

Form IV  
(refer sub-regulation (2) of regulation 8)

Application for Recognition of Assaying and Hallmarking Centre in accordance with IS  
15820

1.	Name of Assaying and Hallmarking Centre and Complete Address	
1.1	Name of the Centre	
	Complete Address (clearly indicate prominent landmark and attach location plan)	
	Telephone / FAX	
	Email	
1.2	Complete address of the Registered Office (if different from 1.1 above)	
	Telephone / FAX / Email	
1.3	Type of Ownership	Proprietorship / Partnership / Limited Company / Government. / PSU
1.4	Provide Name of Prop., all partners and Directors with designation	
1.5	Premises of the Centre and its Legal Identity	
	Document authenticating premises of the centre (enclose self-attested copy of document)	
	Document establishing legal identity of the centre (enclose self-attested copy of document)	
2.	Scope of Recognition	
2.1	Scope of Recognition Applied for (specify details as per guidelines)	Gold / Silver / Gold and Silver Both
3.	Name and Designation of Owner/Chief Executive of the Applicant	
3.1	Telephone / FAX / Email	
3.2	Name and Designation of the person responsible for the Quality System Management in the Centre	

4.	Employees/Personnel								
4.1	Total number of employees in the centre								
4.2	Department-wise details with name, designation, qualification, experience, training details, etc. (attach separate sheet as per the following format)								
	Department	Name	Designation	Qualification	Experience	Training Details	Name of deputy, if any		
5.	Test Equipment/ Instruments and Test facilities								
5.1	Clause wise list of test equipment/facilities including consumables, water & electricity supply with back up as per the following format ( <i>please attach separate sheet</i> )								
Sl. No.	IS No. & Clause Ref.	Method of Test (if and as applicable)	Test Facility (Equipment Ref. Material etc.)	Model/Type/ Serial no. and make	Range, Accuracy & Least Count (if and as applicable)		Calibration (if and as applicable)		Remarks, If any
					Range	Least Count	Validity	Traceability	
6.	Centre Premises/Layout								
6.1	Total space available and Space of Assay room (in Sq feet)								
6.2	Layout plan of the centre indicating testing area, office etc. (attach Layout Plan)								
7.	Centre's Quality Management System								
7.1	Details of Quality Manual implemented in the Assaying & Hallmarking Centre (Document No, Issue No and date) (copy of Quality manual to be enclosed)								
8	Proficiency Testing/Inter Laboratory Test Comparison								
8.1	Please provide details of your centre's participation in proficiency testing/ Inter Laboratory test programme (during last three years). .								
9.	Insurance								
9.1	Has professional Indemnity Insurance been taken? If yes, please provide policy no., validity date and amount of insurance taken					Yes / No			
9.2	Has Insurance for artefacts under process/stock and high cost equipments been taken? If yes, please provide policy no., validity date and amount of insurance taken					Yes / No			
10	Preparedness for Assessment								

10.1	By which date will the centre be ready for assessment?	
11.	Details of Previous Cancellation/Convictions, if any	
12.	Details of Payment (refer to the fee applicable for AHCs)	
12.1	Amount	
12.2	Name of the Bank	
12.3	DD No./UTR No./Bank Challan No.	
12.4	Date	
13	Any other information which the centre may like to provide	

#### Declaration

This is to declare that I have read and understood provisions of Bureau of Indian Standards Act, 2016, Bureau of Indian Standards Rules, 2017 and Bureau of Indian Standards (Hallmarking) Regulations 2018 and guidelines for conformity assessment scheme for Assaying & Hallmarking (A and H) Centre and undertake to abide by them.

(Proprietor/Partner/Director)

Date:

Place:

Signature  
Name  
Designation

Seal