing certification
- b) ensure that the sub-contracted body or person is competent and complies with the applicable provisions of this document and is not involved, either directly or through its employer, with the design/development of a quality system /product in such a way that impartiality could be compromised



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- c) obtain the consent of the applicant or certified/registered client in the form of consent and from the external assessors/ experts in the appointment letters.

2.10.2 Requirements at Cl No. 2.10.1 a) and b) are also relevant, by extension, when Certification Body uses, for granting its own certification based on the work of another Certification Body with which it has signed an agreement.

2.10.3 Where work related to certification has been undertaken prior to the application for certification, the certification may take account of it, in which case it takes full responsibility for certification as described in Cl.2.10.1 (a) above and satisfies itself regarding the matters detailed in Cl 2.10.1 (b)). In no case Certification Operations process or Part of it shall be subcontracted to any external agency.

2.11 Non-conformance Handling and Corrective/Preventive Action

2.11.1 The Certification Body will ensure that any non-conformance detected/reported at any stage of certification activities by any one, is removed/cleared within the earliest possible time. The control of non-conformance provides for

- Identification
- Documentation
- Evaluation
- Segregation (where practical)
- Disposition of non-conformance
- Notification to all concerned.

2.11.2 The following identifies the responsibility for review and authority for disposition of non-conformances

Sl. No.	Type of Non-conformance	Responsibility for Review	Authority for Disposition
i)	Documented quality system Related <ul style="list-style-type: none">- Non policy issues- Policy issues	Management Representative Chief Executive Officer	Chief Executive Officer Management Committee
ii)	Certification operations related <ul style="list-style-type: none">- Pre-certification- Post-certification	Operations Personnel	Chief Executive Officer



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- 2.11.3 Any non-conformance detected within the system will be reported to identified authorities as in cl. 2.11.2 for review and disposal action. Customer complaints and audits related non-conformances are reported to Management Representative (MR) who in turn will notify concerned authorities for review and disposal action.
- 2.11.4 Management Committee is responsible for disposal of any un-resolved non-conformances.
- 2.11.5 Identified authorities for disposal action as in 2.11.2 are responsible for initiating adequate and appropriate corrective/preventive action commensurate with the magnitude of the problems and levels of risks. Any changes to the procedures/practices are recorded and implemented.
- 2.11.6 Certification Body ensures that identified corrective/preventive actions are taken and are effective. Relevant information on the actions are submitted for management review.

2.12 Records

- 2.12.1 The Certification Body maintains a record system to comply with existing regulations. The records demonstrate that the certification procedures have been effectively fulfilled, particularly with respect to application forms, assessment reports, and other documents relating to granting, maintaining, extending, reducing, suspending or withdrawing certification. The records are identified, managed and disposed of in such a way as to ensure the integrity of the process and confidentiality of the information. Records shall be retained for the duration of the current cycle plus one full previous certification cycle.
- 2.12.2 The Certification Body has procedures (Doc. No [IT CERT/P06](#)) for retaining records for a period consistent with its contractual, legal or other obligations. Access to these records is consistent with the confidentiality requirement of this document.

2.13 Confidentiality

- 2.13.1 The Certification Body has adequate arrangements, consistent with applicable laws, to safeguard confidentiality of the information obtained in the course of its certification activities at all levels of its organization, including committees and external bodies or individuals acting on its behalf. All the personnel, except, officials of Ministry of Electronics & Information Technology, involved in certification activities as members of the various committees and Board are required to sign a Confidentiality Statement (Form No. ITCERT/F05), to safeguard confidentiality of the information obtained during their association



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with certification activities. Ministry officials are already bound by the Code of Confidentiality with Government of India at the time of appointment.

- 2.13.2 Except as required in this document information about a particular product or client will not be disclosed to a third party without the written consent of the client. Where the law requires information to be disclosed to a third party, the client will be informed of the information provided as permitted by the law.

2.14 Liability

- 2.14.1 The Certificate of Registration given to a client under the scheme shall not be regarded as in any way diminishing the mutual contractual responsibilities/obligations between the client and his customer. While the Certificate of Registration will normally be a sound indicator of the capability of Client to; implement a management system, e.g. information security, in line with the applicable standard, it should not be taken as a sort of guarantee accorded by the Certification Body.

2.15 Appeals, Complaints and Disputes

- 2.15.1 Appeals, Complaints and Disputes brought before the Certification Body by client or other parties are subject to the procedures of the Certification Body.
Appeals - Doc No. [IT CERT/P07](#)
Complaints/Disputes - Doc. No [IT CERT/P08](#)

- 2.15.2 The Certification Body will

- a) Keep a record of all appeals, complaints and disputes and remedial actions relative to certification
- b) take appropriate corrective and preventive action
- c) document the actions taken and assess their effectiveness.

2.16 Changes in the Certification Requirements

The Certification Body will give due notice of any changes it intends to make in its requirements for certification. It will take account of views expressed by the interested parties before deciding on the precise form and effective date of the changes. Following a decision on, and publication of, the changed requirements it shall verify that each certified client carries out any necessary adjustments to its procedures within such time, as in the opinion of the Certification Body, is reasonable.



Section 3: Requirements for Certification

3.1 Application for Certification

3.1.1 Information on the Procedure

3.1.1.1 A detailed description of the assessment and certification procedures and the documents containing the requirements for certified clients are maintained up-to-date as specified in CI No. 2.8. These are provided to applicants and certified client, appropriate to each certification scheme.

3.1.1.2 The Certification Body requires that a client organisation :

- a) always complies with the relevant provisions of the certification programme
- b) make all necessary arrangements for the conduct of the assessment, including provision for examining documentation and the access to all areas, records (including internal audit reports) and personnel for the purposes of assessment, surveillance, re-assessment and resolution of complaints.
- c) only claims that it is certified with respect to those activities for which it has been granted certification
- d) does not use its certification in such a manner as to bring the Certification Body into disrepute and does not make any statement regarding its certification which the Certification Body may consider misleading or unauthorized
- e) upon suspension or withdrawal of its certification (however determined) discontinues use of all advertising matter that contains any reference thereto and returns any certification documents as required by the Certification Body
- f) uses certification only to indicate that the system or product is in conformity with specified standards or other normative documents, and does not use its certification to imply otherwise
- g) ensures that no certification document, mark or report nor any part thereof is used in a misleading manner
- h) in making reference to its certification in communication media such as documents, brochures or advertising, complies with the requirements of the Certification Body.

3.1.1.3 When the desired scope of certification is related to a specific programme, any necessary explanation is provided to the applicant.



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3.1.1.4 If requested, additional application information is provided to the applicant.

3.1.2 **The Application**

3.1.2.1 The Certification Body requires an official Application Form duly completed, and signed by a duly authorized representative of the applicant, in which or attached to which

- a) the scope of the desired certification is defined
- b) the applicant agrees to comply with the requirements for certification and to supply any information needed for its evaluation.

3.1.2.2 At least the following information is to be provided by the applicant prior to the on-site assessment

- a) the general features of the applicant such as corporate entity, name addresses, legal status, and where relevant, human and technical resources
- b) general information concerning the system and the activities it covers
- c) a description of the system/ products to be certified and the standards or other normative documents applicable (if known to the applicant)
- d) a copy of the system manual and where required, the associated documentation.

Note

1. The appointed Lead Assessor will examine the information provided by the applicant and will decide on the need for an on-site visit to ascertain the adequacy of preparedness of the applicant.
2. The information gathered from the application documentation and the system manual review as well as on site visit may be used for the preparation of the assessment and will be treated with appropriate confidentiality.

3.1.2.3 Detailed instructions on application handling are covered in Doc No. [IT CERT/P09](#).

3.2. **Preparation for assessment**

3.2.1 Before proceeding with the assessment the Certification Body will conduct, and maintain records of a review of the request for certification to ensure that

- a) the requirements for certification are clearly defined, documented and understood
- b) any difference in understanding between the Certification Body and the applicant is resolved.
- c) the Certification Body has the capability to perform the certification service in respect to the scope of the certification sought, the location of



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the applicant's operations and any special requirements such as the language used by the applicant.

In conclusion, a Certification Agreement in Doc No. [IT CERT/D07](#) is entered into with the applicant. The multi sites sampling procedure under ISMS are defined in doc. ISMS/D05.

3.2.2 The Certification Body will prepare a plan for its assessment activities to allow for the necessary arrangements to be managed.

3.2.3 The Certification Body will nominate a qualified assessment team to evaluate all material collected from the applicant and to conduct the assessment/evaluation on its behalf. Experts, in the areas to be assessed, may be attached to the Certification Body's team as advisers.

3.2.4 The client will be informed of the names of the members of the assessment/evaluation team who will carry out the assessment/evaluation with sufficient notice to appeal against the appointment of any particular auditors or experts.

3.2.5 The assessment/evaluation team will be formally appointed and provided with the appropriate working documents. The plan for and the date of the assessment/evaluation will be agreed to with the client. The mandate given to the team will be clearly defined and made known to the client, and will require the team to examine the structure, policies and procedures of the client and confirm that these meet all the requirements relevant to the scope of certification and that the procedures are implemented and are effective so as to give confidence in the products, processes or services of the client.

In case of investigation of complaints, or in response to changes or as a follow up of suspended client following shall be done within a short notice taking due care about the lack of opportunity for the client to object to the audit team members. The client shall be informed the conditions under which the short notice visit is to be conducted.

3.2.6 Detailed procedure on preparation for assessment is covered in Doc No. [IT CERT/P10](#).

3.3 Assessment

3.3.1 The assessment team will assess the system of the client covered by the defined scope against all applicable certification requirements.

3.3.2 Detailed procedure on conduct of assessment is covered in Doc No. [ITCERT/ P11](#).



3.4 Assessment Report

3.4.1 The certification body has reporting procedures, which will ensure that

- a) a meeting takes place between the assessment team and the client's management with particular reference to certification requirements and provides an opportunity for the client to ask questions about the findings and their basis :
- b) the assessment team provides the Certification Body with a report of its findings as to the conformity of the client's system with all of the certification requirements. One copy of the report is also handled over to the client during closing meeting.
- c) a report on the outcome of the assessment is promptly brought to the client's attention by the Certification Body, identifying any non-conformity to be discharged in order to comply with all of the certification requirements and the extent of any further assessment required.
- d) the Certification Body will invite the client to comment on the report and to describe the specific actions taken, or plan need to be taken within a defined time, to remedy any non-conformity with the certification requirements identified during the assessment. Certification Body will inform the client of the need for full or partial re-assessment or whether a written declaration to be confirmed during surveillance will be considered adequate.
- e) The report will contain as a minimum
 - date(s) of assessment
 - the names of the person(s) responsible for the report
 - the names and addresses of all sites visited for assessment
 - the scope of certification or reference thereto including reference to the standard applied
 - comments on the conformity of the client's system with the certification requirements with a clear statement of non-conformity and, where applicable, any useful comparison with the results of previous assessments of the client
 - an explanation of any differences from the information presented to the body at the closing meeting

3.4.2 If the report authorized by the Certification Body differs from the report referred to in Cl 3.4.1 (c) and (e), it will be submitted to the client, with an explanation of any differences from the previous report.

The report will take into consideration

- a) the qualification, experience and authority of the staff encountered:



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- b) the adequacy of the internal organization and procedures adopted by the applicant body to give confidence in the system
- c) the actions taken to correct identified non-conformities, including, where applicable, those identified during previous visits.

3.4.3 Detailed procedure on assessment reporting is covered in Doc No. ITCERT/ P11.

3.5 Decision on Certification

3.5.1 The decision whether or not to certify a client's system will be taken by the CEO based on the recommendation of the Certification Committee on the basis of the information gathered during the certification process and any other relevant information. Those who make the certification decision will not have participated in the assessment (i.e. members of the Certification Committee). Where necessary, the Certification Committee will seek expert's opinion to determine the technical basis for its decisions.

Decision taking in relation to the Certification/registration function

The entity which may be an individual, which takes the decision on granting/withdrawing a certification/registration within the certification/registration body, shall incorporate a level of knowledge and experience in all areas which is sufficient to evaluate the audit processes and associated recommendations made by the audit team.

The entity which has taken the decisions as granting certification should not normally overturn a negative recommendation of the audit team. If such a situation does arise, the certification/registration body shall document and justify the basis for the decision to overturn the recommendation.

3.5.2 The Certification Body will not delegate authority for granting, maintaining, extending, reducing, suspending or withdrawing certification to an outside person or body.

3.5.3 The Certification Body will provide to each of its clients whose System it certifies, a certificate signed by CEO or an officer who has been assigned such responsibility. These documents will identify for the client and each of its sites covered by the certification

- a) the name and address
- c) the scope of the certification granted including
 - the standards and/or other normative documents to which systems/Products are certified



d) t
v



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- The assessment carried out by the Certification Body will comply with ISO 19011/17021 and procedures as per Doc No. [IT CERT/P11](#).
- First surveillance visit after certification will be carried before completion of one year from the date of certification. Regarding subsequent surveillance visits, Lead Assessor will recommend on the period of next visit, which in any case will not be later than 12 months from the date of previous visit. Where sufficient justification exists, including complaints on certified client, the Certification Body will alter the surveillance period as appropriate and inform all concerned.
- It is permissible for each surveillance visit to re-examine part of the system so that assessment of all elements of applicable system standard/document is completed within each three year cycle. Each on-site surveillance visit will include a review of at least the following:
 - * Corrective action of previous visit
 - * Customer complaints and client response
 - * Internal audits and management review results and actions
- The surveillance report will clearly show the Part of the system that was assessed on each surveillance visit.

The entire system will be re-assessed before completion of three years of certification validity prior to renewal and the re-assessment process will be on the same lines as that of certification assessment.

Whenever there is a major change in organization process, technology etc., stage-1 audit shall be carried out.

Past performance analysis to be conducted to describe the status of the system during the period of previous certification cycle at the time of recertification.

Further, certification body will examine the need for re-assessment in the event of changes significantly affecting

- * the activity and operation (such as change of ownership, structure or management, equipment)
- * the standards for conformance and/or
- * the product (design change in/specification)

Besides above, the Certification Body may decide to carryout re-assessment if analysis or any other information indicates that the certified system may no longer comply with the requirements of certification.

3.6.4 Surveillance and re-assessment procedures are covered in Doc No. [ITCERT/P12](#).



3.7 Suspension and Withdrawal/Cancellation of Certification

3.7.1 *Suspension*

Certification may be suspended for a limited period at the discretion of Certification Body under the following circumstances

- if the surveillance indicates minor non-conformance to the relevant System/ requirements and the same is not cleared even after lapse of initial time period given for corrective actions. The certification may be restored after due verification of Corrective actions or any additional condition like compliance to internal audit policy, management initiative etc. as approved by CEO Certification.
- if the surveillance indicates major non-conformance to the relevant System/ requirements.
- if improper use of the Certificate of Registration or Logo/Mark is not rectified to the satisfaction of Certification Body;
- if the certified client is not regularly involved in the activities for which he is certified.
- if there has been any other contravention of the applicable requirements or rules of procedures of certification body.

In addition to these following situations might also lead to suspension;

- The client's certified management system has persistently or seriously failed to meet the certification requirements, including requirements for the effectiveness of the management system.
- The certified client does not allow surveillance or re-certification audits to be conducted at the required frequencies or
- The certified client has voluntarily requested a suspension.

An official suspension will be confirmed by the Certification Body to the client and will indicate the conditions under which suspension will be restored. The scenario(financial, audit related, misuse of logo etc.) shall be dealt on case to case basis. As per the cause of suspension action for restoring may be conveyed to the client . If actioned upon , CEO certification may restore the certification. The Certification Body may publish notification of suspension through website.. Upon fulfillment of the indicated conditions within the specified period, the Certification Body will revoke suspension and notify the client accordingly; otherwise, the certification will be cancelled and certificate will be withdrawn.



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3.7.2 **Withdrawal/Cancellation**

The Certification Body will cancel certification, withdraw the Certificate and authorisation for the use of the Logo/Mark under the following circumstances

- if the client under suspension fails to rectify non-conformance within specified period
- if the client either will not or cannot ensure conformance to changed rules of procedure of Certification Body
- if the client ceases to supply the product, process or service
- if the client fails to meet the financial obligation to Certification Body
- at the former request of the client
- any other serious contravention of applicable requirements of rules of procedures of Certification Body

The official communication by the Certification Body of the withdrawal/cancellation will be either through a registered letter or equivalent means. The Certification Body will publish notification of the withdrawal/cancellation.

3.8 **Use of Certificates/Licenses and Logos/Marks**

3.8.1 The Certification Body has procedures (Doc No. ITCERT/D05) to exercise proper control over ownership, use and display of its certificates/licenses and logos/marks of conformity.

3.8.2 If the Certification Body confers the right to use a Logo or Mark to indicate certification of a system/product the client may use the specified Logo or Mark only as authorized in writing by the Certification Body.

The Certification Body will take suitable action to deal with incorrect references to the certification or misleading use of certificates/licenses and logos/marks found in advertisements, catalogues, etc. Such action could include corrective action, withdrawal of certificate, publication of the transgression and, if necessary, other legal action.

3.9 **Access to Records of Complaints to Client**

The Certification Body will require the certified client to

- a) keep a record of all complaints made known to the client relating to products/services compliance with applicable requirements and to make these records available to the Certification Body when requested



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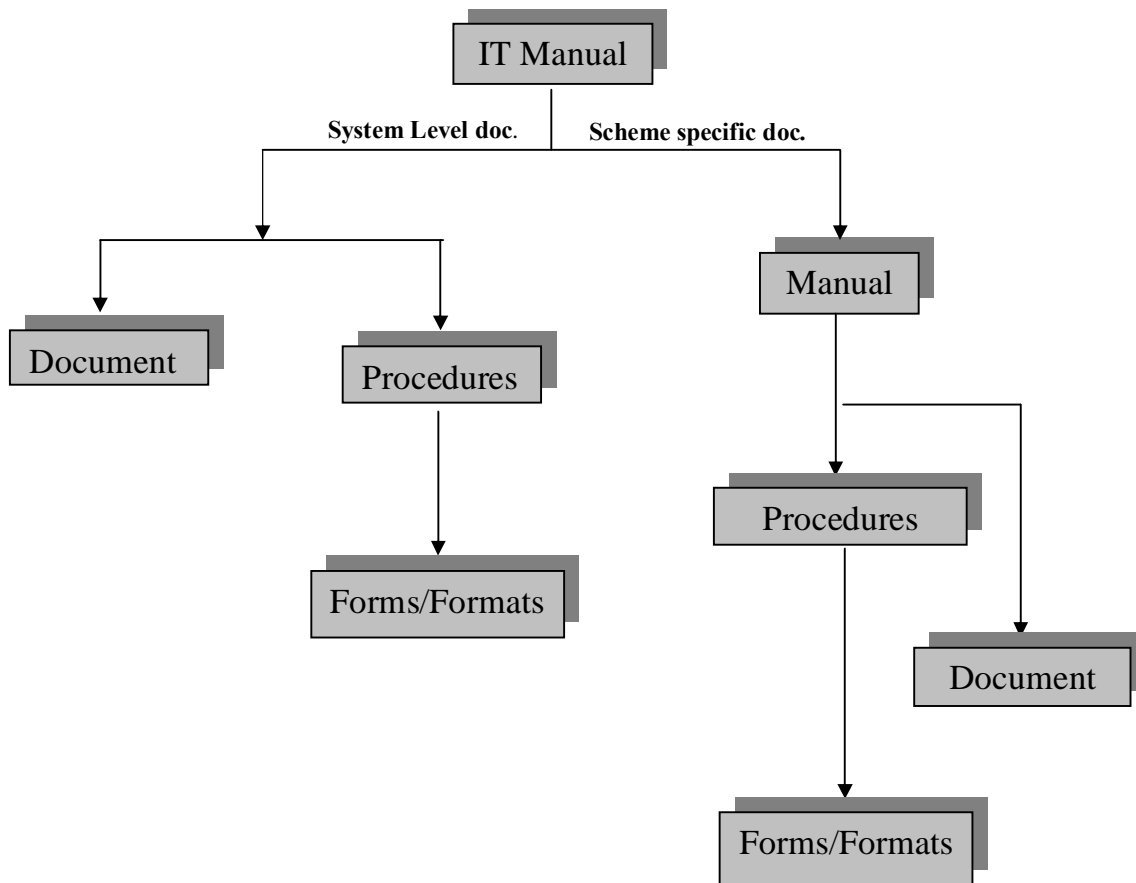
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- b) take appropriate action with respect to such complaints and any deficiencies found in products or services that affect compliance with the requirements for certification;
- c) document the actions taken.



Annexure-I

Documentation Structure





Annexure-II

Reporting Structure of 'STQC IT Certification Services'

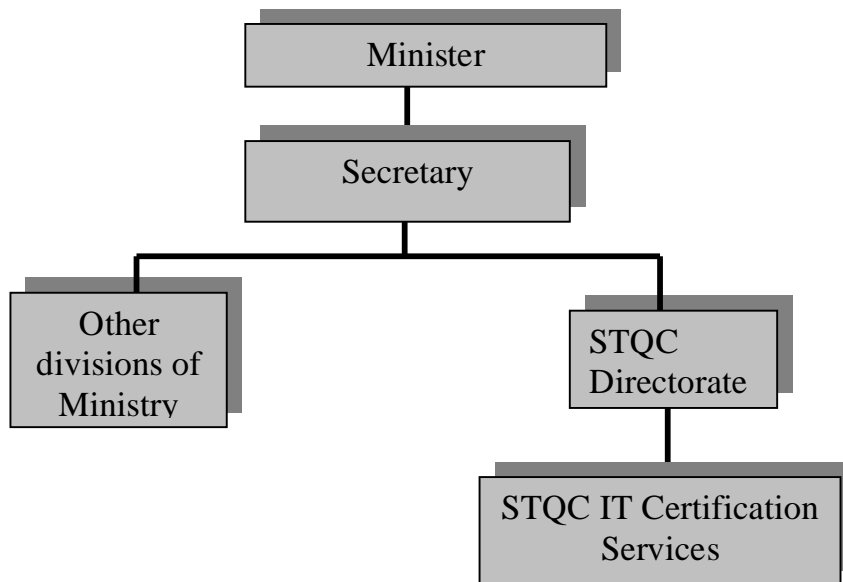


Figure 1



Annexure -II

Organization Structure STQC Directorate

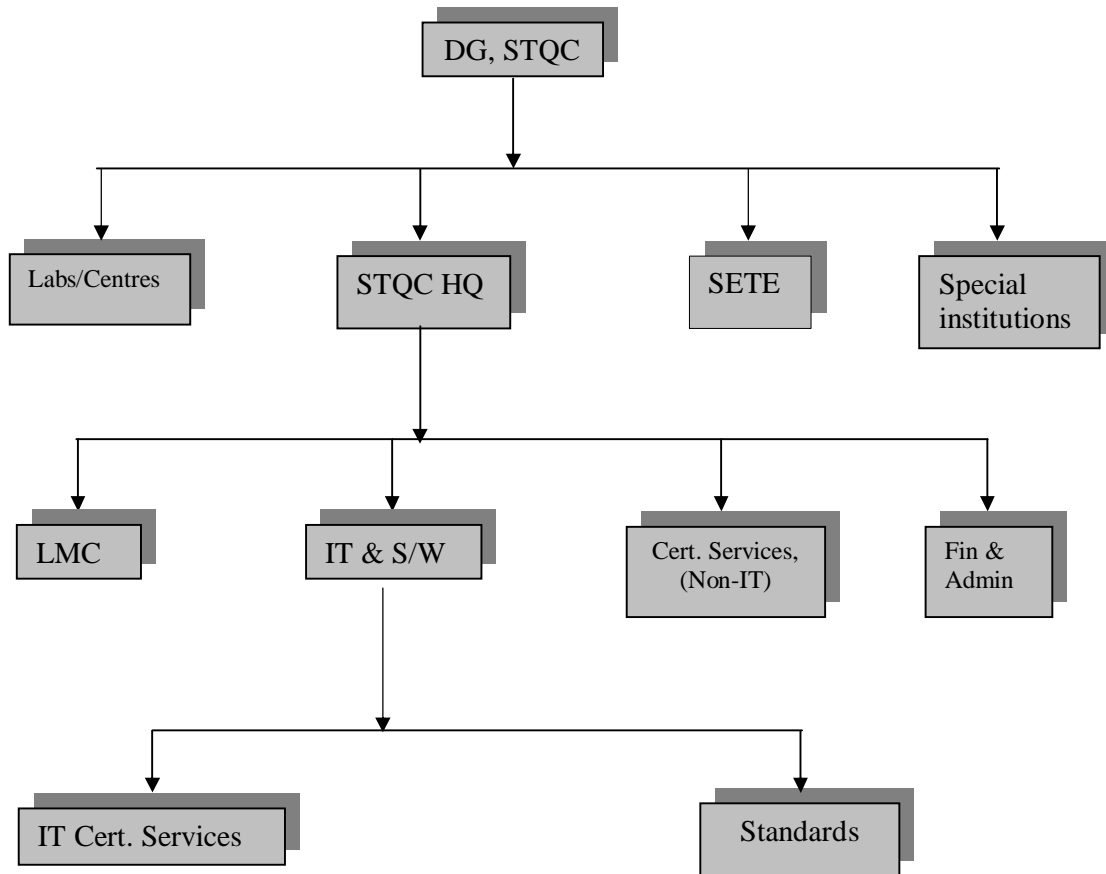


Figure 2

For details on functional responsibilities of groups other than IT Certification Services - see doc [IT CERT/D09](#)

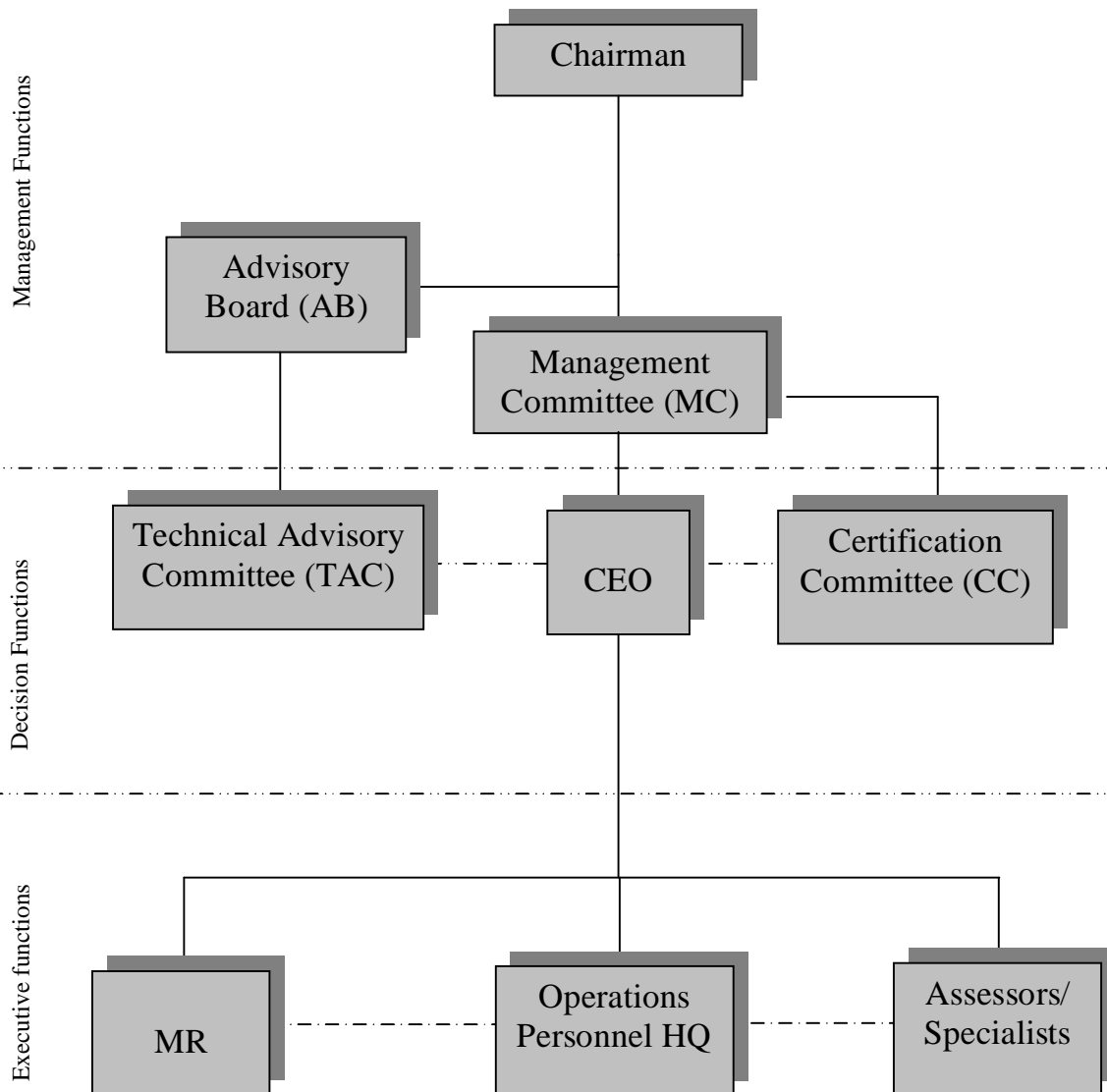
Abbreviations:

- | | |
|----------------------------|--|
| 1. DG, STQC | - Director General, STQC |
| 2. Labs/Centres | - Laboratories/Centres |
| 3. STQC HQ | - Standardisation Testing and Quality Certification Head Quarter |
| 4. SETE | - Society for Electronics Test Engineering |
| 5. LMC | - Laboratories Management and Co-ordination |
| 6. IT & S/W | - Information Technology and Soft ware |
| 7. Cert Services (Non-IT)- | Certification Services (Non-Information Technology) |
| 8. Fin & Admin | - Finance and Administration |



Annexure-II

**Functional Organisation Structure of STQC
IT Certification Services**



For details of responsibilities refer document [IT CERT/D04](#)