Approval and Issue

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Approved by   :   _____

                                                  Chief Executive Officer

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

Amendment Record

Amendment No.	Date of Amendment	Nature of Amendment	Page Ref.

	Application for Testing and Certification of IRIS Authentication Devices *Application No.--------------* *(to be filled by Certification Body)*	
1	Name & Address of Supplier (Client/ Agent/ Channel Partner/ Applicant) (Also mention Tel, Mobile, Fax, email) Contact Person if different from above (Also mention Tel, Mobile, Fax, email)	
2	Name & Address of IRIS Authentication Device manufacturing organization If different from above (Also mention Tel, Fax, email)	
3	• Description of the IRIS Authentication Device • Type of device – contact/ Non-contact type • Context of use	
4	Nomenclature Make/Model No. Sensor Reference No. Module No. *Note: fill separate application for each type of device*	

5.	Reference of the technical construction file --- Serial no of devices (3 numbers)	
6	Inputs required • Test target as per ISO 12233 • software to capture image of test target as define by ISO 12233 and save in a file • RAW image and K7 image capturing software is also required for measuring output image • Test procedure and test software	
7	Fee details as submitted [Indicate amount and the D D 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 IRIS Authentication Device Serial no. 3 & 4 is as per UIDAI specification and cannot be disturbed or fraudulently manipulated via the peripheral device interface.*

(Authorised Signatory)