



QUALITY COUNCIL OF INDIA (QCI)

2nd Floor, Institution of Engineers Building, Bahadur Shah Zafar Marg, New Delhi – 110002
Phone: +91-11-2337 8056 / 57; Web: www.qcin.org; E-mail ID: padd_schemes@qcin.org



PADD: Accreditation Scheme| TBS: FR: 05

Witness Assessment Report *for* **Accreditation Scheme** *for* **IT/ICS Training Bodies**

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**PADD: Accreditation Scheme| TBs: FR: 05****WITNESS ASSESSMENT REPORT – Accreditation Scheme_ IT/ICS
Training Bodies**

Name of TB			
Office Location	<i>Main Office</i>	Head Office	
	<i>Location Assessed</i>		<i>Main / Branch</i>
Address			
Scope of Accreditation applied and/or approved			
	<i>Location Assessed</i>		
Key Personnel	<i>Chief Executive/Head</i>		
	<i>Technical Manager(s)</i>		

Assessment Type	
Assessment Date(s) and Man-days	
Assessment Team (Lead Assessor/Assessor/Expert)	



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Assessment Criteria

*(Applicable Standard /
Requirements &
Documents)*

Last Assessment

(Type & Date)

**Status of corrective
actions on non-
conformities in last
assessment**

Introduction about organization witnessed

*(About the
organization, its
legal status,
management
structure, financial
performance,
operations at
location etc.)*

**Evaluation of the
Previous stages in the
process (Based on the
documents provided by
the Agency)**

**Comments on
competence of
person(s)
witnessed**



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Overall Comments on Agency competence for applicable scope					
Assessment Findings					
Assessment Summary					
Recommendations					
Non-conformities & Concerns	Scheme Requirements	Critical NC	Major NC	Minor NC	Concern

Date		Signature	
Place		Lead Assessor	