

# **Application for Product Certification in BDCS**

1.	Name & Address of Supplier (Client/ Agent/ Chanel Partner/ Applicant) (Also mention Tel, Mobile, email)	
	Name of Authorized contact person by supplier if different from above (Also mention Tel, Mobile, Fax, email along-with Authorisation letter)	
2.	Name & Address of OEM and Manufacturing Location If different from above (Also mention Tel, Fax, email)	
3.	<b>Description of the Biometric Device</b> Finger Print Scanner	
	Iris Device  PCH L1 Device	
	(Annexure I)	
4.	Nomenclature/Model No. Sensor Reference No. Extractor Reference No. Version & Year of manufacturing/ release	
5.	Note: fill separate application for each type of device  Reference of the technical  construction file	



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1.	Fee details as submitted	
	[Indicate amount and the DD details/ Bharat Kosh payment or any other]	
2.	Applicant Details	
3.	Date	

#### **Declaration by the applicant:**

- I will abide by all the Rules & Procedure of Biometric Device Certification (STQC/BDCS/D01) of the Certification Body.
- I agree with the terms and conditions of the certification body.
- I agree with the schedule of Charges (STQC/BDCS/D02) of certification.
- I agree with the Agreement with Client for Product Evaluation (STQC/BDCS/F02)

(Authorized Signatory)

#### **Enclosures to be submitted:**

- Testing and Certification fee in Bharat Kosh provided by Customer Service, STQC Labs/Centre (STQC/BDCS/D02)
- Agreement with Client for Product Evaluation (STQC/BDCS/F02) two copies duly signed.
- Soft copy of Technical Construction File (TCF) as per applicable procedure to the product eg. STQC/BDCS/P09 to STQC/BDCS/P12



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#### Note:

The Application along with relevant documentation as above is to be submitted to:

Director STQC,

Room NO. 3082,

Electronics Niketan, 6 CGO Complex,

Lodi Road, New Delhi-110003

Tel.No. 011-24301382,

Email: headits@stqc.gov.in

The Test samples along with a copy of application & documents to be submitted to:

For Hardware Testing:	For RD Service & PCH Testing
Director In-charge,	Director Incharge
Biometrics Device Test Laboratory,	ERTL(North) Campus
ETDC, Mohali B - 108,	S- Block, Okhla Industrial Area,
Phase - VIII, Mohali - 160 051	Phase - II, New Delhi – 110020
<b>Phone:</b> 0172-2236711	<b>Phone:</b> 011 - 26386010
Fax: 0172-2236681	Fax: 011 - 26384583
Email: etdcmh@stqc.gov.in	Email: itdelhi@stqc.gov.in
	Director Incharge
	ETDC, Bengaluru
	Peenya Industrial Estate,
	100 Feet Road , Bengaluru - 560 058
	Phone: 080 - 28395371-extn 15
	Fax: 080 - 23722314
	Email: etdcbg@stqc.gov.in



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### **Annexure I**

Application for Testing and Certification of L1 Registered Devices (PCH Developer)

SI.No.	Details to be Provided for L1- PCH Certification	To be filled by Applicant
1.	PCS Description	
	<ul> <li>Single Chip/ Multiple Chip(No.s)</li> <li>Block Diagram</li> <li>TEE Description         <ul> <li>Boundary</li> <li>OS (YES/NO)</li> </ul> </li> <li>Certifications Available</li> <li>Test Reports appended</li> </ul>	
	<ul><li>Vendor Compliances (Yes/NO)</li><li>Vendor Statements/ Undertakings</li></ul>	
2.	Type of Chip	
	<ul> <li>Micro Controller</li> <li>Micro Chip</li> <li>Secure Processor</li> <li>Secure Chip</li> <li>Secure Memory</li> <li>Anyother, Please Specify</li> </ul>	
3.	Identification	
	PCH Make and	
	Model	
	Version & Year of manufacturing/ release	

#### **Declaration by the applicant:**

- 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

(Authorized Signatory)



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For Office Use Only

Application number Allotted:	
Forwarding medium along with date :	
	(Signature of Official)