



## IT CERTIFICATION SERVICES

### Application for Testing and Certification of POS Devices

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Page No: 1 of 1

### Application for Testing and Certification of POS Devices

Application No.-----

*(to be filled by Certification Body)*

1	Name & Address of Supplier (Client/ Agent/ Chanel Partner/ Applicant) (Also mention Tel, Mobile, Fax, email ) Contact Person if different from above (Also mention Tel, Mobile, Fax, email )	
2	Name & Address of POS Device manufacturing organization, If different from above (Also mention Tel, Fax, email )  Indian Representative of Manufacturer (if any-applicable to foreign manufacturer) (Also mention Tel, Fax, email )  Manufacturing location (Also mention Tel, Fax, email )	
3	Description of the POS Device	
4	Nomenclature/Model No. Version & Year of manufacturing/ release Reference of STQC certificate of authentication device Sensor Reference No. Extractor Reference No.  <i>Note: fill separate application for each type of device</i>	
5.	Reference of the technical construction file	
6	Fee details as submitted [Indicate amount and the DD details	

#### **Declaration :**

- I will abide by all the Rules and Procedures of the Certification Body.
- I agree with the terms and conditions of the certification body.
- I agree with the schedule of Charges of certification
- I agree with certification agreement
- I confirm POS Device **Serial no. 3 & 4 is as per UIDAI & User Department specification** and cannot be disturbed or fraudulently manipulated via the peripheral device interface.

(Authorised Signatory )  
With Name & Company Seal