



NCIIPC – QCI Initiative

**CONFORMITY ASSESSMENT
FRAMEWORK FOR
CYBER SECURITY OF CRITICAL
SECTOR ENTITIES
(CAF_CS_CSE)**

Issue No. 1 | Feb 2024

**Scheme for
Cyber Security Management System**

Basic Technical Criteria (Level 1)



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PREFACE

Cyberspace has become a game-changer in the digital age and has impacted every facet of human life. There are severe threats that may cause systemic harm to entities and organisations in 'critical sectors' of the nation, further impacting national security, economy, public health and safety.

There is a need to strengthen the cyber security aspects of Critical Sector Entities (CSEs) to prevent the impact due to exploitation of any vulnerabilities and build cyber resilience in their delivery of critical functions of the nation like power generation, transmission & distribution, banking, financial services and insurance, telecommunication, government services under Digital India mission, transportation, health, and strategic capabilities.

CSEs need to protect their Critical Information Infrastructure (CII) comprising of various computer systems, networks, applications and data, the incapacitation or destruction of which shall have debilitating impact on national security, economy, public health or safety.

National Critical Information Infrastructure Protection Centre (NCIIPC), a unit of the National Technical Research Organisation (NTRO), is a government organisation created under Section 70A of the Information Technology Act, 2000 (amended 2008), through gazette notification dated 16 Jan 2014. NCIIPC has been designated as the national nodal agency for the protection of CII.

The **Quality Council of India (QCI)** has developed a **Conformity Assessment Framework (CAF) for the Cyber Security of Critical Sector Entities**, with NCIIPC as the Scheme Owner (SO) and QCI as the National Accreditation Body & Scheme Manager to manage the scheme on behalf of NCIIPC. The CAF for cybersecurity of CSEs comprises of the following Schemes:

- Certification Scheme for Cyber Security Management System (CSMS)
- Inspection Scheme for Information Technology and Industrial Control Systems (IT/ICS)
- Personnel Certification Scheme for Cyber Security Professionals
- Accreditation Scheme for IT/ICS Consultancy Organisations (COs)
- Accreditation Scheme for IT/ICS Training Bodies (TBs)

QCI has developed the CAF through multi-stakeholder consultation that has considered the national legal and regulatory mandates to create a robust, cyber security ecosystem at the national level. The CAF has been designed in a manner by which CSEs can adequately address the three pillars i.e. processes, people, and technology within their organisations.

This Scheme document is a part of CAF that pertains to Certification Scheme for Cyber Security Management System for Basic Technical Criteria (BTC) herein after referred to as BTC (Level 1) that specifies sector agnostic controls which are applicable to all critical sectors.



ACKNOWLEDGEMENT

Quality Council of India (QCI) would like to thank NCIIPC for entrusting us with the responsibility of creating a conformity assessment framework to secure the cyber security ecosystem across the critical sector entities in India.

At the outset, we would specifically like to express our gratitude to Shri Navin Kumar Singh, DG, NCIIPC for giving us the opportunity to partner on the initiative of securing the cyber security ecosystem. We further extend our gratitude to Shri Lokesh Garg (DDG), NCIIPC and Col. K. Pradeep Bhat (Retd.) (Consultant), NCIIPC for their contribution in finalisation of the documents. Special mention is due to Gp. Capt. (Dr.) R.K. Singh, (Director), NCIIPC for his apt steering of the project by building consensus among various stakeholders.

We express our gratitude to our Chairman, Shri Jaxay Shah for his constant encouragement. We extend our sincere thanks to our Secretary General, Shri Rajesh Maheshwari, for entrusting us with the project and for his continuous guidance during the course of the project.

We register our appreciation to the Chair(s) and members of the Steering Committee, Technical Committee and Certification Committee for granting approvals on the technical and conformity assessment documents which have been instrumental in shaping the structure of the Scheme. We would like to acknowledge with much appreciation the technical inputs of Shri U.K. Nandwani, former DG, STQC and Shri Krishnamurthy Srinivasan, conformity assessment expert.

The efforts of Shri Shivesh Sharma, Accreditation Officer, PADD, in terms of his dedication, commitment and hard work is duly recognised. The document was made possible through the efforts of the team comprising of Ms. Arushi Lohani and Ms. Namita Kharwar for their editorial inputs.

Dr. Manish Pande
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Members		
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3	Sh. Navin Kumar Singh	National Critical Information Infrastructure Protection Centre
4	Sh. Sridhar Vembu	National Security Advisory Board
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3. Certification Committee

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SECTION 1

INTRODUCTION



1. Background

- 1.1. The need to enhance cybersecurity and protecting Critical Information Infrastructure (CII) has become imperative to a nation's social and economic holistic development. Cyberspace has become pivotal in today's digital age for both developed and developing nations which are using cyberspace to develop and augment their critical information infrastructure and electronic delivery of services. These eventually leverage it as a socio-economic enabler and paving on other parameters defining competencies of one such globally.
- 1.2. It is pertinent to state that the same cyberspace is being equally exploited by social evils of the society and even adversary nation-states for disrupting critical infrastructures, stealing secrets, carrying out financial frauds, recruiting criminals for anti-social activities. It is becoming even more attractive to criminals especially given borderless nature of the cyberspace that cuts across jurisdiction, allowing criminals to launch attacks remotely from anywhere in the world, and related challenges of attribution. Cyber-Risks therefore threaten the safety and security of citizens, businesses, economic sectors and countries across the board.
- 1.3. Cyberspace is a complex environment resulting from interaction of people, software, services on the internet, supported by worldwide distributed physical ICT devices and connected networks. There are security issues which are currently not covered by information security, internet security, network security and ICT security. There is a lack of communication between organisations and providers in the cyber space. This is because the devices and connected networks that have supported the cyber space have multiple owners each with their own business, operational and regulatory concerns.
- 1.4. Cyber security, therefore, has become a global challenge and has mobilized discussions and actions both at national and international levels. It is increasingly getting linked to national security of a country. India too is taking various affirmative steps to address the global issue. Everyday new attack trends are emerging in the field and the systems are being compromised or incapacitated across the board. This increases the need for periodic audits and vulnerability assessment of an organisation's information infrastructure. Securing the Critical Information Infrastructure has become all the more important and it imperative to have a mechanism for constant vigilance and review in organisations.
- 1.5. The dynamic nature of the digital world mandates that the underlying technology, policies, procedures and mechanisms put in place to secure the Information Infrastructure be periodically reviewed to validate their continued effectiveness. Cyber security compliance can be effectively achieved through adequate planning and identification of requirements in accordance with applicable laws and security standards. It's a huge task that includes risk analysis, findings, recommendations and implementation of global best practices.
- 1.6. Critical infrastructure cybersecurity relies on security framework protection based on layered vigilance, readiness and resilience. These fall under the guiding elements of risk management and should be dynamic enough to counter such attacks by Identifying, Protecting, Detecting, Responding and Recovering.
- 1.7. Preventing and detecting such attacks on critical Information Infrastructure requires a holistic approach to design and implement an ecosystem, along with robust framework that incorporates specific strategies, tactics and proactive capacity building measures.



- 1.8. The National Critical Information Infrastructure Protection Centre (NCIIPC) is a designated National Nodal Agency for Critical Information Infrastructure (CII) Protection. The vision of NCIIPC is to facilitate a safe, secure and resilient Information Infrastructure for Critical Sectors of the Nation. It also has a responsibility to oversee that the CII of critical sector organisations are regularly and periodically inspected and audited for compliance of Information Security Management System (ISMS) and desired rules and guidelines.
- 1.9. The Government has identified the critical sectors viz:
 - a. Power & Energy
 - b. Banking, Financial Services & Insurance
 - c. Telecommunication
 - d. Transport
 - e. Government
 - f. Strategic & Public Enterprises
 - g. Healthcare
- 1.10. The term 'Critical Information Infrastructure,' as per its definition, refers to the computer resource, the incapacitation or destruction of which, shall have debilitating impact on national security, economy, public health or safety.
- 1.11. In the pursuit of establishing a trustworthy cyberspace, it has become imperative to develop a cyber-security assurance framework. As part of this scheme three levels of hierarchal approach in respect of Technical Criteria/ Standards are envisaged:
 - 1.11.1. Basic Technical Criteria (Level 1) hereinafter referred to as BTC (Level 1) - Horizontal criteria covering common cyber security requirements for all or a wide spectrum of critical information infrastructure.
 - 1.11.2. Supplementary Technical Criteria (Level 2) hereinafter referred to as STC (Level 2) - Semi horizontal criteria covering cyber security requirements for specific critical sector, where such requirements are typical to the sector.
 - 1.11.3. Additional Technical Criteria (Level 3) hereinafter referred to as ATC (Level 3) - Vertical criteria addressing cyber security controls for specific classes of systems in a critical sector. ATC (Level 3) criteria shall be considered appropriate and necessary for development where BTC (Level 1) and STC (Level 2) standards do not completely address the relevant cyber security requirements in order to ensure appropriate security resilience.
- 1.12. This document, BTC (Level 1), prescribes the technical criteria applicable to various critical sector entities and also covers accreditation criteria for Certification Bodies.

2. Objective

- 2.1. The principal objective of this document is to establish a uniform approach to the certification of CSMS for BTC (Level 1) by CBs as the basis for a multilateral recognition framework.
- 2.2. The process used in developing this certification scheme was to establish firstly the key cyber security controls and processes for CSMS of CSEs certification and then

determine the methods by which these compliances can be demonstrated and evaluated.

3. Scope

The scope of this document covers CSMS life cycle processes which include defining certification criteria, application, audit planning, conduct of audit, certification, surveillance, re-certification, provisional approval system and rules for use of Scheme mark.

4. Structure of the document

This document is divided into seven sections, as under:

- Section 1: Introduction
- Section 2: Governing Structure
- Section 3: Certification Criteria (for BTC (Level 1))
- Section 4: Certification Process
- Section 5: Requirements for Certification Bodies
- Section 6: Provisional Approval System
- Section 7: Rules for use of Scheme Mark

5. Glossary

The definitions in this document are for reference purposes and are to be read in line with the definitions notified in IS/ISO/IEC 27000 and its family of standards.

- 5.1. **Accreditation** - Third-party attestation related to a conformity assessment body conveying formal demonstration of its competence to carry out specific conformity assessment tasks.
- 5.2. **Accreditation Body** - Authoritative body that performs accreditation. The authority of an accreditation body can be derived from government, public authorities, contracts, market acceptance or Scheme owners.
- 5.3. **Approval** - Permission for a product or process to be marketed or used for stated purposes or under stated conditions. Approval can be based on fulfilment of specified requirements or completion of specified procedures.
- 5.4. **Asset** - Anything that has value to an individual, an organization or a government.
- 5.5. **Asset Owner** - Individual or company responsible for one or more assets.
- 5.6. **Assessment** - Process that evaluates a person's fulfilment of the requirements of the Scheme.
- 5.7. **Attest** - Process that confirms the conformance of the entity and individual certified, inspected, accredited, or approved.
- 5.8. **Attestation** - Issue of a statement, based on a decision following review, that fulfilment of specified requirements has been demonstrated. The resulting statement, referred to in this Standard as a "statement of conformity", conveys the assurance that the specified requirements have been fulfilled. Such an assurance does not, of itself, afford contractual or other legal guarantees. First-party and third-party attestation activities are distinguished by the terms. For second-party attestation, no special term is available.
- 5.9. **Certificate** - Document issued by a certification body under the provisions of this Standard, indicating that the named person has fulfilled the certification requirements.
- 5.10. **Certification** - Third-party attestation related to products, processes, systems or persons. Certification of a management system is some- times also called registration.



Certification is applicable to all objects of conformity assessment except for conformity assessment bodies themselves, to which accreditation is applicable.

- 5.11. **Certification Documents** - Documents indicating that a client's (CSEs) CSMS conforms to specified CSMS standards/ technical criteria and any supplementary documentation required under the system.
- 5.12. **Certification Requirements** - Set of specified requirements, including requirements of the Scheme to be fulfilled in order to establish or maintain certification.
- 5.13. **Certification Scheme** - Competence and other requirements related to specific occupational or skilled categories of persons.
- 5.14. **Complaint** - Expression of dissatisfaction, other than appeal, by any person or organization to a conformity assessment body or accreditation body, relating to the activities of that body, where a response is expected.
- 5.15. **Computer Resource** - Computer, communication device, computer system, computer network, data, computer database or software [Information Technology Act, 2000 {as amended by Information Technology (Amendment) Act 2008}].

Note: The system is also used to describe the ICS elements. Further the word ICS also includes OT and IACS elements. At places where required, the terms OT and IACS are explicitly defined.

- 5.16. **Conformity Assessment** - Demonstration that specified requirements are fulfilled. Conformity Assessment includes activities defined elsewhere in this document, such as but not limited to testing, inspection, validation, verification, certification, and accreditation.
- 5.17. **Conformity Assessment Body** - Body that performs conformity assessment activities, excluding accreditation. The CAF includes following conformity assessment bodies:
 - 5.17.1. Certification Body (CB)
 - 5.17.2. Inspection Body (IB)
 - 5.17.3. Certification Body for Persons (PrCB)
- 5.18. **Conformity Assessment Framework** - Structure of processes and specifications, related to conformity assessment system, designed to support the accomplishment of a specific task. There are various conformity assessment Schemes that can be used to determine whether specified requirements are fulfilled, they include but are not limited to inspection, evaluation, audit of management system etc. In a framework, these conformity assessment Schemes / system share common vocabulary, principles and family of standards which ensure interoperability of various Schemes.
- 5.19. **Conformity Assessment System** - Set of rules and procedures for the management of similar or related conformity assessment schemes. A conformity assessment system can be operated at an international, regional, national, sub-national, or industry sector level.
- 5.20. **Conformity Assessment Scheme** - Set of rules and procedures that describes the objects of conformity assessment identifies the specified requirements and provides the methodology for performing conformity assessment. A Scheme can be managed within a conformity assessment system. A scheme can be operated at an international, regional, national, sub-national, or industry sector level. A Scheme can cover all or part of the conformity assessment functions.
- 5.21. **Critical Information Infrastructure (CII)** - Computer resource, the incapacitation or destruction of which, shall have debilitating impact on national security, economy, public health or safety.
- 5.22. **Critical Sector** – A sector that has been designated as critical to the nation by appropriate authority.
- 5.23. **Critical Sector Entity (CSE)** – Entities of critical sectors are those whose assets, systems, and networks are so vital that their incapacitation or destruction would have a

debilitating impact on national security, economy, public health or public safety, or any combination.

- 5.24. **Cyber Crisis Management Plan** - A framework for dealing with cyber related incidents for a coordinated, multi-disciplinary and broad-based approach for rapid identification, information exchange, swift response and remedial actions to mitigate and recover from malicious cyber related incidents impacting critical processes.
- 5.25. **Cyber Security Domains** - Distinct technical and organisational capabilities of processes, people and technology that a CSE must have to meet its cyber security objectives successfully.
- 5.26. **Cyber Security Functions** – Technical and management activities that organisations need to carry out to be cyber resilient. Organisations implement the cyber security functions through institutionalised practices and processes that are carried out by a trained workforce, enabled by technology and tools. The process, people and technology combination together will enable the organisations to accomplish their mission, fulfil their legal and regulatory requirements, maintain their day-to-day functions, and protect their assets and individuals.
Cyber security functions defined in the Scheme are Govern and Administer (GA), Acquire and Provision (AP), Operate and Maintain (OM), Analyse & Investigate (AI), Train and Enable (TE), Identify (ID), Protect (PR), Detect (DE), Respond (RP), Recover (RC).
- 5.27. **Cyber Security Management System (CSMS)** - System designed and implemented by a CSE to establish and maintain the cyber security of the organisation.
- 5.28. **Cyber Security** - Protecting information, equipment, devices, computer, computer resource, communication device and information stored therein from unauthorized access, use, disclosure, disruption, modification or destruction [Information Technology Act, 2000 {As Amended by Information technology (Amendment) Act 2008}]
- 5.29. **Cyberspace** - Modern information and operation technology infrastructures within and across organisations that are interconnected using public and private networks and function in a federated manner to enable the delivery of critical functions, business and industrial services, operations, and capabilities.
The interdependent network of information technology infrastructures that includes the Internet, telecommunications networks, computer systems, and embedded processors and controllers in critical industries
The complex environment resulting from the interaction of people, software and services on the Internet by means of technology devices and networks connected to it, which does not exist in any physical form.
- 5.30. **Distributed Control System** - Type of control system in which the system elements are dispersed but operated in a coupled manner. Distributed control systems may have shorter coupling time constants than those typically found in ICS systems. Distributed control systems are commonly associated with continuous processes such as electric power generation, oil and gas refining, chemical, pharmaceutical and paper manufacture, as well as discrete processes such as automobile and other goods manufacture, packaging, and warehousing.
- 5.31. **Information Security** - Preservation of confidentiality, integrity and availability of information. In addition, other properties, such as authenticity, accountability, non-repudiation, and reliability can also be involved (IS/ISO/IEC 27000:2018).
The protection of information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction in order to provide confidentiality, integrity, and availability (NIST SP 800-53 Rev 5).
- 5.32. **Information Technology** - Technology (computer systems, networks, software) used to process, store, acquire and distribute information.
- 5.33. **Mark Holder**- Entities that are authorized to use the Scheme Mark. These include Conformity Assessment Bodies (CAB), namely Certification Bodies (CB) and Inspection

Bodies (IB), Certification Bodies of Personnel (CB) and their client base, and Specialized Professional Bodies (SPB), namely Training Bodies (TB) and Consultancy Organisations (COs), excluding their client base.

- 5.34. **Mark Owner**- The person or organization responsible for developing, issuing and managing of the Scheme Mark.
- 5.35. **Network Assisted Auditing**: Network assisted auditing techniques may include, for example, teleconferencing, web meeting, interactive web-based communications and remote electronic access to the CSMS documentation or CSMS processes. The focus of such techniques shall be to enhance audit effectiveness and efficiency and shall support the integrity of the audit process.
- 5.36. **Object of Conformity Assessment** - Entity to which specified requirements apply. Example: product, process, service, system, installation, project, data, design, material, claim, person, body or organization, or any combination thereof. The term “body” is used in this framework to refer to conformity assessment bodies and accreditation bodies. The term “organization” is used in its general meaning and may include bodies according to the context.
- 5.37. **Principles of Conformity Assessment** - Conformity assessment is a series of three functions that satisfy a need or demand for demonstration that specified requirements are fulfilled. These functions are selection, determination, review and attestation. Such demonstration can add substance or credibility to claims that specified requirements are fulfilled, giving users greater confidence in such claims. Standards are often used as the specified requirements since they represent a broad consensus of what is wanted in a given situation. As a result, conformity assessment is often viewed as a standards-related activity.
- 5.38. **Protected System** - Any computer resource which directly or indirectly affects the facility of Critical Information Infrastructure [Information Technology Act, 2000 {as amended by Information Technology (Amendment) Act 2008}].
- 5.39. **Provisional Approval** - Approval given to a CB meeting the criteria specified in this document, which has been awarded for the time being to develop their capabilities for formal compliance and accreditation.
- 5.40. **Provisional Approval Criteria** - Criteria defined to award provisional approval; which gives a minimum level of confidence that CB will be able to provide contractually agreed certification services within the defined scope.
- 5.41. **Review** - Verification of the suitability, adequacy and effectiveness of selection and determination activities, and the results of these activities, with regard to fulfilment of specified requirements by an object of conformity assessment.
- 5.42. **Scheme Mark** - A protected mark owned by QCI (on behalf of NCIIPC), indicating that the mark holder is in conformity with specified requirements of the Scheme. The “Scheme Mark” is also commonly known as a “Logo”, however for the sake of aligning it with the international requirements the same will henceforth be referred to as the “Mark”.
- 5.43. **Scope of Attestation** - Range or characteristics of objects of conformity assessment covered by attestation.
- 5.44. **Stakeholder** - Person or organization that can affect, be affected by, or perceive themselves to be affected by a decision or activity.
- 5.45. **Surveillance** - Systematic iteration of conformity assessment activities as a basis for maintaining the validity of the statement of conformity.
- 5.46. **Suspension** - Temporary invalidation of the statement of conformity for all or part of the specified scope of attestation.
- 5.47. **Validity** - Evidence that the assessment measures what it is intended to measure, as defined by the Certification Scheme.
- 5.48. **Vulnerability** - Weakness of an asset or control that can be exploited by a threat.

5.49. **Withdrawal** – Revocation, cancellation of the statement of conformity appeal request by the provider of the object of conformity assessment to the conformity assessment body or accreditation body for reconsideration by that body of a decision it has made relating to that object.

6. Abbreviations

Abbreviation	Acronym
AB	Accreditation Body
AT	Assessment Team
ATC	Additional Technical Criteria
BIS	Bureau of Indian Standards
BTC	Basic Technical Criteria
CA	Corrective Actions
CAB	Conformity Assessment Body
CAF	Conformity Assessment Framework
CB	Certification Body
CC	Certification Committee
CRM	Cross Reference Matrix
CSA	Cyber Security Agency
CSE	Critical Sector Entity
CSF	Cyber Security Framework
CERT-In	Indian Computer Emergency Response Team
CII	Critical Information Infrastructure
CO	Consultancy Organisation
CSMS	Cyber Security Management System for IT/ ICS
DCS	Distributed Control System
EMS	Environmental Management System
IACS	Industrial Automation and Control System
IAF	International Accreditation Forum
IB	Inspection Body
ICS	Industrial Control System
ICT	Information and Communications Technology
IEC	International Electrotechnical Commission
IIoT	Industrial Internet of Things
ISMS	Information Security Management System
IS	Indian Standards
ISO	International Organisation for Standardisation
IT	Information Technology
ITAA	Information Technology Association of America
KM	Knowledge Module



Abbreviation	Acronym
MSC	Multi-stakeholder Committee
NABCB	National Accreditation Board for Certification Bodies
NCIIPC	National Critical Information Infrastructure Protection Centre
NCSC	National Cyber Security Centre
NIST	National Institute of Standards and Technology
NSAB	National Security Advisory Board
NSCS	National Security Council Secretariat
NTRO	National Technical Research Organisation
OA	Office Assessment
OT	Operational Technology
PII	Personal Identifiable Information
PLC	Programmable Logic Controller
PrCB	Certification Body for Persons
QCI	Quality Council of India
QMS	Quality Management System
RTI	Right to Information
SCADA	Supervisory Control and Data Acquisition
SPB	Specialised Professional Body
SC	Steering Committee
SCF	Secure Control Framework
SM	Skill Module
SO	Scheme Owner
SoA	Statement of Applicability
STC	Supplementary or Sector Technical Criteria
TB	Training Body
TC	Technical Committee
WA	Witness Assessment



SECTION 2

GOVERNING STRUCTURE



1. Objective

The objective of this section is to define the governing structure of the Scheme and the roles and responsibilities of various organizations and committees involved in the design, development, operation and management of the Scheme. It also elaborates the handling of complaints and disposal of appeals.

2. Scheme Owner and Scheme Manager

NCIIPC is the Scheme Owner (SO) and QCI is the Scheme Manager, who will operate the Scheme on behalf of the SO.

2.1 Roles and Responsibilities of the Scheme Owner

2.1.1 Provide vision, overall guidance, and direction to achieve the objectives of the Scheme.

2.1.2 Integrate the capabilities and outcomes of the Scheme into policies and guidance being provided to the critical sector entities and other stakeholders responsible for critical information infrastructure.

2.1.3 Work with the ministries, sectoral regulators and other government / private bodies to popularise the Scheme, thereby improving the cyber resilience in critical sectors.

2.1.4 Delegate authority to the Scheme Manager to ensure that the day to day and routine operations related to the Scheme are handled smoothly. Following activities/ decisions are delegated to the Scheme Manager:

- a. Ensure that information about the Scheme is made publicly available, ensure transparency, understanding and acceptance.
- b. Create, control and maintain adequate documentation for the operation, maintenance and improvement of the Scheme. The documentation should specify the rules and the operating procedures of the Scheme and in particular the responsibilities for governance of the Scheme.
- c. Ownership of the “Scheme Mark” (logo), to get it duly registered with the appropriate authority. The certification bodies and certified entities shall be required to obtain formal approval from the Scheme Manager for the use of the Mark.
- d. Handle complaints at all levels (stakeholders, public) regarding the quality of products as well as the Scheme operation.
- e. Participate in all meetings of Committees - Steering, Technical, and Certification Committees, as needed for the development and management of the Scheme, as and when organized by the Scheme Manager.

2.2 Roles and Responsibilities of the Scheme Manager

2.2.1 Responsible for all activities related to the upkeep of Scheme documents. Information regarding the Schemes will be continuously updated on its website.

2.2.2 Responsible for establishing, implementing, and maintaining scheme requirements.

2.2.3 Ensure that sufficient evidence is maintained to justify that the conformity assessment activity and the criteria selected for the approval of the CBs.



2.2.4 Ensure that the Scheme documents, including the criteria and process to assess conformity are publicly available.

2.2.5 Whenever the Scheme Manager provides any clarification about the Scheme to any interested party, ensure that the information is also made available to all the bodies within the Scheme.

2.2.6 Have a legally enforceable agreement with CBs to ensure that the CBs use the Scheme as published, without any additions or reductions, and comply with rules for applying the symbol/ statement/ mark, as applicable.

2.2.7 As the provider of provisional approval, mandate the approved CBs to provide reasonable access and cooperation as necessary to enable the QCI assessment team, which includes assessors, technical experts, observers, and regulators to assess conformity with the Agreement and as per the relevant standard(s).

2.2.8 Have a procedure for dealing with complaints relating to the Scheme, to ensure that complaints of the clients of CBs are processed expeditiously. Investigation and decision on complaints shall not result in any discriminatory actions.

Note 1: A description of the complaints handling process will be publicly available with or without request.

2.2.9 Monitor the development and review of the standards and other normative documents, whether their own or external, which define the specified requirements used in the Scheme. Any changes in the normative documents to be placed to the Steering Committee for making necessary changes in the Scheme.

2.2.10 Oversee the implementation of the changes (e.g., transition period) made by the CBs' clients, wherever necessary, and other parties interested in the Scheme.

2.2.11 Include all the necessary components like describing responsibility and independence for handling and decision making; receiving complaints; gathering all necessary information for establishing the validity of complaints; and deciding what actions are required to be taken in response to the same. Mandate the organizations to ensure that specific information related to the identity of the complainant, wherever the nature of the complaint is sensitive, is handled with confidentiality.

2.2.12 Seek formal approval from NCIIPC if any changes are to be carried out based on the recommendations of the MSC or any notifications issued by the Government which impact the operationalisation of the Schemes.

3. Governing Structure

3.1 The governing structure of the Scheme consists of a multi-stakeholder Steering Committee (SC) at the apex level, supported by a Technical Committee (TC), and a Certification Committee (CC). The Secretariat will be provided by QCI (being the National Accreditation Body and Scheme Manager) on behalf of NCIIPC (being the Scheme Owner).

3.2 The governing structure is depicted schematically in Fig. 2.1.

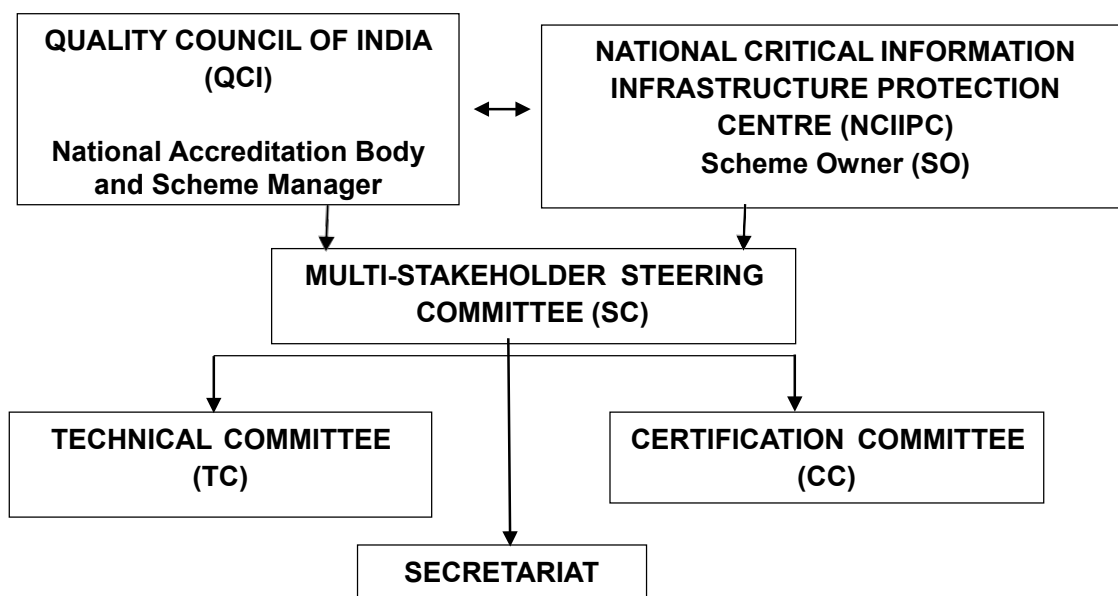


Figure 2.1: Governing Structure

3.3 Appointment of Committees – General Rules

In the appointment of various committees, the following general principles shall be kept in mind:

- 3.3.1 Representation of the balance of interests such that no single interest predominates.
- 3.3.2 Stakeholder interests encompass NCIIPC, relevant ministries, regulatory bodies and other governmental agencies, government departments, CSEs, ABs, CBs, consultancy organisations, training bodies, testing laboratories, user associations, academic/ research bodies, manufacturers of products, providers of services and representatives of organizations working in related areas.
- 3.3.3 Offer of membership to individual experts shall be made with great caution and only when a suitable person is not forthcoming as a representative of an organisation.
- 3.3.4 Except when a member is appointed in personal capacity, a person vacates membership upon leaving his/ her organization, and a fresh nomination is sought from the member organisation.
- 3.3.5 The member organisations shall nominate a principal and an alternate representative on the committee(s).
- 3.3.6 All committees shall be reconstituted every two years to provide representation to different stakeholder organisations by rotation, wherever necessary.
- 3.3.7 While there would be organisations as members with a definitive term, the Secretariat may call one or more organisations/entities as special invitees.



- 3.3.8 A minimum of one-third of the members shall constitute the quorum of each committee meeting.
- 3.3.9 Minutes of the meeting are to be issued by the Secretary of the committee with consent of the Chair of the respective Committee.
- 3.3.10 Attendance of the committee meetings shall be logged in hard/ soft copies.
- 3.3.11 The committee chair is authorised to approve the minutes and the relevant scheme documents based on consensus.
- 3.3.12 The Secretariat will compile and put together the document of the respective Committee for their review, inputs and consent so that it is approved by the respective Chair of the Committee.
- 3.3.13 The Chair of TC and CC may present the results of the deliberations of their respective committees to SC for information. SC may advise/ guide only on policy-related matters.

4. Multi-stakeholder Steering Committee (SC)

4.1 Membership

The SC shall comprise of the following:

- 4.1.1 Chairperson – Seasoned professional considered to be well respected by Government and Industry alike, can be in individual capacity.
- 4.1.2 Nominees from the concerned ministries, regulatory bodies and allied bodies specific to the scope of Scheme – Representative from the Ministries responsible for the critical sectors, namely Banking, Financial Services & Insurance, Telecom, Government, Power & Energy, Transport, Strategic and Public Enterprises and Healthcare, representative from the regulatory bodies responsible for the critical sectors, such as Central Electricity Authority (CEA), Reserve Bank of India (RBI) etc.
- 4.1.3 Government Agencies – Representative from government agencies, namely NCIIPC, National Security Advisory Board (NSAB), and National Security Council Secretariat (NSCS).
- 4.1.4 Chairperson SC may co-opt more members in consultation with Scheme Owner and Manager.
- 4.1.5 Secretariat – Quality Council of India

4.2 Terms of Reference

The SC is responsible for the following:

- 4.2.1 Overall development, modification and supervision of the Scheme.
- 4.2.2 Receiving recommendations of the TC/ CC and deciding on them.
- 4.2.3 Constituting any committees as needed.



4.2.4 The SC may note approvals of the Chair TC and/ or CC and, if required, give a general direction for any course correction.

4.2.5 A minimum of one-third members shall constitute the quorum of the committee meeting.

4.2.6 Minutes of meetings of the Committees will be issued by the committee's Secretary with consent of the Chair of the respective committee.

4.3 Meetings

The SC shall meet at least once every year.

5. Technical Committee (TC)

5.1 Membership

The TC shall comprise of members/ representatives from the following stakeholder groups:

5.1.1 Chairperson – a person of eminence, can be in individual capacity.

5.1.2 Ministries and regulatory bodies with oversight responsibility on the critical sectors.

5.1.3 National nodal agencies for Cyber security

5.1.4 Critical sector entities.

5.1.5 Industry Associations focused on critical sectors.

5.1.6 Knowledge Bodies/ Labs/ Consultation Organisations working in Cyber security.

5.1.7 Chairperson TC may co-opt more members in consultation with Scheme Owner and Manager. Further representatives of similar organisations may be called by rotation as per requirement and mutual agreement by Chairperson TC, Scheme Owner and Manager.

5.1.8 Secretariat – Quality Council of India

5.2 Terms of Reference

The Technical Committee is responsible for the following:

5.2.1 Defining the technical criteria for the Scheme and resolving related issues.

5.2.2 Providing overall direction and guidance on the current cyber security issues and concerns necessary to be addressed.

5.2.3 Providing direction and guidance on the appropriate technical connotation of the audit.

5.2.4 Assisting the CC in finalizing the Quality Assurance Protocol for controlling the processes of the Scheme.

5.2.5 Defining and formulating the technical requirements of the Scheme.



5.2.6 Deliberations on any other applicable technical requirements.

5.3 Meetings

The TC shall meet at least once every year. Initially, the meetings could be held more frequently until the Scheme stabilises.

6. Certification Committee (CC)

6.1 Membership

6.1.1 Chairperson - A person of eminence, can be in individual capacity.

6.1.2 Government Organisations.

6.1.3 Critical Sector Entities.

6.1.4 Industry associations.

6.1.5 Academic Institutions/ Training Bodies.

6.1.6 Chairperson CC may co-opt more members in consultation with Scheme Owner and Manager. Further representatives of similar organisations may be called by rotation as per requirement and mutual agreement by Chairperson CC, Scheme Owner and Manager

6.1.7 Secretariat – Quality Council of India.

6.2 Terms of Reference

The Certification Committee is responsible for the following:

6.2.1 Developing, maintaining, and revising the Scheme, as appropriate.

6.2.2 Developing, maintaining, and revising as appropriate the documents such as certification process and requirements for CBs for CBs to apply for accreditation.

6.2.3 Developing, maintaining, and revising as appropriate the document i.e. provisional approval system for CBs to apply for accreditation.

6.2.4 Developing, maintaining, and revising as appropriate the process for permitting approved entities for the use of Scheme mark, if any.

6.2.5 Deliberations on any other issue relating to Certification of Persons.

6.3 Meetings

The CC shall meet at least once every year. Initially, the meetings could be held more frequently until the Scheme stabilises.

7. Roles of Organisations



- 7.1 NCIIPC is the Owner of the Scheme and shall maintain oversight on the overall efficacy of the operationalisation of the Scheme by QCI.
- 7.2 Quality Council of India is the National Accreditation Body and Scheme Manager who will manage and operationalise the Scheme as per the established norms on behalf of Scheme Owner. It shall establish the MSC in consultation with Scheme Owner and shall be responsible for the overall management of the Scheme. QCI shall provide the Secretariat to the Scheme.
- 7.3 National Accreditation Board for Certification Bodies (NABCB), a constituent Board of the QCI, shall be responsible for accrediting CBs desirous of participation in the Scheme. NABCB shall, through a legally enforceable agreement with the accredited CB, ensure that the CB shall offer NABCB and its representatives, including assessors, experts, observers, and regulators appointed in the assessment teams, such reasonable access and cooperation, as necessary, to enable NABCB assessment team to monitor conformity with the Agreement and the relevant standard(s). The accredited CB shall also provide access to NABCB assessors, experts and observers, to its premises to conduct assessment activities. The access to NCIIPC personnel or any personnel nominated by them will be similar to that of NABCB.

8. Complaints

- 8.1 A complaint is an expression of dissatisfaction, other than an appeal, by any person or organization to a CB or AB relating to the activities of that body, where a response is expected.
- 8.2 The entire system has provisions for accepting complaints from any stakeholder against any component of the Scheme. The CBs and ABs are required to have a complaints system in place as per standards applicable to them. Anyone having a complaint is encouraged to utilise the available mechanisms.
- 8.3 Any complaint received directly by the NCIIPC shall be referred to QCI, who shall refer to the appropriate body against which the complaint is made and monitor it until it is decided upon and reported back to the NCIIPC.
- 8.4 Any complaint received by QCI shall be similarly handled.
- 8.5 A statement on complaints as received above with their status shall be reported to the MSC in each meeting.

9. Appeals

- 9.1 An appeal is a request by a CB to the AB for reconsideration of a decision made by that body.
- 9.2 Provisions for addressing appeals from the applicant/ certified persons/ accredited CBs under the Scheme shall invariably be utilized.
- 9.3 In case anyone is aggrieved by the TC/CC decision related to the appeal, the SC shall handle it.



- 9.4 In case anyone is aggrieved by the decision of SC regarding the appeal, the Chairperson of SC shall appoint an independent appeals panel to investigate and recommend necessary action(s).
- 9.5 In handling appeals, the broad principle that the appeal is handled independently, of the personnel involved in the decision, shall be maintained.
- 9.6 A statement of appeals received by the NCIIPC will be forwarded to QCI, that shall process the same and may wish to place it before the MSC in each meeting.

10. Review of the Scheme

The Scheme shall be reviewed for its relevance to the existing milieu at least once every year for 3 years from the launch and subsequently once in 5 years or earlier, as per requirement. The consideration while reviewing shall also include the review of past performance data related to approved CBs and certified cyber security professionals, the status of complaints/ appeals/ RTIs/ and any relevant information.



SECTION 3

CERTIFICATION CRITERIA BASIC TECHNICAL CRITERIA (LEVEL 1)



1. Objectives

The objective of BTC (Level 1) technical criteria is as follows:

- 1.1 To enable the CSEs to define and implement their CSMS, in accordance with risk assessment and risk management at organisation, business/ industrial processes and information systems levels.
- 1.2 To enable certification bodies to prepare audit criteria and checklist based on this technical criteria and conduct CSMS audit of CSEs.
- 1.3 To enable training bodies to design training material around these criteria.
- 1.4 To enable consultancy organisations to structure their consultancy profiles around these criteria.

2. Scope

- 2.1 This document specifies the requirements for establishing, implementing, maintaining and continually improving a cyber-security management system within the context of the organisation. Compliance to this Technical Criteria indicates that Critical Sector Entity (CSE) has adequately defined, effectively implemented and is capable of achieving its cyber security objectives.

Note: The CSMS BTC (Level 1) is horizontal in nature covering baseline cyber security requirements for all Critical Sector Entities (CSEs).

3. Intended Stakeholders

- 3.1 Any CSE seeking certificate from CBs for the compliance of their CSMS to BTC (Level 1)
- 3.2 Certification Bodies (CBs) and Inspection Bodies (IBs).
- 3.3 Accreditation Body.
- 3.4 Regulatory and National nodal agencies: NCIIPC, CERT-In etc.
- 3.5 Authorised Training bodies and Consulting Organisations, national bodies that are responsible for cybersecurity of Power Sector.
- 3.6 CSMS BTC (Level 1) Implementers and Auditors.
- 3.7 Academic Institutions, Individual Cybersecurity Professionals and other Interested stakeholders- Personnel and Entities involved in various phases of the life cycle of Systems in critical sectors.

4. References for Implementation Guidance

The following documents, in whole or in part, are normatively and informatively referenced in BTC (Level 1).

4.1. Normative References

- 4.1.1. IS/ISO/IEC 27001:2022 - Information Technology- Security techniques- Information security management systems – Requirements.

4.2. Informative References



- 4.2.1. ISO/IEC 27002:2022 - Information security, cybersecurity and privacy protection - Information security controls
- 4.2.2. NIST SP 800-53, published as Security and Privacy Controls for Information Systems and Organisations
- 4.2.3. NIST- Cyber Security Framework 1.0, 2014
- 4.2.4. Secure Controls Framework, October 2023
- 4.2.5. Cyber Security Audit Baseline requirements published by National Security Council Secretariat, 2020
- 4.2.6. IS/ISO/IEC 27035-2:2023 - Information technology - Security techniques Information security incident management.
- 4.2.7. IS/ISO/IEC 27005:2011 - Information technology - Security technique Information security risk management.

5. Document Structure and Approach:

- 5.1 The IS/ISO/IEC 27001:2022 is the commonly used standard for Information Security Management System (ISMS), by entities of all sectors in India, and is also prescribed by major regulators. The base standard adopted for CSMS BTC (Level 1) is IS/ISO/IEC 27001:2022.
- 5.2 Additional controls have been included, as applicable, in this level from other standards of IS/ISO/IEC 27000 family, Secure Control Framework (SCF), and other applicable normative and informative documents. These additional controls have been selected to reflect current technological developments, complexity and criticality of the cyber ecosystem.
- 5.3 The requirements encompass 'as-Is' prescribed by regulators, laws and standards.
- 5.4 The principles of this document are as follows:
 - 5.4.1 Flexible — to allow for multiple types of cybersecurity frameworks to exist as well as existing criteria document can be enhanced by adding new controls in the same family, augmenting the existing controls or new family of control objective as applicable in different levels and different domains;
 - 5.4.2 Compatible — to allow for multiple cybersecurity frameworks with adequate alignment;
 - 5.4.3 Interoperable — to allow for multiple uses of a cybersecurity framework to be valid and congruent across all domains and to build subsequent layers for level 2 and level 3.
 - 5.4.4 The controls and requirements are structured in two Parts (Part A and Part B);

Part A – Information Security Management System (ISMS)

- 5.4.5 Part A of this criteria document consist of requirements specified in “IS/ISO/IEC 27001:2022–Information security, cyber security and privacy protection — Information security management systems — Requirements”.
- 5.4.6 The applicant shall refer to IS/ISO/IEC 27001: 2022 for designing, implementing and demonstrating compliance of their CSMS with this Part A and cite reference accordingly.

Note:

- a. In case of any ambiguity or deviation the requirements as defined in the IS/ISO/IEC 27001:2022 shall prevail for Part A.
- b. PART B of this criteria document covers the following additional controls which are not explicitly covered in IS/ISO/IEC 27001:2022.

Part B - Additional Control

Id. BTC (Level 1)	Control	Sub-controls
C101	Governance of Cyber Security	Organisational
C102	Embedded Security	Technological
C103	Intranet Security	Technological
C104	Cyber Security Crisis Management Plan	Organisational
C105	Artificial and Autonomous Technology	Technological

5.4.7 The Annex A describes mapping between CSMS BTC (Level 1) and IS/ISO/IEC 27001:2022 (ISMS), other standards of IS/ISO/IEC 27000 family, NIST CSF etc., Secure Control Framework (SCF) etc.

5.4.8 Secure Controls Framework (SCF), is developed by global cyber security professionals on a pro-bono basis.

This document doesn't provide implementation guidelines, users should use IS/ISO 27002:2022 as reference for determining and implementing controls for information security, risk treatment.

The principles for risk-based selection and extent of application of controls finalizing SOA are same for Part A and Part B as specified in IS/ISO/IEC 27001:2022. (CI 6.1.3d).

6. Basic Technical Criteria for CSMS of Critical Sector Entity (Level 1)

6.1 Part A of this criteria document consists of requirements specified in 'IS/ISO/IEC 27001:2022 Information Security, Cyber Security and Privacy Protection- Information Security Management Systems- Requirements'.

CRITERIA - PART A

The summary of the requirements is given below:

Clause Id. BTC (Level 1)	Clause No. of IS/ISO/IEC 27001:2022	Clause
C1	4	Context of the Organisation
		Understanding the organization and its context
		Understanding the needs and expectations of interested parties
		Determining the scope of the information security management system
		Information security management system
C2	5	Leadership
		Leadership and commitment
		Policy
		Organisational roles, responsibilities and authorities
C3	6	Planning



		Actions to address risks and opportunities
		Information security objectives and planning to achieve them
C4	7	Support
		Resources
		Competence
		Awareness
		Communication
		Documented information
C5	8	Operation
		Operational planning and control
		Information security risk assessment
		Information security risk treatment
C6	9	Performance evaluation
		Monitoring, measurement, analysis and evaluation
		Internal audit
		Management review
C7	10	Improvement
		Continual improvement
		Non-conformity and corrective action(s)

Information security control reference- Annexure A of IS/ISO/IEC 27001:2022		
Clause No. of BTC (Level 1)	Clause No. of IS/ISO/IEC 27001:2022	Clause
Organisational controls		
C8	5.1	Policies for Information Security
C9	5.2	Information security roles and responsibilities
C10	5.3	Segregation of duties
C11	5.4	Management responsibilities
C12	5.5	Contact with authorities
C13	5.6	Contact with special interest groups
C14	5.7	Threat intelligence
C15	5.8	Information security in project management
C16	5.9	Inventory of information and other associated assets
C17	5.10	Acceptable use of information and other associated assets
C18	5.11	Return of assets
C19	5.12	Classification of information
C20	5.13	Labelling of information
C21	5.14	Information transfer
C22	5.15	Access control
C23	5.16	Identity management
C24	5.17	Authentication information
C25	5.18	Access rights
C26	5.19	Information security in supplier relationships
C27	5.20	Addressing information security within supplier agreements
C28	5.21	Managing information security in the information and communication technology (ICT) supply chain
C29	5.22	Monitoring, review and change management of supplier services
C30	5.23	Information security for use of cloud services



C31	5.24	Information security incident management planning and preparation
C32	5.25	Assessment and decision on information security events
C33	5.26	Response to information security incidents
C34	5.27	Learning from information security incidents
C35	5.28	Collection of evidence
C36	5.29	Information security during disruption
C37	5.30	ICT readiness for business continuity
C38	5.31	Legal, statutory, regulatory and contractual requirements
C39	5.32	Intellectual property rights
C40	5.33	Protection of records
C41	5.34	Privacy and protection of personal identifiable information (PII)
C42	5.35	Independent review of information security
C43	5.36	Compliance with policies, rules and standards for information security
C44	5.37	Documented operating procedures
	6	People controls
C45	6.1	Screening
C46	6.2	Terms and conditions of employment
C47	6.3	Information security awareness, education and training
C48	6.4	Disciplinary process
C49	6.5	Responsibilities after termination or change of employment
C50	6.6	Confidentiality or non-disclosure agreements
C51	6.7	Remote working
C52	6.8	Information security event reporting
	7	Physical controls
C53	7.1	Physical security perimeters
C54	7.2	Physical entry
C55	7.3	Securing offices, rooms and facilities
C56	7.4	Physical security monitoring
C57	7.5	Protecting against physical and environmental threats
C58	7.6	Working in secure areas
C59	7.7	Clear desk and clear screen
C60	7.8	Equipment siting and protection
C61	7.9	Security of assets off-premises
C62	7.10	Storage media
C63	7.11	Supporting utilities
C64	7.12	Cabling security
C65	7.13	Equipment maintenance
C66	7.14	Secure disposal or re-use of equipment
	8	Technological controls
C67	8.1	User end point devices
C68	8.2	Privileged access rights
C69	8.3	Information access restriction
C70	8.4	Access to source code
C71	8.5	Secure authentication
C72	8.6	Capacity management
C73	8.7	Protection against malware
C74	8.8	Management of technical vulnerabilities
C75	8.9	Configuration management
C76	8.10	Information deletion



C77	8.11	Data masking
C78	8.12	Data leakage prevention
C79	8.13	Information backup
C80	8.14	Redundancy of information processing facilities
C81	8.15	Logging
C82	8.16	Monitoring activities
C83	8.17	Clock synchronization
C84	8.18	Use of privileged utility programs
C85	8.19	Installation of software on operational systems
C86	8.20	Networks security
C87	8.21	Security of network services
C88	8.22	Segregation of networks
C89	8.23	Web filtering
C90	8.24	Use of cryptography
C91	8.25	Secure development life cycle
C92	8.26	Application security requirements
C93	8.27	Secure system architecture and engineering principles
C94	8.28	Secure coding
C95	8.29	Security testing in development and acceptance
C96	8.30	Outsourced development
C97	8.31	Separation of development, test and production environments
C98	8.32	Change management
C99	8.33	Test information
C100	8.34	Protection of information systems during audit testing

Note: To produce a Statement of Applicability (SoA) that contains the necessary controls {refer to IS/ISO/IEC 27001:2022, 6.1.3 b), c) and d)}; it is required to document justification for their inclusion — whether the necessary controls are implemented or not and justification for excluding any of the controls in IS/ISO/IEC 27001:2022 mentioned in Annex A (C8 to C100 and C101 to C105 as additional controls) These are necessary for addressing the cyber security in CII. All the other requirements in IS/ISO/IEC 27001:2022 which are clauses 4 to 10 (C1 to C7) apply unchanged. Therefore, C1 to C7 are mandatory ISMS/CSMS requirements whereas C8 to C105 are for selection of controls for risk treatment. Organisations may have common ISMS and CSMS policies.



CRITERIA - PART B

Part B of this criteria document consist of additional requirements and controls specified in Part A which are adoption of IS/ISO/IEC 27001:2022 based on “Information technology — Security techniques — Information security management systems — Requirements”.

The additional requirements are given below:

(1) Clause Id. BTC (Level 1)	(2) Description
C101	<p>Governance of Cyber Security</p> <p>The CSE shall establish a governing body which shall establish cybersecurity policy, focus areas, guide cybersecurity strategy, support the leadership, ensure stewardship of resources, assurance of progress made and oversight of the “evaluate”, “direct”, “monitor” and “communicate” processes to govern information security. In addition, the “assure” process shall be defined to provide an independent and objective opinion about the governance of information security and the level attained.</p>
C102	<p>Embedded Security</p> <p>The organisation shall provide additional security to the risk associated with embedded technology, based on the potential damages posed when used maliciously. Mechanism shall exist to facilitate the implementation of embedded technology control (such as IoT/ICS/OT etc.) to achieve cyber security including interface security, embedded technology, configuration monitoring, preventing alterations, embedded technology maintenance, resilience to outages, power level monitoring, E.Tech (Embedded Technology) reviews, Message Queuing Telemetry Transport (MQTT) security, restrict communication, authorised communication, operating environment certificate, and security assessment.</p>
C103	<p>Intranet Security</p> <p>To protect information/ sensitive content in the intranet from unauthorized access. The organisation shall define mechanism for intranet security covering aspects:</p> <ol style="list-style-type: none"> Define the policies and procedures for intranet security and its implementation. This needs to cover areas such as administrative access, employee access and restricted user access etc. Content on the intranet shall be encrypted and password protected and only authorised user should be allowed to view or edit depending upon their user classification (role-based access control system). Complete isolation of the intranet from the public network. All systems on the intranet regularly updated with latest patch, OS, anti-virus, anti-malware and security signatures etc. All the IT systems on the intranet hardened to perform only the minimum desired services. Complete logging of the traffic generated in the intranet logged and monitored regularly. Periodic audit and pen test of the intranet networks. Movable devices e.g., pen drives, hard drives etc. either prohibited in the intranet or assigned proper permissions after verification. E-mail filtering to block and track malicious traffic like spam, phishing, spyware, adware, malware etc.



(1)	(2)
Clause Id. BTC (Level 1)	Description
	Protection of confidential data in intranet from unauthorized access by the malicious attackers through use of SSL digital certificates or any other technologies.
C104	Cyber Security Crisis Management Plan (CCMP) Cyber Crisis Management Plan (CCMP) in line with National Cyber Crisis Management Plan is developed, implemented, and validated (through Cyber Security Drills) CCMP shall indicate that the system is cyber resilient to and has the ability anticipate, withstand and contain and recover. Organisations shall carry out remote profiling of IT systems and networks to determine the security posture.
C105	Artificial and Autonomous Technology Mechanism exist to ensure policies, processes, procedures and practices related to mapping measuring and managing AI and AAT related risks are in place, transparent, implemented effectively and address that: <ul style="list-style-type: none"> i. Statutory and regulatory requirements are identified and implemented ii. Solutions are reliable, safe, fair/ethical, secure, resilient, explainable, privacy assured and sustained the values iii. Context surrounded AI and AAT is documented and inventory is maintained. iv. Risk management training specific to AI and AAI covering impact on individuals, group, community organisation is provisional. v. Roles and responsibilities for human-AI configurations and oversight of AI systems are addressed. vi. Functionality and behaviour of deployed AI and AAI systems are monitored. vii. Verification, validation, testing and evaluation of AI and AAI systems are conducted, identification of incidents and information sharing is provisioned.



Annexure A

Cross Reference Mapping

Mapping Between CSMS Basic Technical Criteria BTC (Level 1) and other referenced standards/guidelines

1. IS/ISO/IEC 27001:2022 comprises of 10 clauses in the main part of the standard covering 07 requirements for establishing, implementing, maintaining and continually improving an ISMS within the context of organisation). The standard is supplemented by information security control. Refer to Annex A consisting of 93 number of security controls {(organisational control (37), people control (8), physical control (14) and technology control (34)}.
2. The NCIIIPC guideline document V2.0, 2015, titled as “Protection of National Critical Information Infrastructure (NCIIIPC)” specifying controls in the categories of planning (PC 1- PC 12), implementation (IC 1 to IC 6), operational (OC-1 to OC 11), Disaster Recovery (DR) / Business Continuity Planning (DR 1 to DR 3) and reporting on accountability controls (RA1 to RA3)
3. NIST SP 800 – 53 , Rev. 5, Sep 2020, is titled as Security and Privacy Controls for Information Systems and Organisations which include AC-Access Control, PE-Physical and Environmental Protection, AT-Awareness and Training, PL-Planning, AU-Audit and Accountability, PM-Program Management, CA-Assessment, Authorization, and Monitoring, PS-Personnel Security, CM-Configuration Management, PT PII-Processing and Transparency, CP-Contingency Planning, RA-Risk Assessment, IA-Identification and Authentication, SA-System and Services Acquisition, IR-Incident Response, SC-System and Communications Protection, MA-Maintenance, SI-System and Information Integrity, MP-Media Protection, SR-Supply Chain Risk Management.
4. NIST Cyber Security Framework (CSF) v1.1, released in April 2018, which consists of three parts: The Framework Core, the Implementation Tiers, and the Framework Profiles.
5. The National Security Council Secretariat guideline document from Oct 2020 titled “Cyber Security Audit Baseline Requirements” which specifies control in the categories of management (csm.1 to csm.19), protection (pro.1 to pro.21), detection (det.1 to det.9), response (res.1 to res.11), recovery (rec.1 to rec.3), lesson learnt and improvements (Imp.1 to Imp.5)
6. Secure Controls Framework (SCF) 2023 guideline document published by Secure Controls Framework LLC (a Private Limited Liability Company), which contains 33 domains viz.:
 - i. Security and privacy governance
 - ii. Artificial and Autonomous technology,
 - iii. Asset management,
 - iv. Business continuity and disaster recovery,
 - v. Capacity and performance planning,
 - vi. Change management,
 - vii. Cloud security,
 - viii. Compliance,
 - ix. Configuration management,
 - x. Continuous management,
 - xi. Cryptographic protection,
 - xii. Data classification and handling,
 - xiii. Embedded technology,

- xiv. End point security,
 - xv. Human resource security,
 - xvi. Identification and authentication,
 - xvii. Incident response,
 - xviii. Information assurance,
 - xix. Maintenance,
 - xx. Mobile device management,
 - xxi. Network security,
 - xxii. Physical and environment security,
 - xxiii. Privacy.
 - xxiv. Project and resource management,
 - xxv. Risk management,
 - xxvi. Secure engineering and architecture,
 - xxvii. Security operations,
 - xxviii. Security awareness and training,
 - xxix. Technology development and acquisition,
 - xxx. 3rd party management,
 - xxxi. Threat management,
 - xxxii. Vulnerability and patch management,
 - xxxiii. Web security.
7. The mapping also includes reference of other relevant standards specific to IS/ISO/IEC 27000 family.
8. To be an effective indicator, the implementation of the mapped control should result in an equivalent information security posture. However, the stakeholders should not assume security requirement and control equivalence based only on the mapping table herein, since there is always some degree of subjectivity in the mapping analysis because the mapping is not always one-to-one and may not be completely equivalent. Entities/ organisations specific implementation may also play a role in control equivalency (e.g. SP 800-53 contingency planning and IS/ISO/IEC 27001 ICT readiness were deemed to have similar but not the same functionality)
9. Similar topics addressed in two security control sets may have a different context, perception or scope. In some frameworks, a control is split into 2 or 3 different controls with same or different control objectives to bring more objectivity. Similarly, some frameworks have provisions of control enhancements and at the intent level itself, control from one framework/ standard can be mapped with a similar control with enhancement from the other framework. In these cases, one to one equivalency cannot be established.



Annexure A

Mapping Between CSMS BTC (Level 1) and other referenced standards/guidelines

Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C1	4	Context of the Organization	PC 1: Identification of CII PC 2: Vertical and Horizontal Interdependencies PC5: Integration Control	PM-1, PM-09, PM-11, PM-28, PM-30, PM-31	CSM 2, CSM 16		ID.BE-1 ID.GV-1	IS/ISO/IEC TR: 27016
C2	5	Leadership	PC 2: Vertical and Horizontal Interdependencies PC 3: Information Security Department PC 4: Information Security Policy	PM-2, PM-3, PM-6, PM-29, All XX-1 controls	CSM-1 CSM-3 Imp. 2	Domain 1 (Gov)	ID.GV-1 ID.GV-2 ID.GV-4	IS/ISO/IEC 27016
C3	6	Planning	PC 1: Identification of CII PC 6: Vulnerability Threat Risk (VTR)	PM-1, PM-3, PM-4, PM-6, PM-14, PM-30, PM-31	CSM-4 CSM-8 CSM-10	24 Risk Management	ID.RM-1 ID.RM-3 ID.IP-7 ID.RA-3 ID.RA-4	IS/ISO/IEC 27005:2012



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C4	7	Support	PC 4: Information Security Policy	PM-13, AT-2, PS-8, PM-1, PM-15, PM-28, PM-31, All XX-1 controls, CP-2, IR-8, PC-2, PM-4, PM-9, PM-28, PM-30, PM-31, SA-5	PRO-14 CSM-13 PRO 15 Imp. 2		PR.AT-1 PR.DS- PR.DS-2 PR.DS-3 PR.DS-4 RS CO-4	IS/ISO/IEC 27003:2017 IS/ISO/IEC 27010:2015 IS/ISO/IEC 27032:2012
C5	8	Operations	PC 6: Vulnerability Threat Risk (VTR) Assessment and Mitigation Controls	CM-3, PL-7 SA-1, SA-4, RA-3, CA-5, PM-6, RA-7, PM-4	CSM18	Domain 25 (RSK) Domain 27 (OPS)	ID.RA-5 ID.RA-6	IS/ISO/IEC 27005:2022
C6	9	Performance Evaluation	PC 6: Vulnerability Threat Risk (VTR) Assessment and Mitigation Controls	CA-5, PM-6, RA-7, PM-5, PM-4, CA-1, CA-2, CA-7, PM-31, CA-6, PM-1, PM-9, PM-10, PM-4, PM-29	CSM 14 CSM 17	Continuous Monitoring (CCH) Domain 5 (CAP)	DE.DP.1 PR.PT.1	IS/ISO/IEC 27004: 2016 IS/ISO/IEC 27007:2020
C7	10	Improvement		PL-2, PM-31, PM-31, CA-5, PM-4, PM-1, PM-9, PM-30, RA-7		CCM	RC.IM 1 RC.IM 2 RC.IM 3	



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
	(Annexure A) 27001:2022	Organisation Controls						
C8	5.1	Policies for Information Security	PC 4	All XX-1 controls			ID.GV.1	IS/ISO/IEC 27032:2012
C9	5.2	Information security roles and responsibilities		All XX-1 controls PM-1 PM-4 PM-6 PM-9	CSM 9	Domain 1 Gov	ID.RM-3 PR.IP-07	
C10	5.3	Segregation of duties	PC-6	AC-5			PR.AC-4 PR.DC-5	
C11	5.4	Management responsibilities	PL-4 PS-6 PS-7 SA-9			Domain 1.Gov	ID.GV-2	
C12	5.5	Contact with authorities	IR-6				RS.CO-2	
C13	5.6	Contact with special interest groups	SI-5 PM-15				ID.RA-2	
C14	5.7	Threat intelligence	OC-11			THR Domain 31		
C15	5.8	Information security in project management		SA-3 SA-9 SA-15		24, Project & Resource Management (PRM)	PR.IP-02	



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C16	5.9	Inventory of information and other associated assets	IC 1 OC 6	CM-08	CSM-6	Domain 3.AST	ID.AM-1.2	
C17	5.10	Acceptable use of information and other associated assets		MP-2, MP-4, MP-5, MP-6, MP-7, PE-16, PE-18, PE-20, SC-8, SC-28			PR.DS-1, PR.DS-2, PR.DS-3, PR.DS-5, PR.IP-6, PR.PT-1	
C18	5.11	Return of assets		PS-4 PS-5			PR.IP-11	
C19	5.12	Classification of information		RA-2		Domain 12 DCH	ID.AM-5	
C20	5.13	Labelling of information		MP-3 PE-22			PR.DS-5 PR.PT-2	
C21	5.14	Information transfer	OC 9	AC-1 AC-4 AC-18 AC-19 AC-20 CA-3 PE-17 SC-7 SC-8 SC-15 PS-6 SA-9 CA-3			ID.AM-3 PR.AC-3 PR.AC-5 PR.DS-5 PR.DS-2 PR.PT-4	



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C22	5.15	Access control	IC 2	AC-1 AC-3 AC-6			PR.DS.5 PR AC.4 PR PT.3	IS/ISO/IEC 29146:2016 Amend 2022
C23	5.16	Identity management	IC 3	AC-2 IA-2 DET-4 IA-4 IA-5 IA-8	DET-4	Domain 16 IAC	PR.AC-1	
C24	5.17	Authentication information	IC 3	IA-5			PR.AC-1	
C25	5.18	Access rights	IC 2	AC-2			PR.AC-2	
C26	5.19	Information security in supplier relationships		SR-1			PR.MA-2	IS/ISO/IEC 27036-1 IS/ISO/IEC 27036-4
C27	5.20	Addressing information security within supplier agreements		SA-4SA-3				IS/ISO/IEC 27036-2
C28	5.21	Managing information security in the information and communication technology (ICT) supply chain	PC.10	SR-3 SA-4	PR020		ID.BE-1	IS/ISO/IEC 27036-3



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C29	5.22	Monitoring, review and change management of supplier services		SR-9 SR-6 RA-9 SA-9 SR-7		Domain 30 TPM	ID.CM-6 ID.BE-1	
C30	5.23	Information security for use of cloud services	OC 8			CLD-01 to 12 Domain 7		IS/ISO/IEC 27017:2015 IS/ISO/IEC 27018:2019
C31	5.24	Information security incident management planning and preparation		IR-8	rec 3 rec 1 rec 2	Domain 17 IRO	DE.AE-2 PR.IP-9 RS.CO-1	IS/ISO/IEC 27035- 1:2023 IS/ISO/IEC 27041
C32	5.25	Assessment and decision on information security events		AU-6 IR-4	DET 9		DE.AE-2 DE.AE-4	
C33	5.26	Response to information security incidents	OC-2	IR-4	DET-9 res 8 res 9 res 11		RC.RP-1 RS.AN-1 RS.MI-1 RS.MI-2 RS.RP-1	IS/ISO/IEC 27035- 2:2023 IS/ISO/IEC 27035- 3:2020
C34	5.27	Learning from information security incidents		IR-4	Imp.1 Imp. 5		DE.DP-5 PR.IP-08 RS.MI-2 RS.RP-1	



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C35	5.28	Collection of evidence		AU-4 AU-9 AU-10(3) AU-11			RS.AN-3	IS/ISO/IEC 27037:2012
C36	5.29	Information security during disruption	DR-1	CP-2 CP-4 CP-6 CP-7 CP-8 CP-9 CP-10 CP-11 CP-13	CSM 15 CSM 12		ID.BE-05 PR.IP-04 PR.IP-09 PR.IP-10	
C37	5.30	ICT readiness for business continuity	DR-1 DR-2			Domain 4 BCD		IS/ISO/IEC 27031:2011
C38	5.31	Legal, statutory, regulatory and contractual requirements	PC 11	All XX-1 controls IA- 7SC-12SC- 13SC-17	RA-3	Compliance (CPL) Domain 7	ID.GV.3	
C39	5.32	Intellectual property rights		CM-10			ID.GV.3	



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C40	5.33	Protection of records		AC-3 AC-23 AU-9 AU-10 CP-09 SC-08 SC-08(1) SC-13 SC-28 SC-28(1)			ID.GV.3	
C41	5.34	Privacy and protection of person- al identifiable information (PII)		Appendix-3		23. Privacy (PRI)		IS/ISO/IEC 29100:2011 IS/ISO/IEC 27701:2019 IS/ISO/IEC 29151:2017
C42	5.35	Independent review of information security	PC 11	CA-2(1) SA-11(3)				
C43	5.36	Compliance with policies, rules and standards for information security		CA-2(1) All XX-11 controls		Domain 8 CPL	PR.IP-2 ID.RA-1 DE.AE-1 DE.AE-3 DE.AE-5 DE.CM-1 DE.CM-2 DE.CM-7 DE.DP-2 ID.BE-3 PR.IP-04 RC.CO- 1,2,3,4	



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C44	5.37	Documented operating procedures		All XX-11 controls SA-5				
	6	People controls						
C45	6.1	Screening		PS-3 SA-21		DOMAIN 15 HRS DOMAIN 16 IAC	PR.DS-5 PR.IP-11	
C46	6.2	Terms and conditions of employment		PL-4 PS-6			PR.DS-5 PR.IP-11	
C47	6.3	Information security awareness, education and training	OC 3	AT-2AT-3CP- 3IR-2PM-13		28 Security Awareness and Training SAT	PR.AT-1,2,3,4	IS/ISO/IEC 27021:2017 Amd 1:2021
C48	6.4	Disciplinary process		PS-8				
C49	6.5	Responsibilities after termination or change of employment		PS-4 PS-5			PR.DS-5 PR.IP-11	
C50	6.6	Confidentiality or non-disclosure agreements		PS-6			PR.DS-5	
C51	6.7	Remote working		AC-3 AC-17 DE-17	PRO-3		PR.AC-3	
C52	6.8	Information security event reporting	RA-1	AV-6 IR-6 SI-2	res.4		DE.DP-4 RS.CO-2 RS.CO-3	
	7	Physical controls						
C53	7.1	Physical security perimeters	IC-4 PC-12	PE-3 PE-16	PRO.1 PRO.10		PR.AC-2	



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C54	7.2	Physical entry	PC-12	PE-2 PE-3 PE-4 PE-5			PR.AC-2 PR.AM-1	
C55	7.3	Securing offices, rooms and facilities	PC-12	PE-3 PE-5				
C56	7.4	Physical security monitoring	PC-12					
C57	7.5	Protecting against physical and environmental threats	IC-5	CP-6 CP-4 PE-9 PE-13 PE-14 PE-15 PE-18 PE-19 PE-23		Domain 22 PES	ID.BE-5 PR.AC-2 PR.IP-05	
C58	7.6	Working in secure areas		AC-19(4) SE-42				
C59	7.7	Clear desk and clear screen		SC-11 MP-2 MP-4			PR.PF-2	
C60	7.8	Equipment siting and protection		PE-9 PE-8 PE-14 PE-15 PE-18 PE-19 PE-23			PR.IP-05	



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C61	7.9	Security of assets off-premises		AC-19 AC-20 MP-5 PE-17			ID.AM-4	
C62	7.10	Storage media		MP-2 MP-4 MP-5 MP-06 MP-07 MA-2 PE-16	PRO-6		PR.DS-3 PR.IP-6 PR.PT-2 PR.MA-1	IS/ISO/IEC 27040:2015
C63	7.11	Supporting utilities		CP-8 PE-9 PE-10 PE-11 PE-12 PE-14 PE-15			ID.BE-4 PR.IP-05	
C64	7.12	Cabling security		PE-4 PE-9			ID.BE-4 PR.AC-2 PR.IP-5	
C65	7.13	Equipment maintenance		MA-2 MA-6		Domain 19 maintenance (MNT)	PR.MA-12	
C66	7.14	Secure disposal or re-use of equipment		MP-6	PRO-21		PR.DS-3 PR.IP-6	
	8	Technological controls						
C67	8.1	User end point devices		AC-11				



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C68	8.2	Privileged access rights		AC-2 AC-3 AC-6 SM-5			PR.AC-4 PR.DC-5	
C69	8.3	Information access restriction		AC-3 AC-24			PR.AC-4 PR.DC-6	
C70	8.4	Access to source code		AC-3 AC-6 CM-5			PR.DS.5	
C71	8.5	Secure authentication		AC-7 AC-8 AE-9 IA-6			PR.AC.1	
C72	8.6	Capacity management		AU-4 CP-2(2) SC-5(2)		4 Capacity and Performance Planning (CAP)	ID.BE-4	
C73	8.7	Protection against malware		AT-2 SI-3	PRO-4		DE.CM-4 PR.DC-6 RS.MI-2	
C74	8.8	Management of technical vulnerabilities	PC-6 RA-2	RA-3 RA-5 SI-2 SI-5	CSM-7 PRO-5 PRO-11	Domain 32 VPM	DE.CM-8 ID.RA-1 ID.RA-5 ID.IP-12 RS.MI-3	IS/ISO/IEC 29147:2018 IS/ISO/IEC 30111:2019
C75	8.9	Configuration management	PC-7			CFG Domain 8		
C76	8.10	Information deletion						
C77	8.11	Data masking						



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C78	8.12	Data leakage prevention	OC-4					
C79	8.13	Information backup	DR-2	CP-9			PR.DS-4 PR.IP-4	
C80	8.14	Redundancy of information processing facilities	PC.8	CP-2 CP-6 CP-7			ID>BE-5	
C81	8.15	Logging		AU-3 AU-6 AU-11 AU-12 AU-13 AU-9	DET-2-3		DE.CM-3 PR.PT-1 RS.AN-1	
C82	8.16	Monitoring activities						
C83	8.17	Clock synchronization		AU-8	DET.8		PR.PT-1	
C84	8.18	Use of privileged utility programs		AC-3 AC-6			PR.AC-4 PR.DS-5	
C85	8.19	Installation of software on operational systems		CM-5CM-7(4)CM-7(5)CM-11		31 Vulnerability and Patch Management	DE.CM-5PR.DS-6PR.IP-01PR.IP-03	
C86	8.20	Networks security	OC-7	AC-3 AC-18 AC-17 AC-20 SC-7 SC-8 SC-10	PRO.7		PR.AC-3 PR.AC-5 PR.PS-2 PR.PT-4	IS/ISO 27033-1 to IS/ISO 27033-6



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C87	8.21	Security of network services		CA-3 SA-9		Domain 21 NET		
C88	8.22	Segregation of networks		AC-4 SC-7			PR.AC-5 PR.DS-5	
C89	8.23	Web filtering				Domain 33 WEB		
C90	8.24	Use of cryptography	OC-1	SC-13 SC-12 SC-17		Domain 11 CRY		
C91	8.25	Secure development life cycle		SA-3 SA-15 SA-17			PR.IP.02	
C92	8.26	Application security requirements	PC-7 DR-3	AC-3 AC-4 AC-17 SC-8 SC-13 SC-7			PR.DS-2 PR.DS-5 PR.DS-6	IS/ISO 27034-1 to IS/ISO 27034-7
C93	8.27	Secure system architecture and engineering principles		SA-8		Domain 26 SEA	PR.IP-02	
C94	8.28	Secure coding						
C95	8.29	Security testing in development and acceptance	IC-6 OC-5	CA-2SA- 11SA-4SR- 5(2)			DE.DP-3	



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
C96	8.30	Outsourced development		SA-4 SA-11 SR-2 SA-10 SA-15 SR-4		Domain 29 TDA	DE.CM-6	
C97	8.31	Separation of development, test and production environments		CM-4 (1) CM-5			PR.DS-7	
C98	8.32	Change management		CM 3 CM 5 SA 10 S 1-2	PRO-19	Change Management (CHG)	PR.IP-01.03	
C99	8.33	Test information		SA - 15(8)				
C100	8.34	Protection of information systems during audit testing	RA-2	AU-5		30. Threat Management (THR) 12. Embedded Technology (EMB) 13. End Point Security (END)		



Clause Id. BTC (Level 1)	Clause number of IS/ISO 27001:2022	Title	NCIIPC guidelines	NIST SP 800– 53, r5	NCSC guidelines	SCF 2023	NIST-CSF v1.1	Others
101		Governance of Cyber Security		PM-23		Gov 01 to Gov 11	IDGV-1 to IDGV-4	IS/ISO/IEC 27014:2020
102		Embedded Security				Domain-13 EMB		
103		Intranet Security	OC-10					
104		Cyber Security Crisis Management Plan						
105		Artificial and Autonomous Technology				Domain-2 (AAT)		



SECTION 4

CERTIFICATION PROCESS



1. Purpose

This document defines the process to be followed by certification bodies operating certification Scheme of Cyber Security Management System (CSMS) for Critical Sector Entity (CSE) having Critical Information Infrastructure (CII) hereinafter referred as CSEs, so that various certification bodies can follow harmonised processes enabling equivalency in their results.

2. Scope

- 2.1 The scope of the document covers certification process of Cyber Security Management System for CSEs having IT components to the requirements covered in BTC (Level 1).
- 2.2 The scope of this document covers activities by which a certification body determines that a CSE fulfils certification requirements including application, assessment, decision on certification, maintenance of certification and use of Scheme mark.

Note: The Scheme intends to promote CSMS certification as per BTC (Level 1) criteria which will also have a statement of conformance with the requirements of IS/ISO/IEC 27001:2022.

3. Objectives

These objectives of this process are to ensure:

- 3.1 Uniformity in assessing CSEs seeking certification against the CSMS criteria BTC (Level 1) defined in the CSMS certification Scheme document. This includes all stages & associated activities throughout the audit process ensuring that the audit results are reliable in nature.
- 3.2 Adequate control on the audits process are exercised.

4. Roles and Responsibilities of officials of CB

S. No.	Role	Responsibility
1.	Head – Certification Body	<ul style="list-style-type: none">Overall management of Certification Body.Formation of the Audit Team.Reports to the Board (The designation can be as per the organisation culture)
2.	Audit Team Leader (CSMS Lead Auditor- BTC (Level 1))	Responsible for the entire audit process including managing audit programme, conducting audit, audit reporting, audit follow-up and making the final recommendation for certification or otherwise.
3.	CSMS Auditors (BTC (Level 1))	Responsible for carrying out audit as per task assigned by the Team Leader.
4.	Technical Experts	Responsible for advising the Team Leader and CSMS Auditors on technical issues during audit pertaining to the requirements specified in BTC (Level 1).
5.	CB Secretariat	Responsible for co-ordinating activities during all stages of the audit process and to provide necessary support to the audit team. Also responsible for maintaining certification Scheme documentation and records.

5. References and Definitions

5.1 Reference Standards

5.1.1 IS/ISO/IEC 27007:2020 - Information security, cybersecurity and privacy protection — Guidelines for information security management systems auditing.

5.1.2 IS/ISO/IEC 27006:2015 Amendment 1: 2020 - Information technology — Security techniques — Requirements for bodies providing audit and certification of information security management systems.

5.1.3 IS/ISO/IEC 19011:2018 - Guidance on the management of audit programmes.

6. Process

6.1 Application for Certification:

6.1.1 CSEs interested to get certification from the CSMS certification body shall submit application form for certification along with the following documents:

- a. Policy and Process documentation of CSEs (also termed as applicant)
 - i. CSMS Policy and procedures documents including risk management process and cyber crisis management plan.
 - ii. Statement of Applicability (SOA)
 - iii. Scope of Certification
- b. Application Fee
- c. Certification Agreement
- d. Document Review Report (Cross reference matrix)

Note: Document Review Report is the outcome of the process of reviewing for adequacy as per the requirements of technical criteria. This is done to ensure that the system (CSMS) is defined adequately and is adhering to the clauses as mentioned in the technical criteria in definition. Generally, it is done using a Cross Reference Matrix (CRR) wherein against each clause of the technical criteria compliance is ensured and a statement to that effect is recorded.

6.1.2 Any additional explanation needed by the applicant is provided by the CB on behalf of the CB, on receipt of a specific request for the same, including necessary explanations on the specific scopes of certification that are covered.

6.1.3 Before applying for certification, the applicant shall have met the following conditions:

- a. Operated the CSMS/ISMS (IS/ISO/IEC 27001:2022) as per the certification criteria for at least 1 year. This is necessary to ensure the ability of the applicant to have a stabilised system under normal operating conditions.

Note: The IS/ISO/IEC 27001:2022 or IS/ISO/IEC 27001:2013 or CSMS BTC (Level 1) implementation for one year is considered as compliance to this condition.

- b. Carried out minimum one internal audit against the applicable criteria as per applied scope for certification, one management review for the documented CSMS.

6.1.4 The concerned function of CB appoints a Team Leader for initiating the certification process.

6.1.5 The policy of CB for CSEs in relation with its operation of ISMS certification is as follows:

Policy of CB for applicant CSEs			
Applicant has ISMS (IS/ISO/IEC 27001) Certification?	No		Follow the Certification Scheme for CSMS of CSEs
	Yes	CBs accredited by NABCB or any other AB which is signatory of IAF	Emphasize on the additional requirements of ISMS certification given in the technical criteria for CSMS (CSEs) and compliance audit of the additional requirements during audit of the applicant (mentioned in Part B of technical criteria for Level 1). It is the responsibility of the CB to satisfy itself on the demonstrating compliance by the client even if already certified as per ISMS.
		CB accredited by any other AB which is signatory of IAF	The process to be adopted by the current CB to be as mentioned above.
	Yes	CB is not accredited by NABCB or any other AB which is signatory of IAF	The CB shall treat the case as fresh and abide by the Scheme requirement.

6.1.6 The application is reviewed by the appointed Team Leader for completeness and obtaining a confidence that the applicant has clarity of certification requirements and the capability of CB to provide the required certification services in timely manner. CB will review its ability to carry out the audit in terms of its own policy and process, its competence and the ability of personnel suitable for audit activities. Any mismatch is clarified and the outcome of the review is communicated to the applicant regarding acceptance of the application for further processing, or for completing any further requirements identified during the review. CB reserves the right to seek information on the antecedents of the owners / those managing CSEs activities and analyse it before deciding to accept the application for further processing. It may decide not to accept application if there is any adverse finding in the above exercise. The decision of the CB shall be communicated to the applicant with reasons for not accepting the application. The applicant can appeal against such a decision.

6.1.7 Upon deciding to accept the application, the same is recorded or registered and the audit team is appointed.

6.1.8 At any point of time during the certification process, the applicant may request to transfer the registered application to another legal entity. CB would allow the same without any additional application fees based on the justification provided by the CSEs and subject to the new legal entity meeting all the requirements of application for CB Scheme.

6.1.9 In case the application is accepted for further processing, a formal acknowledgement along with a proposal is sent for carrying out the audit of the applicant based on the expected man-days and fee schedule.



- 6.1.10 On receipt of acceptance of the proposal from the applicant and the audit fee as per the contract as well as the appointment of the audit team, further processing of application is done.

6.2 Appointment of the Audit Team

- 6.2.1 The audit team, composed of a Team Leader and the members, is identified by the CB from the pool of Auditors and experts. The audit team shall include Technical Expert (if required), in addition to the number of team members having knowledge of ISMS as well as CSMS and related standards. In case the applicant has applied for more than one management system Scheme, proportionate increase in number of Auditors may be done based on the man-days decided for the audit. Knowledge and Competency Requirements are defined in Annex A of IS/ISO/IEC 27006:2015 and Section 5 in Clause no. 3.54.
- 6.2.2 The names of the members of the audit team for carrying out the Document review and the onsite audit are also communicated along with the CV to the applicant along with the proposal and is requested to inform CB about acceptance of objection against the appointment of any of the team members. Any objection by the applicant against any of the team members must be in writing, accompanied with adequate grounds for the objection. The CB will evaluate the objection and decide whether to change the team member or to overrule the objection raised by the applicant. The audit team is then formally appointed. Efforts are made to ensure that the team is kept intact throughout the initial audit process, however this cannot be guaranteed. The team members are asked to commit that they do not have relationship direct/indirect with the applicant that can affect the objectivity of the audit at the time of their appointment as CB Auditor / expert. The team members are required to maintain confidentiality of the sensitive information about the operation of the applicant obtained as part of the audit process unless required by law, in which case the same will be done under intimation to the applicant.
- 6.2.3 All CB Auditors have declared that they have no conflict of interest and committed to disclose if such a situation arises so that CB can take appropriate decision.
- 6.2.4 If a preliminary visit is requested by the applicant, the CB Secretariat shall organize the same after obtaining the acceptance of the preliminary visit fee by the applicant. Such a visit would solely be for the purpose of gaining a better understanding of the operations of the applicant and for the applicant to better understand the certification process and clarify the expectations of CB as regards the requirements of the standards. The visit may result in communication of findings to the applicant. Such a visit would not result in any decrease in the man-days for the initial audit.

6.3 Certification Requirements

6.3.1 Certification Criteria

The CB shall use the 'Basic Technical Criteria (Level 1)' for CSMS as reference document for carrying out the audit.

6.3.2 Amendment to the Criteria

- a. The amendment to the Criteria shall be based on the nature of changes required, and approved by QCI (with approval of MSC). The Criteria of certification and any application documents may also be taken up for amendment based on following conditions, individually or severally:
 - i. Any change in the international standards and guides.



- ii. Significant feedback from the Peer Review audit team that warrants amendment.
- iii. Significant feedback from the implementation of the criteria.
- iv. Any other reason as deemed fit by QCI.

b. The QCI shall approve the amended criteria after due consultation, if needed, as follows:

- i. Seek the advice of the Technical Committee, if one exists,
- ii. Seek representation of certification bodies before approval of the amendment.
- iii. Seek public comments on the proposed changes through the Members of the Board and other representative bodies as the Board may deem fit.

c. The issue status of the Criteria documents is identified by the month and year of the issue.

6.4 Conditions for Certification

6.4.1 Granting of Certification

- a. The certification is granted to an applicant on completion of audit and after the conditions given below are met with by the applicant:
 - i. The applicant meets the criteria of certification and all non-conformities and concerns found against the criteria of certification during audit have been closed to the satisfaction of the CB in accordance with the guidelines on the subject.
 - ii. There are no adverse reports / information / complaints with the CB about the applicant regarding the quality and effectiveness of implementation of CSMS as per the criteria of the CB. There is also no evidence of fraudulent behaviour.
 - iii. The clients of the CSEs are satisfied by the conduct of the applicant and its CSMS. CB may request feedback from selected clients of the applicant / publicize receipt of application and seek feedback from stakeholders.
 - iv. The applicant has paid all the outstanding dues.
 - v. The certification shall be for a period of 3 years.
- b. In the event of any adverse issue arising from the reasons specified at points ii. and iii. above, or if there is evidence of fraudulent behaviour or if the applicant intentionally provides false information or conceals information, the applicant will be given an opportunity to explain its position in writing to the CB and present its case in person to the certification committee. The final decision shall be taken in respect of granting of certification on the basis of review of the facts and the results of such presentation.
- c. The CSMS scope document should cover all aspects of audit requirements include the following:
 - i. List of processes and services included in the scope
 - ii. List of departments or other organizational units included in the scope
 - iii. List of physical locations included in the scope
 - iv. Exclusions from the scope
- d. Once organisation fulfils all audit requirements a certificate will be issued by CBs covering Certification of BTC (Level 1) and ISMS (IS/ISO/IEC 27001:2022). A sample of certificate is as mentioned below:

Certificate Ref. No.: ____

SAMPLE OF CERTIFICATE



This is to certify that Cyber Security Management System of
<Name of the organisation>
<Address of the Organisation>

has been assessed and found to conform to the requirements of
Basic Technical Criteria (Level 1), Version no. ____

It is also certified that the '*name of the organisation*' operates an
Information Security Management System which complies with the
requirements of IS/ISO/IEC 27001:2022
with the following scope:

<The design and implementation of ISMS of all the operations of
'*Name of the organisation*' >

SOA Detail: _____

Dated: dd/mm/yyyy

Annexures:

- i. List of processes and services included in the Scope
- ii. List of departments or other organizational units included in the Scope
- iii. List of physical locations included in the Scope
- iv. Exclusions from the Scope

Authorised signatory

Date of issuance of certificate: dd/mm/yyyy

Valid up to: dd/mm/yyyy

Date of surveillance: dd/mm/yyyy

- e. CB shall publish on its website, grant of any new certification, for information and feedback from the industry / other stakeholders.

6.4.2 Maintaining Certification

- a. The certified CSEs shall comply with the following requirements. Subject to its meeting the conditions given below the certification given to a CSEs shall be maintained for three years.
 - i. The certified CSEs continues to meet the criteria of certification and all nonconformities found against the criteria of certification during surveillance audits have been closed to the satisfaction of the CB as per laid down criteria.
 - ii. There are no adverse reports / information / complaint with the CB about the applicant regarding the implementation of CSMS as per the criteria laid down by the CB. There is also no evidence of fraudulent behaviour.
 - iii. The clients of the CSEs are satisfied by its conduct and its CSMS.
 - iv. The certified CSEs has organized onsite audit as required by CB.
 - v. The certified CSEs has paid all the outstanding dues.

6.4.3 Suspension of Certification (Partial or full)

The certified CSEs shall be subject to suspension of certification either fully or partially, both in terms of scopes. It shall be based on the following conditions individually or severally.

- a. No/ineffective corrective actions in response to the nonconformities observed during surveillance audits or recertification audits.

- b. Non-payment of outstanding dues.
 - c. Not organizing audits in time.
 - d. Any significant/major changes in the legal status, ownership, impartiality, use of sub-contractors, documentation, etc., which have not been informed to the CB within 30 days.
 - e. Any wilful misuse of the certification mark of the CB and NABCB.
 - f. Any wilful mis-declaration in the application form, which is discovered after the grant of certification/ recertification.
 - g. Wilful non-compliance to the certification agreement.
 - h. Wilful misuse of certification conditions for scopes not covered under scope of certification.
 - i. Inability or unwillingness to ensure compliance of the CSEs' CSMS certified by the accredited certification body, to the applicable standards.
 - j. Fraudulent Behaviour and providing intentionally false information or concealing information.
 - k. Excessive and or serious complaints against the CSMS of the certified CSEs.
 - l. Evidence of lack of control over the CSMS process/wilful bypassing of CSMS process.
 - m. Evidence of unethical practices including providing incorrect information to CB; misrepresentation by sales personnel; faking of CSMS records; etc.
 - n. Non-availability of resources in some of the technical areas covered under certification.
 - o. Inability or unwillingness to organize onsite audits due in time.
 - p. Critical or major non-conformity which may bring into question the CSE organisation's ability to provide service in compliance with the certification norms.
 - q. Any other condition/situation deemed appropriate by the certification committee:
- i. A notice citing reasons and intention to suspend shall be sent to the CSEs inviting response within 15 days.
 - ii. The CSEs shall be given an opportunity to explain its position in writing to CB and present its case in person to the certification committee. The final decision shall be taken in respect of Suspension of Certification (Partial or full) on the basis of facts and the results of such presentation.
 - iii. Not with-standing the above provision for a representation by the CSEs, the certification committee may decide to suspend certification if there is sufficient evidence of wilful misrepresentation of facts or wilful non-compliance to certification criteria. The period of suspension shall be formally communicated as per the criteria laid down by the CB.
 - iv. The information about suspension (partial or full) of the certification of the CII organisation shall be published on CB website for information to all and feedback from the industry / other stakeholders.

6.4.4 **Withdrawal of Certification**

- a. The CSEs shall be subject to withdrawal of certification based on the following conditions individually or severally:
 - i. If an CSEs voluntarily relinquishes its certification status
 - ii. If the non-conformities are not appropriately addressed in spite of suspension/withholding of recertification for a period not more than six months
 - iii. If no action is taken by the CSEs in response to the suspension on any other grounds.
 - iv. Complaints are received about the CSMS/ CSEs and established to be based on facts.
 - v. Critical or major non-conformity which may bring into question the CSEs' ability to provide service in compliance with the certification norms
 - vi. Any serious non-compliance to Terms and Conditions of certification especially any fraudulent behaviour which may warrant withdrawal.
 - vii. Any other condition/situation deemed appropriate by the certification committee.

- b. A notice of the intention to withdraw certification, citing reasons shall be sent to the CSEs, who shall respond within 15 days.
- c. The certified CSEs shall be given an opportunity to explain its position in writing to the CB and present its case in person to the certification committee. The final decision shall be taken in respect of withdrawal of certification on the basis of facts and the results of such presentation.
- d. The withdrawal of certification shall be formally communicated as per the criteria laid down by the CB.
- e. CB shall publish information about any withdrawal of certification on its website, if necessary for information of the industry/other stakeholders, if required.

6.5 Audit

The certification shall be for capability of the CSEs in operating a sound CSMS in compliance with the technical criteria and certification process.

6.5.1 Preparation for the Certification

- a. The CB prepares an audit plan for the initial certification process covering two stages as follows:
 - i. **Audit Stage 1 - Detailed review of the applicant's CSMS documentation:** This shall cover all levels of documents of the CSEs for the certification programme(s) applied for. For this audit, the auditor shall focus on risk management process, Statement of Applicability (SoA) and selection of controls based on results of risk analysis to demonstrate adequacy of the defined system.
 - ii. **Audit Stage 2: Onsite Audit of the applicant's CSMS:** The on-site audit of the applicant's CSMS including any branch offices / locations from where the CSEs offering its services / sub-contractors, as applicable is carried out.

The normal certification duration for each stage of audit is described at Annex 1. The draft audit plan may be prepared in stages as mentioned above depending on the information supplied and as when the audit activity is planned and executed using a risk-based approach. The clarifications regarding the scopes applied for, auditor expertise available with applicant, etc. shall be provided in advance for finalizing audit plan.

- iii. For the purpose of assessing scope of certification applied for, the same shall be assessed through combination of means such as documentation review where the CSEs' system for adequate definition its ability to comply with the technical criteria would be reviewed. Then during on-site audit review of records of key activities performed to ensure effective implementation of CSMS. The choice of audit technique will be decided based on risk.
- iv. All locations (such as branch/sub-contractor's office) mentioned in the scope of certification shall be audited being the part of CSE.

6.5.2 Certification Audit plan

- a. Based on the draft certification audit plan, CB Secretariat prepares a detailed schedule for the following stages of the audit.



- i. Audit Stage 1 – Adequate definition of CSMS (Detailed review of the applicant's CSMS documentation): Audit of the documentation of the CSEs to ensure CSMS adequately addresses the requirements of Technical Criteria.
 - ii. Audit Stage 2 – Effective implementation (Onsite Audit of the applicant's CSMS): Onsite Audit of the CSEs including branch offices / locations / subcontractors to ensure compliance with the defined CSMS.
- b. The audit team leader shall identify the auditors (within the scope of certification) of the CSEs.

6.5.3 **Audit Stage 1 - Detailed review of the applicant's CSMS Documentation**

- a. In audit stage 1, the audit team performs a detailed review of the applicant's ISMS documentation for ensuring compliance with all applicable requirements of the CSMS standards & certification criteria. Audit stage 1 includes preliminary verification of the organisation's implementation of the process for internal audit and management review. The objectives of audit stage 1 are to gain an understanding of the CSMS in the context of the organisation's security policy and objectives.
- b. The documents shall be verified by the audit team leader / a member of the audit team for compliance to the certification criteria as supported by the application documents and the scope applied for by the applicant. In case the CSEs applies for more than one certification Scheme, then it shall be ensured by having appropriate number of Auditors that at least one Auditor qualified for each certification Scheme is part of the audit team. A document review report of any omissions/deviation of the criteria elements is forwarded by the team leader, to the CSEs for its comments and compliance.
- c. Depending on the nature of comments and changes to be made to the documentation, decision regarding a second review of documents shall be taken. The CSEs shall be informed if a second review is needed. If significant changes are needed the second review may be charged. Any review beyond second document review would be charged by CB.
- d. Any further review of documents would be charged to the CSEs. If the documentation does not meet the requirements even after 3rd review, the application is liable to be rejected. In such an event, the decision of the CB shall be communicated to the applicant with reasons for rejecting the application. The applicant can appeal against such a decision.
- e. CB may decide to conduct a preliminary visit in case the documentation does not meet requirements after two reviews, to give an opportunity to the CSEs to clearly understand the certification criteria and other requirements. The visit shall be charged to the CSEs and the duration shall be decided by the CB based on the work involved. The preliminary visit will generally be carried out for one-man day by the appointed leader of the audit team that carried out the documentation review.
- f. If the documentation is determined to be generally meeting the certification criteria, after review of the changes made, team leader (TL) may seek evidence of implementation of changes to the system by the CSEs.
- g. Subsequent to the audit stage 1 (documentation review), the Audit Stage 2 - onsite audit of the CSEs, as per the certification audit plan decided at the beginning, shall be planned. The team leader and the team member involved in the documentation review activity shall generally be part of the audit team. Any additional team members may be inducted based on the review of man-days and scope applied for.

6.5.4 Audit Stage 2 – Onsite Audit of the applicant's CSMS

- a. In audit stage 2, the audit team performs audit of the applicant's CSMS to confirm that the CSEs has implemented the documented CSMS, it adheres to the policies, objectives & process & requirements of CSMS, and by implementing CSMS is achieving the organization's policy objectives. The objective of audit stage 2 is to verify that CSEs has effectively implanted the documented CSMS.
- b. The audit plan for the onsite audits, as prepared by the team leader is shared with the CSEs for their agreement. The responsibility for preparation of audit plan is that of the team leader.
- c. The audit team will carry out the audit of the implementation of the CSEs documented system in the head office of the applicant and if necessary, at other office sites / sub-contractors included in the certification application/audit programme.
- d. The branch offices / sub-contractors carrying out activities as defined shall be included in the audit programme and shall be covered during certification cycle.
- e. During the audit and/or on demand at any time, the applicant / certified CSEs shall provide unrestricted access to the documents and records that pertain to implementation of CSMS in accordance with the certification criteria for the scope applied for. The records shall also include the records pertaining to applicant and clients of the CSEs and the CSMS and the scope applied for. Access shall also to be provided to the records of the complaints and appeals along with corrective actions and the method of verifying the effectiveness of the corrective actions. Under certain circumstances, where possibility of irregularity, malpractice and/or fraud is suspected, the records under review may also include the financial records as relevant/applicable to the CSMS. Under these circumstances the CB Auditors shall demand and take copies in any form as relevant – hard copies, scanned copies, etc.
- f. The non-conformities observed during the onsite audit shall be explained to the CSEs and given in CB designated format for carrying out root cause analysis and proposing corrective actions for preventing recurrence as well as corrections, where applicable, concerns may also be raised. The timelines for the corrective action completion shall be agreed to by the audit team leader and the authorized personnel of the applicant as per the timelines laid down on this aspect.
- g. The team leader shall recommend, at this stage, whether to await completion of the corrective actions or to proceed with the on-site audits scheduled to be carried out. Generally, any major NC in respect of areas like capability or CSMS, would require the CSEs to take corrective actions before audit is planned. The Team leader shall send a report to the CSEs and CB, including details of the recommendations for audits and the audit plan, as per the Guidelines of the CB.
- h. The team, nominated by CB Secretariat, shall carry out the audit as per the audit plan, based on the scopes applied for. The CB shall ensure that the audit covers the representative processes of the concerned scope sector/technical area. The audit shall cover the complete process of audit for certification.
- i. The CB audit team shall identify the findings (non-conformities, concerns, etc.).
- j. A meeting shall be held on completion of audit and the applicant shall be explained and provided with, as far as possible, documented copy of the non-conformities/concerns observed during the audit for corrective action as per the guidelines established by the CB. Additional NCs/Concerns may also be raised based on review of other records pertaining to the CSMS documentation & implementation.



The team also provides an opportunity for the applicant to ask any question about the findings and its basis during the meeting.

6.5.5 Audit Report

- a. The audit team shall prepare a report at each stage of the audit – audit stage 1 (CSMS documentation review), and audit stage 2 (on-site audits). Nonconformities and Concerns, or list of findings, if any, shall be handed over to the CSEs' representative at the end of each audit. The report at each stage of audit shall be sent by the CB audit team within prescribed timelines. If no comments are received within a week, then the report is considered to be acceptable to the CSEs and is deemed as final.
- b. The process of closing the non-conformities/concerns and verification must be completed in the specified time. If the applicant delays the process of acceptable corrective action beyond the limits specified by the CB, the CB will reserve the right to reject the application. The fees paid by such applicant will be forfeited. In such an event, the decision of the CB shall be communicated to the applicant with reasons for rejecting the application. The applicant can appeal against such a decision.
- c. After all the preceding steps are over, the final report shall be reviewed for completeness, by the CB, with respect to guidelines on the subject and shall be presented to the certification committee for its decision on the grant of certification to the applicant.

6.5.6 Audit findings (Non conformities/Concerns) and Corrective Actions

The non-conformities observed shall be categorized in three categories:

a. Critical

- i. Any failure of implementation of the certification criteria and raises doubts on the operation and practice of CSMS and the results.
- ii. Any evidence that indicates possibility of fraudulent/irregular behaviour by the CSEs.
- iii. Critical non-conformities shall call for the immediate correction and corrective actions based on appropriate root cause analysis. Such actions shall have to be completed and non-conformities addressed within 30 days of the date these have been observed by the audit team as per the established criteria of the CB. Critical NC shall be brought to the immediate notice of CB by the Team Leader of the CB AT. The CSEs may be liable for suspension/withdrawal of certification with due notice if such NCs are raised even as it takes action to address them. In case the corrective action is not completed within the stipulated time frame, the certification may be liable for suspension partially or completely or withdrawal based on the nature of non-conformity.

b. Major

- i. Any evidence that casts doubt on the CSMS and is less severe than in the case of critical (which bring into question the validity of certificate issued) and is evident in the failure of certain elements of the criteria individually (e.g., risk management or internal audit system not working). It may have less direct impact on the CSMS and its results or any minor non-conformities that have not been acted upon within the stipulated time frame. A number of minor nonconformities associated with the same requirements or issue may be considered a major nonconformity if it indicates a systemic failure.

- ii. Major non-conformities shall call for the early correction and corrective actions based on appropriate root cause analysis. Such actions shall be completed, and non-conformities addressed within 60 days of the date these have been observed by the audit team as per the established criteria of the CB. The CSEs shall get 10 days for proposing corrective actions and the CB AT shall get 10 days for review and response on these. In case the corrective actions are accepted, the CSEs shall be given 15 days to submit evidence of the implementation of the accepted corrective actions which the CB AT will review and respond within 15 days. In case the NC is not addressed within the stipulated time frame, the certification may be liable for suspension partially or completely based on the nature of the non-conformity.

c. **Minor**

- i. Any evidence that indicates a non-compliance to the certification criteria and the application documents, which has negligible impact on the CSMS and its results.
- ii. Minor non-conformities shall need to be addressed and corrected as early as possible, but not later than 3 months from the date these have been observed by the audit team, as per the established criteria of the CB. In case of minor NCs also the CSEs will be required to undertake appropriate root cause analysis before deciding the corrective action. One of the analyses it will require to do is to establish whether it is an isolated case or there are other instances the same finding is observed since the rigour of the corrective actions decided will depend on the same.
- iii. CSEs is required to propose corrective actions within 15 days, and the CB AT shall review / respond on proposed CAs within 10 days.
Note 1: Multiple Minor NCs with related impact on the CSMS shall result in a Major non-conformity based on the judgement of the audit team.
Note 2: NCs remaining unresolved after the prescribed timelines are liable to be upgraded to the next higher category.

d. **Concerns**

- i. CB audit teams may also raise concerns under the following circumstances:
Minor gaps/inadequacies observed, in CSEs' documented system or practices, which do not directly amount to non-compliance. However, if no action is taken, they are likely to result in non-conformities.
- ii. Issues observed during audits, which may require further review and audit of the CSMS of the CSEs.
- iii. Findings of minor nature where, in the judgement of the audit team, root cause analysis is not required.
- iv. Issues from documentation review, minor in nature, which have remained unresolved subsequent to audit, where the practice of the CSEs was observed to be complying with the requirements of the standard.
- v. Concerns are findings which do not require the CSEs to carry out any root cause analysis. It can directly inform the correction/corrective actions it has taken or intends to take (where it would take time). In certain cases, where there are unresolved issues from documentation review, the CB AT may ask the CSEs to submit the evidence of Corrective actions for the resolution of the concerns.

- e. The CSEs shall be given only two chances/iterations for acceptance of corrective actions (proposed/implemented) and closure of non-conformities/concerns and from 3rd iteration onwards, they would be charged for the additional review accordingly (0.5/1 man-day as decided on case- to case basis).
- f. The time for addressing the NCs/Concerns shall be reckoned from the day the nonconformities are handed over to the CSEs.
- g. Non-conformities of critical or major nature shall normally call for an onsite follow up as per recommendation of the audit team. Such a follow up visit shall be charged as per prevailing fee structure.
- h. In case of minor non-conformities, a declaration in respect of completion of the corrective action by the authorized person of the CSEs may be accepted. However, during surveillance, if it is found that the Minor non-conformity is not effectively addressed, the non-conformity shall be upgraded into major non-conformity and shall have to be treated as per the criteria laid down for Major Non-conformity.

Note: The audit team may also identify opportunities for improvement and convey the same to the CB as observations and include in their final report.

6.5.7 Time Period for audit process

- a. The audit process for any applicant must be completed within a maximum of one year. In the event that the process is not completed within one year, CB will take a decision and the application may then be kept active for one more year and applicant may be given one chance to completely restart the audit process afresh without paying any additional application fee. In such cases the audit process must be completed in one additional year.
- b. In the event of delay in scheduling of audits for scope applied for, the applicant may apply in writing to the CB for consideration of his application for part of the scope, for which the audit process as per CB process has been completed. The CB shall have the right to accede to that request or differ. Grant of certification for part of the scopes shall be done subject to completion of Corrective Actions for all the non-Conformities and concerns raised during the earlier stages audits conducted and their acceptance/closure as per the laid down criteria of the CB.

6.6 Certification Decision

- 6.6.1. The Certification Committee is responsible for taking decision on granting, maintaining, extending, reducing, suspending or withdrawing of Certification and also withholding of recertification as well as extension of validity of certification. It also ensures that the members of the Certification Committee were not involved in the audit and also have had no relationship for the last two years with the applicant under consideration that can influence their decision on certification.
- 6.6.2. The reports are presented to the certification committee along with recommendations of CB for the decision of certification.

- 6.6.3. The decision of certification is taken by the Certification Committee unanimously and is generally not put on vote. The Head of the Committee shall be responsible for coordinating and addressing the issues raised by the members. The Head of the committee shall have the right to call for any other Auditor/experts/personnel for clarifying any of the issue that is under discussion. The persons so called for clarification shall not take part in the decision of the certification. It shall be ensured that the persons so called for clarifications shall not have taken part in the audit of the concerned applicant and shall be free from any conflict of interest, except when clarification from the audit team is needed.
- 6.6.4. The decisions of the certification committee are based on the audit report, recommendations of the audit team and the CB, along with any other relevant information about complaints, the market reputation obtained by the CB, etc. It may also involve interaction with the CB, audit team and the applicant. The certification committee in its capacity shall have the right to ask for any further clarifications on the report and information submitted on the applicant's CSMS and the applicant shall not refuse to present such information.

6.7 Certification information / Documents

- 6.7.1. The certification committee shall decide to grant certification to the applicant, only after the applicant has met all the conditions specified by the CB.
- 6.7.2. Two copies of the certification agreement shall be signed by the CB and CSEs shall ensure that the relevant fees are paid.
- 6.7.3. On receipt of the signed agreement and the fee as per the invoice, a set of certification documents shall be issued to the applicant along with the artwork of the certification mark of the Scheme.
- 6.7.4. The certification "certificate" in the standard template shall include the CB certification symbol, the name of the CSEs, address of the premises of the CSEs from where key activities are performed, certification number, the scope of certification, effective date of grant of certification and the date of expiry or renewal date of the certificate. In addition to this, the following details are also included:
- Standards/Normative documents and/or regulatory requirements to which organizations are certified including issue or revision used for audit.
 - Name of the Scheme – "Conformity Assessment Framework for CSEs"
- 6.7.5. The certificate shall be valid for three years and the date of issue and validity is indicated on the certificate.
- 6.7.6. The Scope of certification granted to a CSEs is indicated on the Certification Certificate or a Schedule which accompanies the certificate. Whenever there is a change in scope (extension or reduction) which calls for a revision of the schedule and / or certificate, the revised schedule and / or certificate will carry the revision no. (such as Rev 1) with a disclaimer as follows: "This certificate / schedule supersedes the earlier version of the certificate / schedule dated". In addition, the CSEs will also be asked to return the earlier version of the certificate and / or schedule.
In case of scope reduction, the revised certificate and / or schedule will be issued only after receipt of earlier version of the certificate and / or schedule from the CSEs.

6.8 Maintaining Certification and Certification Cycle

6.8.1. Surveillance Audit

- a. To ensure that each certified CSEs continues to comply with the certification requirements, a surveillance audit of CSEs shall be carried out once in 12 months as per the audit programme i.e. before 12 and 24 months. The first surveillance audit shall be carried out within 12 months from the date of grant of certification by a physical visit. However, the certified CSEs, for valid reasons may seek a postponement of the audit for a maximum period of three months. For deferring the surveillance, the CSEs shall give written justification and shall obtain the consent of CB.
 - b. The subsequent audits shall be every 12 months. The surveillance audit shall include locations performing key activities. The number of locations included in the surveillance audit would be based on the risk consideration.
- 6.8.2. The non-conformity reports and concerns if any and the audit report of each of the surveillance audits shall be forwarded to the certified CSEs for taking corrective action as per the laid down criteria for the maintenance of certification.
- 6.8.3. In the event of any critical and/or major non-conformity that can affect the CSMS, the CB informs the certified CSEs and seeks a time bound corrective action plan. The decision for an additional follow up visit to verify the implementation of the corrective action plan as committed by the certified CSEs is taken by the CB in consultation with the Team leader of the audit team. Such decision shall be binding on the certified CSEs. The cost of the follow up visit shall be borne by the certified CSEs. In the event certified CSEs has not shown evidence of completion of the corrective action agreed as per committed time period, CB Secretariat shall prepare a status report and submit it along with the audit report to the certification committee along with recommendations for further decision on suspension or reduction or withdrawal of certification. Critical/major non-conformity may lead to suspension/withdrawal of certification depending on the seriousness.
- 6.8.4. The surveillance audit reports shall be reviewed and presented to the certification committee in case of any suspension (partial full) of certification or scope extension or scope reduction of the certified CSEs.
- 6.8.5. The frequency of surveillance audits may be increased based on the type and nature of non-conformities observed, complaints received, market feedback etc. The certified CSEs shall be informed of the reasons for any change in the frequency.
- 6.8.6. **Recertification**
- a. Normally six months prior to completion of the certification term, the certified CSEs shall be informed about the recertification process. The certified CSEs shall apply along with required documents at least 5 months in advance of the expiry date and ensure that audit is carried out normally 3 months before the expiry date. In case the certification process is not completed before the expiry date of certification, the recertification is liable to be withheld till the recertification process is completed.
 - b. For the purpose of recertification, the re-audit shall be carried out in accordance with process as applied to initial certification process and audit.

- c. On completion of the recertification process, the certified CSEs shall initiate the relevant activities to take corrective actions on the observed nonconformities and concerns, if any, and complete all actions as per the criteria of the CB to close all critical & major non-conformities and ensure that corrective action plan for minor non conformities are accepted by the audit teams, before the recertification decision can be taken.
- d. The audit team shall prepare a report of all the aspects of the audit. As a general policy, certification body ensures that different auditors are deputed in subsequent audits. The final audit report shall be made which clearly identifies the activities undertaken as part of re-audit process.
- e. The report shall be prepared as per the laid down guidelines and criteria by the team leader / team members in the established formats listing the level of compliance to the requirement of the certification criteria of the CB. The reports of the re-audit, and the corrective actions taken by the certified CSEs along with recommendations of CB shall then be presented to the certification committee for a decision.
- f. If the decision by the certification committee is to continue the certification, a fresh set of certification documents shall be issued to the certified CSEs.
- g. All re-audit activities shall be completed prior to the expiry of certification. In case there is a delay in decision-making, the certification shall continue, if the report of the audit team is satisfactory. The decision of the certification committee shall be binding on the certified CSEs.
- h. If the certification committee is not able to take a positive decision for any reason, the recertification may be withheld and communicated to the certified CSEs for initiating the appropriate actions including any corrective actions. The certified CSEs shall complete all actions within 6 months failing which the recertification may not be agreed to. The period from the date of previous expiry to recertification shall be deemed to be suspension and recertification effected from the original date of expiry.

6.9 Suspension and Withdrawal of Certification

Certification Committee is authorized to decide about the suspension or withdrawal of certification or revoking of suspension.

6.9.1. Suspension of Certification (Partial / full)

- a. In addition to the requirements specified for Suspension of Certification (Partial or full) the following shall further apply. The certified CSEs may seek on its own suspension of certification citing reasons for the same with justification.
- b. The period of suspension will not be more than six months. If the certified CSEs does not take suitable corrective action to the satisfaction of the CB and its audit team within six months, the CB reserves the right to withdraw the certification.
- c. In the event of part/full suspension, in terms of scopes under certification or the certification Scheme, the certified CSEs shall be informed.
- d. For revoking suspension, the certified CSEs shall formally apply to CB as per the established guidelines. The suspension shall be revoked after an audit has been carried out to verify that the corrective actions have been implemented and are effective in eliminating the reasons of suspension.

6.9.2. **Withdrawal of Certification**

- a. Reasons for withdrawal of certification are given in clause 6.4.4 of this section. Additionally, the CB may decide to withdraw certification based on market feedback, complaints about the CSMS etc. after due investigation and providing the certified CSEs with an opportunity to respond to the findings.
- b. In the event of the decision to withdraw the certification, the certified CSEs shall be asked to return the original of certificate and the enclosure of scopes to the CB and to stop using the certification symbol. The CB shall also notify the legal course for initiating any penalty of such misuses if it is reported and found supported by facts and evidence.
- c. In case a certified CSEs is found using CB certification symbol after withdrawal of certification supported by facts and evidence, CB may initiate legal action.
- d. Following withdrawal of certification, the certified CSEs may seek fresh certification as a new applicant only after a cooling period of minimum one year. CB shall have the right to satisfy itself if the reasons which led to withdrawal have been addressed adequately before accepting the application. Any visits needed for such a check would be charged to the certified CSEs.

6.9.3. **Public Information of Suspension or Withdrawal of Certification**

The information about suspension or withdrawal shall be placed on the CB website in the register of the certified organizations and CB may make a public declaration in the newspapers. The charges for making the information public through newspapers shall be recovered from the certified CSEs involved before revoking the suspension or renewal of the certification.

6.10 **Change in the status of the CSEs**

- 6.10.1. As part of the application for certification, the applicant/certified CSEs undertakes to inform CB within 30 days if any change takes place in any of the aspects of its status or operation that affects its:
 - a. Legal, commercial or organizational status
 - b. The organisation, top management and key personnel
 - c. Significant changes in Policies and/or documented processes.
 - d. Premises
 - e. Personnel, equipment, facilities, working environment or other resources, where significant and relevant.
 - f. Capability of CSMS or scope of certified activities, or conformity with the requirements of the certification criteria.
 - g. Addition/closure of any branches / foreign locations where clients are located / operations related to scope.
 - h. Other such matters that may affect the ability of the CSEs to fulfil requirements for certification.
- 6.10.2. Upon receiving information about a change in any of the above parameters, the CB decides whether an extraordinary visit is necessary, or the change will not affect the operation of the CSMS within the certified scope. If the CB decides on a visit, such a visit shall be charged as per prevailing fee structure. The invoice for this surveillance visit is sent to the CSEs. Further action shall be initiated only on timely payment of fee for the surveillance visit.

6.10.3. During regular surveillance, the certified CSEs are asked to confirm that no change in the parameters mentioned above or any other aspect that will affect the certification has taken place since the last audit.

6.10.4. In case a certified CSEs is found to have given a wilful wrong declaration, the CB shall initiate suitable action and also shall reserves the right to suspend / withdraw the certification.

6.11 Extension / Reduction of the Scope

6.11.1. The extension of scope may be within the same certification standard for new field/subgroup/technical area as applicable.

6.11.2. Normally the extension of the scope will be carried out as part of the surveillance visit by increasing the number of Auditor man-days necessary, or alternatively CB or the CSEs may ask for an additional audit. In case of extension of scope under the same certification standard, the decision of extending the scope may be done based on the audit.

6.11.3. In case extension of scope is for next levels of certification process and technical criteria (Level 1, Level 2, & Level 3), then CB shall process the application as per the applied Scheme requirements.

6.11.4. The proposal for the application and other fees for extension of the scope shall be forwarded to the CSEs.

6.11.5. The scope extension visits shall be charged as per the prevailing fee structure. Further action shall be initiated only after timely payment of fee for the scope extension visit. The process followed for the audit and decision for extension of the scope is similar to the initial audit as described in in this document.

6.11.6. The reduction of the scopes is decided based on the following:

a. The certified CSEs may like to reduce their scope of certification of their own accord.

b. The certified CSEs has been placed under partial suspension on account of inadequate resources for part of the scopes and subsequently agrees for the reduction of scope.

6.11.7. The decision for extension and reduction of scope is taken by the certification committee.

6.12 Fee payable for the certification, process and Annual Fee

The CB shall abide by the commercials as applicable.

6.13 Complaints and Appeals

6.13.1. Complaints:

a. Complaint can be made by any person/ consumer or body against the following:

- i. The CB, its operation and/ or process
- ii. The Auditors, experts, committee members or staff of the CB
- iii. Audit process followed by the Auditors and/or by the CB
- iv. Misuse of the certified status either in scope or in use of the certification body mark or symbol
- v. Quality of CSMS of certified organisation



- vi. Clients of CSEs
- b. The complaint shall be made in writing (by any means such as letter/ email etc.) to the CB with complete details of the complainant (name, address, organisation etc.) and description of the complaint with supporting information / documents as relevant and necessary.
 - c. Any complaint received is reviewed to establish if it is related to CB certification (certificates issued with by CB or CSEs' practices relating to CB certification). If so, the CB validates the complaint based on verification of all necessary information gathered and then the complaint is registered and the CB process for handling complaints is followed.
 - d. The CB will arrange to acknowledge the complaint within one week (excluding postal time, if any). In case any more information / document is needed, the same shall be sought from the complainant/ any other party as decided by the Board. If the complaint does not fall under the domain of CB, the complainant shall be informed of the same while providing possible assistance like referring the complaint to concerned certification body.
 - e. If the complaint has no details of the complainant or the description is not adequate, the CB will reserve the right of dealing with the complaint as deemed fit.
 - f. In case the complaint pertains to other certifications but relates to CB certified CSEs, then the concerned certification body is informed and efforts are also made to seek information from the certified CSEs. Based on any inputs received from the certified CSEs, the complainant is advised to follow up with the CB. CB also pursues with the other CB.
 - g. If the complaint is against the non-compliance of certification criteria by any applicant or certified CSEs, then CB shall encourage the complainant to utilize the complaint handling process of the relevant CSEs. At the same time, CB shall also gather all necessary information for establishing validity of the complaint. If the complainant insists and the CSEs agrees, then CB may carry out the investigation. The report of the analysis or parts there of as deemed necessary may be shared with the complainant and the CSEs along with the invoice as applicable to recover the cost of such complaint analysis.
 - h. In case the complaint pertains to a certified CSEs, the complaint would be referred to the certified CSEs for possible resolution. If the complainant is not satisfied with the response of the certified CSEs, the complaint would be taken up further.
 - i. In case a complaint is received through some other organisation/stakeholder, and not directly from the complainant, then the organisation will be briefed on the outcome at the end of the process.
 - j. The decision to be communicated to the complainant will be made, reviewed and approved by individuals not involved in the activities in question.
 - k. The CB will follow each complaint to conclusion and initiate appropriate corrective actions, in case the handling of complaints indicates some issues with the CB process. The effectiveness of such actions will be assessed and reported in the Management review meetings. Regarding complaints against a CB applicant / certified CSEs, if established, the CB shall take appropriate actions as deemed fit, which may even result in penal actions such as rejection of application or suspension/withdrawal of certification, etc.

- I. The CB will make all efforts to process / resolve the complaint within 1 month, unless it requires more time depending on the nature of the complaint. The CB will provide periodic updates on the progress of complaint investigation, as well as information about its outcome, to the complainant.
- m. The CB will give a formal notice at the end of the complaint handling process to the complainant.
- n. The CB will ensure that investigation and decision on complaints do not result in any discriminatory actions.

6.13.2. Appeals

Any CB applicant/certified CSEs can file an appeal against the decision of the CB to the SO and SM. SO will forward the same to SM. SM may call for details of information/ATR from CB and provide directions. SM shall submit the executive summary of the same to the SO.

- a. The appeal shall be filed in writing within thirty days of the decision of the CB along with all the necessary information / documents in support of the appeal.
- b. The CB shall have a process of its own to handle all complaints and appeal with clearly defined roles and responsibilities and timelines.

6.13.3. Records

The CB would maintain a record of all complaints and appeals received, actions taken, corrective actions, if any, and their effectiveness. These records will be maintained for a period of 5 years.

6.13.4. Publishing of the Information for Public & availability of Certification Schemes

- a. The CB shall make a public announcement of the certification Schemes, criteria of certification, application for certification, fee schedule and other related documents on its website and upon specific request.
- b. The CB shall maintain a list of the certified CSEs and the applicants on its website. It also makes this information available upon request.
- c. The certification Schemes are open to all applicants within the capability and scope of the CB.
- d. The CB shall also make public information about the suspension, withdrawal of certification, withholding of recertification and extension of validity of certification.

6.14 Confidentiality and Disclosure

The information obtained regarding the CSMS of the applicant and certified CSEs that are not of the nature of public information shall be kept confidential by all the personnel, members of the CB, the panel of Auditors, experts and the committee members.

If the CB has to share any confidential information due to any legal situation, the concerned CSEs shall be informed of the extent of disclosure and the body to whom the disclosure has been made.



6.15 Use of Scheme Mark

- 6.15.1 The Scheme mark is associated with the organisations who have been certified by CB as per the applicable requirements and criteria.
- 6.15.2 The Scheme mark can only be used under the authority of the certification body. Any unauthorised or misuse of the mark shall lead to suspension/withdrawal of certification and initiation of action as deemed necessary by the certification body.
- 6.15.3 Certification body at the time of the certification, will inform the client about the use of mark/mark for display and publicity.
- 6.15.4 The certified client shall submit to the certification body the form in which he proposes to use the certificate of registration and Scheme mark.
- 6.15.5 The certified client shall not use the certification mark/mark, which mislead the information.
- 6.15.6 Upon suspension or withdrawal/cancellation of certificate of registration the Scheme mark in all the products/publicity material to be withdrawn immediately.

6.16 Termination

- 6.16.1 If certification is withdrawn from the certified organisation in full, the organisation shall immediately cease use and distribution of any certificates, stationery and literature bearing the Scheme mark.
- 6.16.2 If certification is withdrawn from a certified organisation in respect of some of its activities, the organisation shall immediately cease the use and distribution of any stationery and literature bearing the Scheme mark.
- 6.16.3 The general conditions regarding the use of Scheme mark are given below:
 - a. The CSMS Scheme mark shall always appear as indicated on the certificate.
 - b. The minimum size of the mark for display is not specified. However, it shall not be displayed in a size which becomes unidentifiable or unreadable to the unaided eye. Aspect ratio will always be 1:1.
 - c. Colour combination will not be changed. No alteration shall be carried out in the image. The mark has to be used in full whenever used.
 - d. Certification body encourages the use of CSMS Scheme mark, by certified organisation in their publicity and promotion. Use of the mark shall be restricted to correspondence, advertisement and promotion relating to the certified CSE.
 - e. The certified organisation shall identify the scope of certification to which the certificate applies when using the mark in any context where the scope of certification is open to doubt.
 - f. The mark shall not be displayed on or in association with product or packaging which contains a product, process or service supplied by the certified CSE.



- g. It is not permitted to use CSMS Scheme mark to be applied by certified clients to laboratory test, calibration or inspection reports or certificates.

Note: It is obligatory on the part of certified organisation to seek the prior approval of certification body regarding the form in which it proposes to use the CSMS Scheme mark. The mark shall not be displayed in promotion or advertising by any organisation other than that stated on the certificate.

6.16.4 Use of Scheme Mark (Accreditation body's mark) - As specified by Accreditation body.

6.16.5 All CSMS certified CSEs are permitted to use Scheme mark as per the 'Section 7: Rules for Use of Scheme Mark'.

Annexure A

Audit duration

Following components required to define the audit duration which shall be as follows for the minimum **requirements. The total 'Audit Time' requirements are as per IS/ISO/IEC 27006:2015** "Audit Time Calculations":

- i. Audit stage 1 - Document review (Manuals, process, other documents as needed – minimum 3-man days for initial certification, two man-days for recertification and 1-man day for each subsequent certifications Schemes for both initial and recertification.
- ii. Review of corrective actions and revised documents – to be estimated by CB Secretariat
- iii. Audit stage 2 - Onsite audit – Minimum 4 man-days, and for calculation of man-days refer to the note below. Need for any additional man-days for specific situations would be estimated by CB Secretariat and informed to the CSEs in advance.
- iv. Branch office / sub-contractor audit – minimum 1 man-day depending on the activities carried out in the branch.
- v. Follow up audits – To be estimated by CB.
- vi. In case of initial certification audit, the preparation of final report by team leader and/or virtual closing meeting - 1.5 man-day
- vii. Review of response to NCs - as per document on timelines for audit process
- viii. Surveillance audits – for calculation of man-days refer to the note below.

Note: For audit time calculation refer to IS/ISO/IEC 27006: 2022 - Information technology — Security techniques — Requirements for bodies providing audit and certification of information security management systems

Any extension of scope audit – To be estimated by CB. May require onsite audit.

Annexure B

Audit time chart

Number of persons doing work under the organisation's control	ISMS (IS/ISO/IEC 27001:2022)* audit time for initial audit (auditor days)	CSMS BTC (Level 1) Audit Time (auditor days)
1~10	5	7
11~15	6	8
16~25	7	9
26~45	8.5	11
46~65	10	13.5
66~85	11	15.5
86~125	12	17.5
126~175	13	19.5
176~275	14	21.5
276~425	15	23.5
426~625	16.5	26
626~875	17.5	27
876~1175	18.5	28
1176~1550	19.5	29
1551~2025	21	31.5
2026~2675	22	32.5
2676~3450	23	33.5
3451~4350	24	34.5
4351~5450	25	35.5
5451~6800	26	36.5
6801~8500	27	37.5
8501~10700	28	38.5
> 10,700	Follow progression above	

Note 1: Factors affecting the Audit time may be referred from Annex B of IS/ISO/IEC 27006:2015-Information technology — Security techniques — Requirements for bodies providing audit and certification of information security management systems- Amendment 1:2020. Part B of BTC (Level 1) prescribes the following additional controls, generally each of the following controls requires half man-day audit time. Accordingly, for CSMS BTC (Level 1) Audit 2-3 additional man-days audit will be required for system definition/adequacy, implementation and effectiveness.

- Governance of Cyber Security
- Embedded Security
- Intranet Security
- Cyber Security Crisis Management Plan
- Artificial and Autonomous Technology

***Note 2:** For calculating Audit man-days, at present reference to IS/ISO/IEC 27001:2013 has been made, at present IS/ISO/IEC 27006:2015 is under revision and FDIS 27006-1 is under development, accordingly IS/ISO/IEC 27006:2015 is taken as a base standard



presuming that there are no major changes and the additional effort required to audit the additional part can be adjusted as per the recommendations of B3.4 to B3.6 in Annex B 'Audit Time' of IS/ISO/IEC 27006:2015. Similarly, the time required for surveillance and recertification audit may be derived.

The time estimate prescribed in the above table includes the new controls of IS/ISO/IEC 27001:2022 which are:

- a. Threat Intelligence (CI no. 5.7)
- b. Information Security for use of cloud services (CI no. 5.23)
- c. ICT readiness for business continuity (CI no. 5.30)
- d. Physical Security Monitoring (CI no. 7.4)
- e. Configuration Management (CI no. 8.9)
- f. Information deletion (CI no. 8.10)
- g. Data masking (CI no. 8.11)
- h. Data Leakage Prevention (CI no. 8.12)
- i. Monitoring activities (CI no. 8.16)
- j. Web Filtering (CI no. 8.23)
- k. Secure Coding (CI no. 8.28)



SECTION 5

REQUIREMENTS FOR CERTIFICATION BODIES

1. Scope

This document specifies the requirements for a third-party Certification Body to undertake certification of Critical Sector Entities for attesting compliance as per the requirements of the Cyber Security Management Systems Scheme for BTC (Level 1).

2. Requirements

- 2.1. The Certification Bodies operating Cyber Security Management Systems Certification shall comply with the requirements specified in **IS/ISO/IEC 27006:2015 Amendment 1, 2020 - "Information technology — Security techniques — Requirements for bodies providing audit and certification of information security management systems"** and **Additional, Refined, as defined in this document**.
- 2.2. The main body of this document is generic in nature. The requirements which are normative in nature are defined in Annex A. There are common requirements between this document and the '**Certification Process**'. This document shall be read in conjunction with 'Section 4: Certification Process' of this document.

3. Structure of the document

- 3.1. This document is the adaptation of IS/ISO/IEC 27006:2015 Amendment 1, 2020 'Information technology' which is based on IS/ISO/IEC 17021-1:2015.
- 3.2. The major functional areas governed are general requirements pertaining to general requirements pertaining to legal, impartiality, liability and financing etc. and core requirements such as CB organisation, resources, information, and process and management systems.
- 3.3. The reference for CB to audit CSE is BTC (Level 1) which has two parts: Part A - IS/ISO/IEC 27001:2022 compliance and Part B comprising of 5 additional requirements detailed in clause 3.5.
- 3.4. The human resource specifically the auditors of CB shall have adequate knowledge of the 'Technical Criteria' of BTC (Level 1) and the accompanying 'Certification Process'.
- 3.5. The CB shall demonstrate competency to plan, manage and conduct audits to assess the following 5 additional requirements in a CSE:

Additional Controls	Category
a. Governance of Cyber Security	Organisational
b. Embedded Security	Technological
c. Intranet Security	Technological
d. Cyber Security Crisis Management Plan	Organisational
e. Artificial and Autonomous Technology	Technological

4. Duration of audits undertaken by the Certification Body

The calculation of audit man day shall be guided by Clause 9.1.4 'Determining audit time' of IS/ISO/IEC 27006: 2015. The lead auditor shall recommend additional time for auditing the 5 additional requirements specified in Clause 6. This shall be based on SoA using the same principal time spent in auditing a control (Refer to Annex B of Section 4 of this document).

Note: The average time spent in auditing a control is 3 hours.

- 4.1. The CB shall have procedures to determine the audit man days required for audit for initial assessment, surveillance, and reassessment. The procedure shall also include the policies for estimation of audit duration for multisite organisations and transfer of certificates, as needed.
- 4.2. The CB shall give due consideration to the guidance given in Annex C of IS/ISO/IEC 27006:2015 on the audit man days that are normally required for audit to verify compliance to IS/ISO/IEC 27001:2022 standard, additional controls specified in Part B of BTC (Level 1).

5. Requirements for Approval

The requirements for approval of a CB are based on IS/ISO/IEC 27006:2015 (with Amendments) which is mentioned in Annex A of this section. This shall be used for the following purposes:

- 5.1 For CBs to demonstrating compliance and obtaining approval. The Annex A of this section will facilitate CBs to prepare Document Review Report (DRR).
- 5.2 By AB as an assessment checklist for conducting the audit.



Annexure A

Requirement for Certification Bodies

The requirements are adopted from IS/ISO/IEC 27006:2015 Amendment, 2022. The information security specific requirements are prefixed with IS. Wherever the term ISMS has been used, the provisions of the same is expanded to CSMS BTC (Level 1) and should be read accordingly. The specific requirements in BTC (Level 1) are added with ID CS-L1 wherever applicable.

CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
5	General Requirement
5.1	Legal and contractual matters
	Legal responsibility
5.1.1	The certification body shall be a legal entity, or a defined part of a legal entity, such that it can be held legally responsible for all its certification activities. A governmental certification body is deemed to be a legal entity on the basis of its governmental status.
	Certification agreement
5.1.2*	The certification body shall have a legally enforceable agreement with each client for the provision of certification activities in accordance with the relevant requirements of this part of IS/ISO/IEC 17021. In addition, where there are multiple offices of a certification body or multiple sites of a client, the certification body shall ensure there is a legally enforceable agreement between the certification body granting certification and the client that covers all the sites within the scope of the certification.
	Note: An agreement can be achieved through multiple agreements that reference or otherwise link to one another.
CS-L1	The agreement shall cover vertical & horizontal interdependencies between organization layers & in-bound & out-bound interdependencies.
	Responsibility for certification decisions
5.1.3	The certification body shall be responsible for, and shall retain authority for, its decisions relating to certification, including the granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring following suspension, or withdrawing of certification.
5.2	Management of impartiality
5.2.1	Conformity assessment activities shall be undertaken impartially. The certification body shall be responsible for the impartiality of its conformity assessment activities and shall not allow commercial, financial or other pressures to compromise impartiality.
	IS 5.2 Conflicts of interest
IS 5.2.1	Certification bodies may carry out the following duties without them being considered as consultancy or having a potential conflict of interest:
	a) Arranging and participating as a lecturer in training courses, provided that, where these courses relate to information security management, related management systems or auditing, certification bodies shall confine themselves to

CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
	<p>the provision of generic information and advice which is publicly available, i.e. they shall not provide company-specific advice which contravenes the requirements of b) below;</p> <p>b) Making available or publishing on request information describing the certification body's interpretation of the requirements of the certification audit standards (see 9.1.3.6);</p> <p>c) Activities prior to audit, solely aimed at determining readiness for certification audit; however, such activities shall not result in the provision of recommendations or advice that would contravene this clause and the certification body shall be able to confirm that such activities do not contravene these requirements and that they are not used to justify a reduction in the eventual certification audit duration;</p> <p>d) Performing second and third-party audits according to standards or regulations other than those being part of the scope of accreditation;</p> <p>e) Adding value during certification audits and surveillance visits, e.g. by identifying opportunities for improvement, as they become evident during the audit, without recommending specific solutions.</p> <p>The certification body shall not provide internal information security reviews of the client's ISMS subject to certification. Furthermore, the certification body shall be independent from the body or bodies (including any individuals) which provide the internal ISMS audit.</p>
<p>5.2.2</p>	<p>The certification body shall have top management commitment to impartiality in management system certification activities. The certification body shall have a policy that it understands the importance of impartiality in carrying out its management system certification activities, manages conflict of interest and ensures the objectivity of its management system certification activities.</p>
<p>5.2.3</p>	<p>The certification body shall have a process to identify, analyse, evaluate, treat, monitor, and document the risks related to conflict of interests arising from provision of certification including any conflicts arising from its relationships on an ongoing basis. Where there are any threats to impartiality, the certification body shall document and demonstrate how it eliminates or minimizes such threats and document any residual risk. The demonstration shall cover all potential threats that are identified, whether they arise from within the certification body or from the activities of other persons, bodies or organizations. When a relationship poses an unacceptable threat to impartiality (such as a wholly owned subsidiary of the certification body requesting certification from its parent), then certification shall not be provided.</p> <p>Top management shall review any residual risk to determine if it is within the level of acceptable risk.</p> <p>The risk assessment process shall include identification of and consultation with appropriate interested parties to advise on matters affecting impartiality including openness and public perception. The consultation with appropriate interested parties shall be balanced with no single interest predominating.</p> <p>Note 1 Sources of threats to impartiality of the certification body can be based on ownership, governance, management, personnel, shared resources, finances,</p>



CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
	<p>contracts, training, marketing and payment of a sales commission or other inducement for the referral of new clients, etc.</p> <p>Note 2 Interested parties can include personnel and clients of the certification body, customers of organisations whose management systems are certified, representatives of industry trade associations, representatives of governmental regulatory bodies or other governmental services, or representatives of non-governmental organizations, including consumer organizations.</p> <p>Note 3 One way of fulfilling the consultation requirement of this clause is by the use of a committee of these interested parties.</p>
5.2.4	<p>A certification body shall not certify another certification body for its management system certification activities</p>
5.2.5	<p>The certification body and any part of the same legal entity and any entity under the organisational control of the certification body [see 9.5.1.2, bullet (b)] shall not offer or provide management system consultancy. This also applies to that part of government identified as the certification body.</p> <p>Note This does not preclude the possibility of exchange of information (e.g. explanation of findings or clarification of requirements) between the certification body and its clients.</p>
5.2.6	<p>The carrying out of internal audits by the certification body and any part of the same legal entity to its certified clients is a significant threat to impartiality. Therefore, the certification body and any part of the same legal entity and any entity under the organisational control of the certification body [see 9.5.1.2, bullet b)] shall not offer or provide internal audits to its certified clients. A recognized mitigation of this threat is that the certification body shall not certify a management system on which it provided internal audits for a minimum of two years following the completion of the internal audits.</p> <p>NOTE See Note 1 to 5.2.3.</p>
5.2.7	<p>Where a client has received management systems consultancy from a body that has a relationship with a certification body, this is a significant threat to impartiality. A recognized mitigation of this threat is that the certification body shall not certify the management system for a minimum of two years following the end of the consultancy.</p> <p>NOTE See Note 1 to 5.2.3.</p>
5.2.8	<p>The certification body shall not outsource audits to a management system consultancy organization, as this poses an unacceptable threat to the impartiality of the certification body (see 7.5). This does not apply to individuals contracted as auditors covered in 7.3.</p>
5.2.9	<p>The certification body's activities shall not be marketed or offered as linked with the activities of an organisation that provides management system consultancy. The certification body shall take action to correct inappropriate links or statements by any consultancy organisation stating or implying that certification would be simpler, easier, faster or less expensive if the certification body were used. A certification body shall not state or imply that certification would be simpler, easier, faster or less expensive if a specified consultancy organisation were used.</p>

CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
5.2.10	In order to ensure that there is no conflict of interests, personnel who have provided management system consultancy, including those acting in a managerial capacity, shall not be used by the certification body to take part in an audit or other certification activities if they have been involved in management system consultancy towards the client. A recognized mitigation of this threat is that personnel shall not be used for a minimum of two years following the end of the consultancy.
5.2.11	The certification body shall take action to respond to any threats to its impartiality arising from the actions of other persons, bodies or organizations.
5.2.12	All certification body personnel, either internal or external, or committees, who could influence the certification activities, shall act impartially and shall not allow commercial, financial or other pressures to compromise impartiality.
5.2.13	Certification bodies shall require personnel, internal and external, to reveal any situation known to them that can present them or the certification body with a conflict of interests. Certification bodies shall record and use this information as input to be identifying threats to impartiality raised by the activities of such personnel or by the organizations that employ them, and shall not use such personnel, internal or external, unless they can demonstrate that there is no conflict of interest.
5.3	Liability and financing
5.3.1	The certification body shall be able to demonstrate that it has evaluated the risks arising from its certification activities and that it has adequate arrangements (e.g. insurance or reserves) to cover liabilities arising from its operations in each of its fields of activities and the geographic areas in which it operates.
5.3.2	The certification body shall evaluate its finances and sources of income and demonstrate that initially, and on an ongoing basis, commercial, financial or other pressures do not compromise its impartiality.
6	Structural requirements
6.1	Organisational structure and top management
6.1.1	The certification body shall document its organisational structure, duties, responsibilities and authorities of management and other personnel involved in certification and any committees. When the certification body is a defined part of a legal entity, the structure shall include the line of authority and the relationship to other parts within the same legal entity.
6.1.2	Certification activities shall be structured and managed so as to safeguard impartiality.
6.1.3	The certification body shall identify the top management (board, group of persons, or person) having overall authority and responsibility for each of the following:
	a) Development of policies and establishment of processes and procedures relating to its operations;
	b) Supervision of the implementation of the policies, processes and procedures;
	c) Ensuring impartiality;
	d) Supervision of its finances;
	e) Development of management system certification services and schemes; f) Performance of audits and certification, and responsiveness to complaints;

CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
	g) Decisions on certification; h) Delegation of authority to committees or individuals, as required, to undertake defined activities on its behalf; i) Contractual arrangements; j) Provision of adequate resources for certification activities.
6.1.4	The certification body shall have formal rules for the appointment, terms of reference and operation of any committees that are involved in the certification activities.
6.2	Operational control
6.2.1	The certification body shall have a process for the effective control of certification activities delivered by branch offices, partnerships, agents, franchisees, etc., irrespective of their legal status, relationship or geographical location. The certification body shall consider the risk that these activities pose to the competence, consistency and impartiality of the certification body.
6.2.2	The certification body shall consider the appropriate level and method of control of activities undertaken including its processes, technical areas of certification bodies' operations, competence of personnel, lines of management control, reporting and remote access to operations including records.
7	Resource requirements
7.1	Competence of personnel
7.1.1	General considerations The certification body shall have processes to ensure that personnel have appropriate knowledge and skills relevant to the types of management systems (e.g. environmental management systems, quality management systems, information security management systems) and geographic areas in which it operates.
IS 7.1.1	General considerations
CS-L1	ISMS extends to CSMS based on IS/ISO/IEC 27001:2022. Knowledge of certification criteria of CB Operating Cyber Security Management Systems Certification (CSMS) which includes 5 additional controls specified in part B of BTC (Level 1) other than IS/ISO/IEC 27001: 2022
CS-L1	The personnel involved in certification activities such as Auditors, lead Audits, CB secretariat, Technical Experts shall have undergone the process of police verification and background check and records shall be maintained.
IS 7.1.1.1	Generic competence requirements The certification body shall ensure that it has knowledge of the technological, legal and regulatory developments relevant to the ISMS of the client which it assesses. The certification body shall define the competence requirements for each certification function as referenced in Table A.1 of IS/ISO/IEC 17021-1. The certification body shall take into account all the requirements specified in IS/ISO/IEC 17021-1:2015 and 7.1.2 and 7.2.1 of this International Standard that are relevant for the ISMS technical areas as determined by the certification body. NOTE Annex of IS/ISO/IEC 27006:2015 provides a summary of the competence requirements for personnel involved in specific certification functions.

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CS-L1	<p>CB shall have a robust continuous process to assess the competence (knowledge and skill) of all the personnel involved in the activities of conformity assessment so that the rigour of the process is maintained at all times. AB shall exercise oversight over the CB specifically on the criteria for selection and onboarding of personnel (conducting applicable knowledge and skill tests for all the personnel involved in certification related activities) executing certification as per the laid down criteria.</p>
CS-L1	<p>The audit team and decision-making functions (e.g. report reviewers etc.) shall have adequate knowledge and skills on the following controls which are part of the framework because of revision of IS/ISO/IEC 27001:2022 and CSMS requirements specific to CII.</p> <p>Clauses of IS/ISO/IEC 27001:2022:</p> <ul style="list-style-type: none"> a. Threat Intelligence (CI no. 5.7) b. Information Security for use of cloud services (CI no. 5.23) c. ICT readiness for business continuity (CI no. 5.30) d. Physical Security Monitoring (CI no. 7.4) e. Configuration Management (CI no. 8.9) f. Information deletion (CI no. 8.10) g. Data masking (CI no. 8.11) h. Data Leakage Prevention (CI no. 8.12) i. Monitoring activities (CI no. 8.16) j. Web Filtering (CI no. 8.23) k. Secure Coding (CI no. 8.28) <p>Additional requirements of BTC (Level 1) Part B:</p> <ul style="list-style-type: none"> a. Governance of Cyber Security b. Embedded Security c. Intranet Security d. Cyber Security Crisis Management Plan e. Artificial and Autonomous Technology <p>The CB shall demonstrate compliance to the above-mentioned controls by reviewing logs/records of the persons through personal interaction and witness assessment by the AB.</p> <p>Note: This is in addition to the requirements specified in IS/ISO/IEC 27006:2015.</p>
7.1.2	<p>Determination of competence criteria</p> <p>The certification body shall have a process for determining the competence criteria for personnel involved in the management and performance of audits and other certification activities. Competence criteria shall be determined with regard to the requirements of each type of management system standard or specification, for each technical area, and for each function in the certification process. The output of the process shall be the documented criteria of required knowledge and skills necessary to effectively perform audit and certification tasks to be fulfilled to achieve the intended results. Annex A of IS/ISO/IEC 17021-1:2015 specifies the knowledge and skills that a certification body shall define for specific functions. Where additional</p>

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	<p>specific competence criteria have been established for a specific standard or certification scheme (e.g., IS/ISO/IEC TS 17021-2, IS/ISO/IEC TS 17021-3 or IS/ISO/TS 22003), these shall be applied.</p> <p>Note The term “technical area” is applied differently depending on the management system standard being considered. For any management system, the term is related to products, processes and services in the context of the scope of the management system standard. The technical area can be defined by a specific certification scheme (e.g. IS/ISO/TS 22003) or can be determined by the certification body. It is used to cover a number of other terms such as “scopes”, “categories”, “sectors”, etc., which are traditionally used in different management system disciplines.</p>
IS 7.1.2	IS 7.1.2 Determination of Competence Criteria
IS 7.1.2.1	Competence requirements for ISMS auditing
IS 7.1.2.1.1	General requirements
	The certification body shall have criteria for verifying the background experience, specific training or briefing of audit team members that ensures at least:
	a) Knowledge of information security;
	b) Technical knowledge of the activity to be audited;
	c) Knowledge of management systems;
	d) Knowledge of the principles of auditing;
	Note: Further information on the principles of auditing can be found in IS/ISO/IEC 19011.
	e) Knowledge of ISMS monitoring, measurement, analysis and evaluation.
	These above requirements a) to e) apply to all auditors being part of the audit team, with the exception of b), which can be shared among auditors being part of the audit team.
	The audit team shall be competent to trace indications of information security incidents in the client’s ISMS back to the appropriate elements of the ISMS.
	The audit team shall have appropriate work experience of the items above and practical application of these items (this does not mean that an auditor needs a complete range of experience of all areas of information security, but the audit team as a whole shall have enough appreciation and experience to cover the ISMS scope being audited).
IS 7.1.2.1.2	Information security management terminology, principles, practices and techniques
	Collectively, all members of the audit team shall have knowledge of:
	a) ISMS specific documentation structures, hierarchy and interrelationships;
	b) Information security management related tools, methods, techniques and their application;
	c) Information security risk assessment and risk management;
	d) Processes applicable to ISMS;
	e) The current technology where information security may be relevant or an issue.



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	Every auditor shall fulfil a), c) and d).
IS 7.1.2.1.3	Information security management system standards and normative documents
	Auditors involved in ISMS auditing shall have knowledge of:
	a) All requirements address in IS/ISO/IEC 27001.
	Collectively, all members of the audit team shall have knowledge of:
	b) All controls addressed in IS/ISO/IEC 27002 (if determined as necessary also from sector specific standards) and their implementation, categorized as:
	1) Information security policies;
	2) Organisation of information security;
	3) Human resource security;
	4) Asset management;
	5) Access control, including authorization;
	6) Cryptography;
	7) Physical and environmental security;
	8) Operations security, including IT-services;
	9) Communications security, including network security management and information transfer;
	10) System acquisition, development and maintenance;
	11) Supplier relationships, including outsourced services;
	12) Information security incident management;
	13) Information security aspects of business continuity management, including redundancies;
	14) Compliance, including information security reviews
IS 7.1.2.1.4	Business management practices
	Auditors involved in ISMS auditing shall have knowledge of:
	a) Industry information security good practices and information security procedures;
	b) Policies and business requirements for information security;
	c) General business management concepts, practices and the inter-relationship between policy, objectives and results;
	d) Management processes and related terminology.
	Note These processes also include human resources management, internal and external communication and other relevant support processes
IS 7.1.2.1.5	Client business sector
	Auditors involved in ISMS auditing shall have knowledge of:
	a) The legal and regulatory requirements in the particular information security field, geography and jurisdiction(s);
	Note Knowledge of legal and regulatory requirements does not imply a profound legal background.

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	b) Information security risks related to business sector; c) Generic terminology, processes and technologies related to the client business sector; d) The relevant business sector practices. The criteria a) may be shared amongst the audit team
IS 7.1.2.1.6	Client products, processes and organization Collectively, auditors involved in ISMS auditing shall have knowledge of: a) The impact of organisation type, size, governance, structure, functions and relationships on development and implementation of the ISMS and certification activities, including outsourcing; b) Complex operations in a broad perspective; c) Legal and regulatory requirements applicable to the product or service
IS 7.1.2.2	Competence requirements for leading the ISMS audit team In addition to the requirements in 7.1.2.1, audit team leaders shall fulfil the following requirements, which shall be demonstrated in audits under guidance and supervision. a) Knowledge and skills to manage the certification audit process and the audit team; b) Demonstration of the capability to communicate effectively, both orally and in writing.
IS 7.1.2.3	Competence requirements for conducting the application review
IS 7.1.2.3.1	Information security management system standards and normative documents Personnel conducting the application review to determine audit team competence required, to select the audit team members and to determine the audit time shall have knowledge of: a) Relevant ISMS standards and other normative documents used in the certification process.
IS 7.1.2.3.2	Client business sector Personnel conducting the application review to determine the audit team competence required, to select the audit team members and to determine the audit time shall have knowledge of: a) Generic terminology, processes, technologies and risks related to the client business sector
IS 7.1.2.3.3	Client products, processes and organisation Personnel conducting the application review to determine audit team competence required, to select the audit team members and to determine the audit time shall have knowledge of: a) Client products, processes, organisation types, size, governance, structure, functions and relationships on development and implementation of the ISMS and certification activities, including outsourcing functions



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IS 7.1.2.4	Competence requirements for reviewing audit reports and making certification decisions
IS 7.1.2.4.1	General
	The personnel reviewing audit reports and making certification decisions shall have knowledge that enables them to verify the appropriateness of the scope of certification as well as changes to the scope and their impact on the effectiveness of the audit, in particular the continuing validity of the identification of interfaces and dependencies and the associated risks.
	Additionally, the personnel reviewing audit reports and making the certification decisions shall have knowledge of:
	a) Management systems in general;
	b) Audit processes and procedures; c) Audit principles, practices and techniques
IS 7.1.2.4.2	Information security management terminology, principles, practices and techniques
	The personnel reviewing audit reports and making the certification decisions shall have knowledge of:
	a) The items listed in 7.1.2.1.2 a), c) and d); b) Legal and regulatory requirements relevant to information security.
IS 7.1.2.4.3	Information security management system standards and normative documents.
	Personnel reviewing audit reports and making certification decisions shall have knowledge of: a) Relevant ISMS standards and other normative documents used in the certification process
IS 7.1.2.4.4	Client business sector
	Personnel reviewing audit reports and making certification decisions shall have knowledge of: a) Generic terminology and risks related to the relevant business sector practices.
IS 7.1.2.4.5	Client products, processes and organization
	Personnel reviewing audit reports and making certification decisions shall have knowledge of: a) Client products, processes, organization types, size, governance, structure, functions and relationships
7.1.3	Evaluation processes
	The certification body shall have documented processes for the initial competence evaluation, and on- going monitoring of competence and performance of all personnel involved in the management and performance of audits and other certification activities, applying the determined competence criteria. The certification body shall demonstrate that its evaluation methods are effective. The output from these processes shall be to identify personnel who have demonstrated the level of competence required for the different functions of the audit and certification process.



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	<p>Competence shall be demonstrated prior to the individual taking the responsibility for the performance of their activities within the certification body.</p> <p>Note 1 A number of evaluation methods that can be used to evaluate competence are described in Annex B of IS/ISO/IEC 17021-1:2025.</p> <p>Note 2 Annex C IS/ISO/IEC 17021-1:2025 shows an example of a process flow for determining and maintaining competence.</p>
7.1.4	<p>Other considerations</p> <p>The certification body shall have access to the necessary technical expertise for advice on matters directly relating to certification activities for all technical areas, types of management systems and geographic areas in which the certification body operates. Such advice may be provided externally or by certification body personnel.</p>
7.2	Personnel involved in the certification activities
7.2.1	The certification body shall have sufficient, competent personnel for managing and supporting the type and range of audit programmes and other certification work performed.
IS 7.2.1	IS 7.2 Demonstration of auditor knowledge and experience
	The certification body shall demonstrate that the auditors have knowledge and experience through:
	a) Recognized ISMS-specific qualifications;
	b) Registration as auditor where applicable;
	c) Participation in ISMS training courses and attainment of relevant personal credentials;
CS-L1	d) Up to date professional development records;
	e) ISMS audits witnessed by another ISMS auditor;
	f) Conduct of Knowledge and Skill test of audit team.
IS 7.2.1.1	Selecting auditors
	In addition to 7.1.2.1, the criteria for selecting auditors shall ensure that each auditor:
	a) Has professional education or training to an equivalent level of university education;
	b) Has at least four years full time practical workplace experience in information technology, of which at least two years are in a role or function relating to information security;
	c) Has successfully completed at least five days of training, the scope of which covers ISMS audits and audit management;
	d) Has gained experience of auditing ISMS prior to acting as an auditor performing ISMS audits. This experience shall be gained by performing as an auditor-in-training monitored by an ISMS evaluator (see IS/ISO/IEC 17021-1:2015, 9.2.2.1.4) in at least one ISMS initial certification audit (stage 1 and stage 2) or re-certification and at least one surveillance audit. This experience shall be gained in at least 10 ISMS on-site audit days and performed in the last 5 years. The participation shall include review of documentation and risk assessment, implementation assessment. and audit reporting

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	<p>e) This experience shall be gained by performing as an auditor-in-training monitored by an ISMS evaluator (see IS/ISO/IEC 17021-1:2015, 9.2.2.1.4) in at least one ISMS initial certification audit (stage 1 and stage 2) or re-certification and at least one surveillance audit. This experience shall be gained in at least 10 ISMS on-site audit days and performed in the last 5 years. The participation shall include review of documentation and risk assessment, implementation assessment and audit reporting.</p> <p>f) has relevant and current experience;</p> <p>g) Keeps current knowledge and skills in information security and auditing up to date through continual professional development.</p> <p>h) Has competence in auditing an ISMS in accordance with IS/ISO/IEC 27001.</p> <p>Technical experts shall comply with criteria a), b) and e)</p>
<p>IS 7.2.1.2</p>	<p>Selecting auditors for leading the team</p> <p>In addition to 7.1.2.2 and 7.2.1.1, the criteria for selecting an auditor for leading the team shall ensure that this auditor:</p> <p>a) Has actively participated in all stages of at least three ISMS audits. The participation shall include initial scoping and planning, review of documentation and risk assessment, implementation assessment and formal audit reporting</p>
<p>7.2.2</p>	<p>The certification body shall employ, or have access to, a sufficient number of auditors, including audit team leaders, and technical experts to cover all of its activities and to handle the volume of audit work performed.</p>
<p>7.2.3</p>	<p>The certification body shall make clear to each person concerned their duties, responsibilities and authorities.</p>
<p>7.2.4</p>	<p>The certification body shall have processes for selecting, training, formally authorizing auditors and for selecting and familiarizing technical experts used in the certification activity. The initial competence evaluation of an auditor shall include the ability to apply required knowledge and skills during audits, as determined by a competent evaluator observing the auditor conducting an audit.</p> <p>Note During the selection and training process described above desired personal behaviour can be considered. These are characteristics that affect an individual's ability to perform specific functions. Therefore, knowledge about the behaviour of individuals enables a certification body to take advantage of their strengths and to minimize the impact of their weaknesses. Desired personal behaviour that is important for personnel involved in certification activities is described in Annex D.</p>
<p>7.2.5</p>	<p>The certification body shall have a process to achieve and demonstrate effective auditing, including the use of auditors and audit team leaders possessing generic auditing skills and knowledge, as well as skills and knowledge appropriate for auditing in specific technical areas.</p>
<p>7.2.6</p>	<p>The certification body shall ensure that auditors (and, where needed, technical experts) are knowledgeable of its audit processes, certification requirements and other relevant requirements. The certification body shall give auditors and technical experts access to an up-to-date set of documented procedures giving audit instructions and all relevant information on the certification activities.</p>

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7.2.7	The certification body shall identify training needs and shall offer or provide access to specific training to ensure its auditors, technical experts and other personnel involved in certification activities are competent for the functions they perform.
7.2.8	The group or individual that takes the decision on granting, refusing, maintaining, renewing, suspending, restoring, or withdrawing certification, or on expanding or reducing the scope of certification, shall understand the applicable standard and certification requirements, and shall have demonstrated competence to evaluate the outcomes of the audit processes including related recommendations of the audit team.
7.2.9	The certification body shall ensure the satisfactory performance of all personnel involved in the audit and other certification activities. There shall be a documented process for monitoring competence and performance of all persons involved, based on the frequency of their usage and the level of risk linked to their activities. In particular, the certification body shall review and record the competence of its personnel in the light of their performance in order to identify training needs.
7.2.10	The certification body shall monitor each auditor considering each type of management system to which the auditor is deemed competent. The documented monitoring process for auditors shall include a combination of on-site evaluation, review of audit reports and feedback from clients or from the market. This monitoring shall be designed in such a way as to minimize disturbance to the normal processes of certification, especially from the client's viewpoint.
7.2.11	The certification body shall periodically evaluate the performance of each auditor on-site. The frequency of on-site evaluations shall be based on need determined from all monitoring information available.
7.3	Use of individual external auditors and external technical experts
	<p>The certification body shall require external auditors and external technical experts to have a written agreement by which they commit themselves to comply with applicable policies and implement processes as defined by the certification body. The agreement shall address aspects relating to confidentiality and impartiality and shall require the external auditors and external technical experts to notify the certification body of any existing or prior relationship with any organisation they may be assigned to audit.</p> <p>NOTE Use of an individual or employee of another organisation individually contracted to serve as an external auditor or technical expert does not constitute outsourcing.</p>
IS 7.3.1	<p>IS 7.3 Using external auditors or external technical experts as part of the audit team</p> <p>Technical experts shall work under the supervision of an auditor. The minimum requirements for technical experts are listed in 7.2.1.1</p>
CS-L1	There shall not be any complaint against external auditors. CB shall implement the process of police verification and background check and maintain the record.
7.4	Personnel records
	The certification body shall maintain up-to-date personnel records, including relevant qualifications, training, experience, affiliations, professional status and

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	<p>competence. This includes management and administrative personnel in addition to those performing certification activities.</p>
7.5	Outsourcing
7.5.1	<p>The certification body shall have a process in which it describes the conditions under which outsourcing (which is subcontracting to another organization to provide part of the certification activities on behalf of the certification body) may take place. The certification body shall have a legally enforceable agreement covering the arrangements, including confidentiality and conflicts of interests, with each body that provides outsourced services.</p>
7.5.2	<p>Decisions for granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification shall not be outsourced.</p>
7.5.3	<p>The certification body shall:</p>
	<p>a) Take responsibility for all activities outsourced to another body;</p>
	<p>b) Ensure that the body that provides outsourced services, and the individuals that it uses, conform to requirements of the certification body and also to the applicable provisions of this part of IS/ISO/IEC 17021, including competence, impartiality and confidentiality;</p>
	<p>c) Ensure that the body that provides outsourced services, and the individuals that it uses, are not involved, either directly or through any other employer, with an organization to be audited, in such a way that impartiality could be compromised.</p>
7.5.4	<p>The certification body shall have a process for the approval and monitoring of all bodies that provide outsourced services used for certification activities, and shall ensure that records of the competence of all personnel involved in certification activities are maintained.</p>
	<p>Note 1 For 7.5.1 to 7.5.4, where the certification body engages individuals or employees of other organizations to provide additional resources or expertise, these individuals do not constitute outsourcing provided they are individually contracted to operate under the certification body's management system (see 7.3).</p>
	<p>Note 2 For 7.5.1 to 7.5.4, the terms "outsourcing" and "subcontracting" are considered to be synonyms.</p>
8	Information requirements
8.1	Public information
8.1.1	<p>The certification body shall maintain (through publications, electronic media or other means),</p>
	<p>and make public, without request, in all the geographical areas in which it operates, information about</p>
	<p>a) Audit processes;</p>
	<p>b) Processes for granting, refusing, maintaining, renewing, suspending, restoring or withdrawing certification or expanding or reducing the scope of certification;</p>
	<p>c) Types of management systems and certification schemes in which it operates;</p>
	<p>d) The use of the certification body's name and certification mark or logo;</p>
	<p>e) Processes for handling requests for information, complaints and appeals;</p>

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	f) Policy on impartiality.
8.1.2	The certification body shall provide upon request information about:
	a) Geographical areas in which it operates;
	b) The status of a given certification;
	c) The name, related normative document, scope and geographical location (city and country) for a specific certified client.
	Note 1 In exceptional cases, access to certain information can be limited on the request of the client (e.g. for security reasons).
	Note 2 The certification body can also make the information in 8.1.2 public by any means it chooses without request, e.g. on its internet website.
8.1.3	Information provided by the certification body to any client or to the marketplace, including advertising, shall be accurate and not misleading.
8.2	Certification documents
8.2.1	The certification body shall provide by any means it chooses certification documents to the certified client.
IS 8.2.1	IS 8.2 ISMS Certification documents
	The certification documents may reference national and international standards as source(s) of control set for controls that are determined as necessary in the organisation's Statement of Applicability in accordance with IS/ISO/IEC 27001:2013, 6.1.3 d). The reference on the certification documents shall be clearly stated as being only a control set source for controls applied in the Statement of Applicability and not a certification thereof.
8.2.2	The certification document(s) shall identify the following:
	a) The name and geographical location of each certified client (or the geographical location of the headquarters and any sites within the scope of a multi-site certification);
	b) The effective date of granting, expanding or reducing the scope of certification, or renewing certification which shall not be before the date of the relevant certification decision;
	Note The certification body can keep the original certification date on the certificate when a certificate lapses for a period of time provided that:
	— the current certification cycle start and expiry date are clearly indicated;
	— the last certification cycle expiry date be indicated along with the date of recertification audit.
	c) The expiry date or recertification due date consistent with the recertification cycle;
	d) A unique identification code;
	e) The management system standard and/or other normative document, including indication of issue status (e.g. revision date or number) used for audit of the certified client;
	f) The scope of certification with respect to the type of activities, products and services as applicable at each site without being misleading or ambiguous;

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	<p>g) The name, address and certification mark of the certification body; other marks (e.g. accreditation symbol, client's logo) may be used provided they are not misleading or ambiguous;</p> <p>h) Any other information required by the standard and/or other normative document used for certification;</p> <p>i) In the event of issuing any revised certification documents, a means to distinguish the revised documents from any prior obsolete documents.</p>
8.3	Reference to certification and use of marks
8.3.1	<p>A certification body shall have rules governing any management system certification mark that it authorizes certified clients to use. These rules shall ensure, among other things, traceability back to the certification body. There shall be no ambiguity in the mark or accompanying text, as to what has been certified and which certification body has granted the certification. This mark shall not be used on a product nor product packaging nor in any other way that may be interpreted as denoting product conformity.</p> <p>Note IS/ISO/IEC 17030 provides additional information for use of third-party marks.</p>
8.3.2	<p>A certification body shall not permit its marks to be applied by certified clients to laboratory test, calibration or inspection reports or certificates.</p>
8.3.3	<p>A certification body shall have rules governing the use of any statement on product packaging or in accompanying information that the certified client has a certified management system. Product packaging is considered as that which can be removed without the product disintegrating or being damaged. Accompanying information is considered as separately available or easily detachable. Type labels or identification plates are considered as part of the product. The statement shall in no way imply that the product, process, or service is certified by this means. The statement shall include reference to:</p> <ul style="list-style-type: none"> — identification (e.g., brand or name) of the certified client; — the type of management system (e.g., quality, environment) and the applicable standard; — the certification body issuing the certificate.
8.3.4	<p>The certification body shall through legally enforceable arrangements require that the certified client:</p> <ul style="list-style-type: none"> a) Conforms to the requirements of the certification body when making reference to its certification status in communication media such as the internet, brochures or advertising, or other documents; b) Does not make or permit any misleading statement regarding its certification; c) Does not use or permit the use of a certification document or any part thereof in a misleading manner; d) Upon withdrawal of its certification, discontinues its use of all advertising matter that contains a reference to certification, as directed by the certification body (see 9.6.5); e) Amends all advertising matter when the scope of certification has been reduced;

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	<p>f) Does not allow reference to its management system certification to be used in such a way as to imply that the certification body certifies a product (including service) or process;</p> <p>g) Does not imply that the certification applies to activities and sites that are outside the scope of certification;</p> <p>h) Does not use its certification in such a manner that would bring the certification body and/or certification system into disrepute and lose public trust.</p>
<p>8.3.5</p>	<p>The certification body shall exercise proper control of ownership and shall take action to deal with incorrect references to certification status or misleading use of certification documents, marks or audit reports.</p> <p>Note Such action could include requests for correction and corrective action, suspension, withdrawal of certification, publication of the transgression and, if necessary, legal action.</p>
<p>8.4</p>	<p>Confidentiality</p>
<p>8.4.1</p>	<p>The certification body shall be responsible, through legally enforceable agreements, for the management of all information obtained or created during the performance of certification activities at all levels of its structure, including committees and external bodies or individuals acting on its behalf.</p>
<p><i>IS 8.4.1</i></p>	<p>IS 8.4 Access to organisational records</p> <p>Before the certification audit, the certification body shall ask the client to report if any ISMS related information (such as ISMS records or information about design and effectiveness of controls) cannot be made available for review by the audit team because it contains confidential or sensitive information. The certification body shall determine whether the ISMS can be adequately audited in the absence of such information. If the certification body concludes that it is not possible to adequately audit the ISMS without reviewing the identified confidential or sensitive information, it shall advise the client that the certification audit cannot take place until appropriate access arrangements are granted.</p>
<p>8.4.2</p>	<p>The certification body shall inform the client, in advance, of the information it intends to place in the public domain. All other information, except for information that is made publicly accessible by the client, shall be considered confidential.</p>
<p>8.4.3</p>	<p>Except as required in this part of IS/ISO/IEC 17021, information about a particular certified client or individual shall not be disclosed to a third party without the written consent of the certified client or individual concerned.</p>
<p>8.4.4</p>	<p>When the certification body is required by law or authorized by contractual arrangements (such as with the accreditation body) to release confidential information, the client or individual concerned shall, unless prohibited by law, be notified of the information provided.</p>
<p>8.4.5</p>	<p>Information about the client from sources other than the client (e.g., complainant, regulators) shall be treated as confidential, consistent with the certification body's policy.</p>
<p>8.4.6</p>	<p>Personnel, including any committee members, contractors, personnel of external bodies or individuals acting on the certification body's behalf, shall keep</p>

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	confidential all information obtained or created during the performance of the certification body's activities except as required by law.
8.4.7	The certification body shall have processes and where applicable equipment and facilities that ensure the secure handling of confidential information.
8.5	Information exchange between a certification body and its clients
8.5.1	Information on the certification activity and requirements
	The certification body shall provide information and update clients on the following:
	a) A detailed description of the initial and continuing certification activity, including the application, initial audits, surveillance audits, and the process for granting, refusing, maintaining of certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification;
	b) The normative requirements for certification;
	c) Information about the fees for application, initial certification, and continuing certification;
	d) The certification body's requirements for clients to:
	1) Comply with certification requirements;
	2) Make all necessary arrangements for the conduct of the audits, including provision for examining documentation and the access to all processes and areas, records and personnel for the purposes of initial certification, surveillance, recertification and resolution of complaints;
	3) Make provisions, where applicable, to accommodate the presence of observers (e.g. accreditation assessors or trainee auditor);
	e) Documents describing the rights and duties of certified clients, including requirements, when making reference to its certification in communication of any kind in line with the requirements in 8.3;
	f) Information on processes for handling complaints and appeals.
8.5.2	Notice of changes by a certification body
	The certification body shall give its certified clients due notice of any changes to its requirements for certification. The certification body shall verify that each certified client complies with the new requirements.
8.5.3	Notice of changes by a certified client
	The certification body shall have legally enforceable arrangements to ensure that the certified client informs the certification body, without delay, of matters that may affect the capability of the management system to continue to fulfil the requirements of the standard used for certification. These include, for example, changes relating to:
	a) The legal, commercial, organizational status or ownership;
	b) Organisation and management (e.g. key managerial, decision-making or technical staff);
	c) Contact address and sites;
	d) Scope of operations under the certified management system; e) Major changes to the management system and processes.

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	The certification body shall take action as appropriate.
9	Process requirements
9.1	Pre-certification activities
9.1.1	Application
	The certification body shall require an authorized representative of the applicant organisation to provide the necessary information to enable it to establish the following:
	a) The desired scope of the certification;
	b) Relevant details of the applicant organization as required by the specific certification scheme, including its name and the address(es) of its site(s), its processes and operations, human and technical resources, functions, relationships and any relevant legal obligations;
	c) Identification of outsourced processes used by the organization that will affect conformity to requirements;
	d) The standards or other requirements for which the applicant organization is seeking certification;
	e) Whether consultancy relating to the management system to be certified has been provided and, if so, by whom.
IS 9.1.1.1	IS 9.1.1 Application readiness
	The certification body shall require the client to have a documented and implemented ISMS which conforms to IS/ISO/IEC 27001 and other documents required for certification
9.1.2	Application review
9.1.2.1	The certification body shall conduct a review of the application and supplementary information for certification to ensure that:
	a) The information about the applicant organisation and its management system is sufficient to develop an audit program (see 9.1.3);
	b) Any known difference in understanding between the certification body and the applicant organisation is resolved;
	c) The certification body has the competence and ability to perform the certification activity;
	d) The scope of certification sought, the site(s) of the applicant organisation's operations, time required to complete audits and any other points influencing the certification activity are taken into account (language, safety conditions, threats to impartiality, etc.).
9.1.2.2	Following the review of the application, the certification body shall either accept or decline an application for certification. When the certification body declines an application for certification as a result of the review of application, the reasons for declining an application shall be documented and made clear to the client.
9.1.2.3	Based on this review, the certification body shall determine the competences it needs to include in its audit team and for the certification decision.

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CS-L1	The personnel of CB responsible for conducting application review shall meet the requirements, as specified in Annex B
9.1.3	Audit programme
9.1.3.1	An audit programme for the full certification cycle shall be developed to clearly identify the audit activity/activities required to demonstrate that the client's management system fulfils the requirements for certification to the selected standard(s) or other normative document(s). The audit programme for the certification cycle shall cover the complete management system requirements.
9.1.3.2	The audit programme for the initial certification shall include a two-stage initial audit, surveillance audits in the first and second years following the certification decision, and a recertification audit in the third year prior to expiration of certification. The first three-year certification cycle begins with the certification decision. Subsequent cycles begin with the recertification decision (see 9.6.3.2.3) The determination of the audit programme and any subsequent adjustments shall consider the size of the client, the scope and complexity of its management system, products and processes as well as demonstrated level of management system effectiveness and the results of any previous audits.
	Note 1 Annex E of IS/ISO/IEC 17021-1:2025 provides a flowchart of a typical audit and certification process.
	Note 2 The following list contains additional items that can be considered when developing or revising an audit
	programme, they might also need to be addressed when determining the audit scope and developing the audit plan:
	— complaints received by the certification body about the client;
	— combined, integrated or joint audit
	— changes to the certification requirements;
	— changes to legal requirements;
	— changes to accreditation requirements;
	— organisational performance data (e.g. defect levels, key performance indicators data);
	— relevant interested parties' concerns.
	Note 3 If specified by the industry specific certification scheme, the certification cycle can be different from three years.
IS 9.1.3.2	IS 9.1.3 Audit Methodology
	The certification body's procedures shall not presuppose a particular manner of implementation of an ISMS or a particular format for documentation and records. Certification procedures shall focus on establishing that a client's ISMS meets the requirements specified in IS/ISO/IEC 27001 and the policies and objectives of the client.
	Note Further guidance on auditing is given in IS/ISO/IEC 27007
9.1.3.3	Surveillance audits shall be conducted at least once a calendar year, except in recertification years. The date of the first surveillance audit following initial certification shall not be more than 12 months from the certification decision date.

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	<p>Note It can be necessary to adjust the frequency of surveillance audits to accommodate factors such as seasons or management systems certification of a limited duration (e.g. temporary construction site).</p>
IS 9.1.3.3	IS 9.1.3 General preparations for the initial audit
	<p>The certification body shall require that a client makes all necessary arrangements for the access to internal audit reports and reports of independent reviews of information security.</p>
	<p>At least the following information shall be provided by the client during stage 1 of the certification audit:</p>
	<p>a) General information concerning the ISMS and the activities it covers;</p>
	<p>b) A copy of the required ISMS documentation specified in IS/ISO/IEC 27001 and, where required, associated documentation</p>
9.1.3.4	<p>Where the certification body is taking account of certification already granted to the client and to audits performed by another certification body, it shall obtain and retain sufficient evidence, such as reports and documentation on corrective actions, to any nonconformity. The documentation shall support the fulfilling of the requirements in this part of IS/ISO/IEC 17021. The certification body shall, based on the information obtained, justify and record any adjustments to the existing audit programme and follow up the implementation of corrective actions concerning previous nonconformities.</p>
IS 9.1.3.4	IS 9.1.3 Review periods
	<p>The certification body shall not certify an ISMS unless it has been operated through at least one management review and one internal ISMS audit covering the scope of certification</p>
9.1.3.5	<p>Where the client operates shifts, the activities that take place during shift working shall be considered when developing the audit programme and audit plans.</p>
IS 9.1.3.5	IS 9.1.3 Scope of certification
	<p>The audit team shall audit the ISMS of the client covered by the defined scope against all applicable certification requirements. The certification body shall confirm, in the scope of the client ISMS, that clients address the requirements stated in IS/ISO/IEC 27001, 4.3.</p>
	<p>Certification bodies shall ensure that the client's information security risk assessment and risk treatment properly reflects its activities and extends to the boundaries of its activities as defined in the scope of certification. Certification bodies shall confirm that this is reflected in the client's scope of their ISMS and Statement of Applicability. The certification body shall verify that there is at least one Statement of Applicability per scope of certification.</p>
	<p>Certification bodies shall ensure that interfaces with services or activities that are not completely within the scope of the ISMS are addressed within the ISMS subject to certification and are included in the client's information security risk assessment. An example of such a situation is the sharing of facilities (e.g. IT systems, databases and telecommunication systems or the outsourcing of a business function) with other organizations</p>
IS 9.1.3.6	IS 9.1.3 Certification audit criteria

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	<p>The criteria against which the ISMS of a client are audited shall be the ISMS standard IS/ISO/IEC 27001:2022. Other documents may be required for certification relevant to the function performed</p>
<p>CS-L1</p>	<p>The 5 additional controls are mentioned in part B of clause 5 of section 3 of this document.</p>
<p>9.1.4</p>	<p>Determining audit time</p>
<p>9.1.4.1</p>	<p>The certification body shall have documented procedures for determining audit time. For each client the certification body shall determine the time needed to plan and accomplish a complete and effective audit of the client's management system.</p>
<p>IS 9.1.4.1</p>	<p>IS 9.1.4 Audit time</p>
	<p>Certification bodies shall allow auditors sufficient time to undertake all activities relating to an initial audit, surveillance audit or re-certification audit. The calculation of overall audit time shall include sufficient time for audit reporting.</p>
	<p>The certification body shall use Annex B to determine audit time.</p>
	<p>Refer changes in B2.1, B3.6 and B.6 as per Amendment 1 of IS/ISO/IEC 27006:2015</p>
	<p>Note Further guidance and examples on audit time calculation are provided in Annex C of IS/ISO/IEC 17021-1:2025.</p>
<p>9.1.4.2</p>	<p>In determining the audit time, the certification body shall consider, among other things, the</p>
	<p>following aspects:</p>
	<p>a) The requirements of the relevant management system standard;</p>
	<p>b) Complexity of the client and its management system;</p>
	<p>c) Technological and regulatory context;</p>
	<p>d) Any outsourcing of any activities included in the scope of the management system;</p>
	<p>e) The results of any prior audits;</p>
	<p>f) Size and number of sites, their geographical locations and multi-site considerations;</p>
	<p>g) The risks associated with the products, processes or activities of the organisation;</p>
	<p>h) Whether audits are combined, joint or integrated.</p>
	<p>Note 1: Time spent travelling to and from audited sites is not included in the calculation of the duration of the management system audit days.</p>
	<p>Note 2: The certification body can use the guidelines established in IS/ISO/IEC TS 17023 for determining the duration of management system audit when documenting these procedures.</p>
	<p>Where specific criteria have been established for a specific certification scheme, e.g. IS/ISO/TS 22003 or</p>
	<p>IS/ISO/IEC 27006, these shall be applied.</p>
<p>9.1.4.3</p>	<p>The duration of the management system audit and its justification shall be recorded.</p>

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9.1.4.4	<p>The time spent by any team member that is not assigned as an auditor (i.e. technical experts, translators, interpreters, observers and auditors-in-training) shall not count in the above established duration of the management system audit.</p>
	<p>Note The use of translators and interpreters can necessitate additional time.</p>
9.1.5	<p>Multi-site sampling</p> <p>Where multi-site sampling is used for the audit of a client's management system covering the same activity in various geographical locations, the certification body shall develop a sampling programme to ensure proper audit of the management system. The rationale for the sampling plan shall be documented for each client. Sampling is not allowed for some specific certification schemes, and where specific criteria have been established for a specific certification scheme, e.g. IS/ISO/TS 22003, these shall be applied.</p> <p>Note Where there are multiple sites not covering the same activity sampling is not appropriate.</p>
IS 9.1.5.1	<p>IS 9.1.5 Multiple Sites</p> <p>Where a client has a number of sites meeting the criteria from a) to c) below, certification bodies may consider using a sample-based approach to multiple-site certification audit:</p> <p>a) All sites are operating under the same ISMS, which is centrally administered and audited and subject to central management review;</p> <p>b) All sites are included within the client's internal ISMS audit programme;</p> <p>c) All sites are included within the client's ISMS management review programme</p>
IS 9.1.5.1.2	<p>The certification body wishing to use a sample-based approach shall have procedures in place to ensure the following:</p> <p>a) The initial contract review identifies, to the greatest extent possible, the difference between sites such that an adequate level of sampling is determined</p> <p>b) A representative number of sites have been sampled by the certification body, taking into account:</p> <ol style="list-style-type: none"> 1) The results of internal audits of the head office and the sites; 2) The results of management review; 3) Variations in the size of the sites; 4) Variations in the business purpose of the sites; 5) Complexity of the information systems at the different sites; 6) Variations in working practices; 7) Variations in activities undertaken; 8) Variations of design and operation of controls; 9) Potential interaction with critical information systems or information systems processing sensitive information; 10) Any differing legal requirements; 11) Geographical and cultural aspects; 12) Risk situation of the sites;

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	<p>13) Information security incidents at the specific sites</p> <p>c) A representative sample is selected from all sites within the scope of the client's ISMS; this selection shall be based upon judgmental choice to reflect the factors presented in item b) above as well as a random element.</p> <p>d) Every site included in the ISMS which is subject to significant risks is audited by the certification body prior to certification.</p> <p>e) The audit programme has been designed in the light of the above requirements and covers representative samples of the scope of the ISMS certification within the three year period.</p> <p>f) In the case of a nonconformity being observed, either at the head office or at a single site, the corrective action procedure applies to the head office or all sites covered by the certificate.</p> <p>The audit shall address the client's head office activities to ensure that a single ISMS applies to all sites and delivers central management at the operational level. The audit shall address all the issues outlined above</p>
CS-L1	For CII, initial assessment, all sites need to be covered. Sampling may be followed during surveillance visits.
9.1.6	When certification to multiple management system standards is being provided by the certification body, the planning for the audit shall ensure adequate on-site auditing to provide confidence in the certification.
IS 9.1.6.1	<p>IS 9.1.6 Integration of ISMS documentation with that for other management systems</p> <p>The certification body may accept documentation that is combined (e.g. for information security, quality, health and safety and environment) as long as the ISMS can be clearly identified together with the appropriate interfaces to the other systems</p>
IS 9.1.6.2	<p>IS 9.1.6 Combining management system audits</p> <p>The ISMS audit may be combined with audits of other management systems, provided that it can be demonstrated that the audit satisfies all requirements for certification of the ISMS. All the elements important to an ISMS shall appear clearly and be readily identifiable in the audit reports. The quality of the audit shall not be adversely affected by the combination of the audits.</p>
9.2	Planning audits
9.2.1	Determining audit objectives, scope and criteria
9.2.1.1	The audit objectives shall be determined by the certification body. The audit scope and criteria, including any changes, shall be established by the certification body after discussion with the client.
IS 9.2.1.1	<p>IS 9.2.1 Audit objectives</p> <p>The audit objectives shall include the determination of the effectiveness of the management system to ensure that the client, based on the risk assessment, has implemented applicable controls and achieved the established information security objectives</p>
9.2.1.2	The audit objectives shall describe what is to be accomplished by the audit and shall include the following:

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	<p>a) Determination of the conformity of the client's management system, or parts of it, with audit criteria;</p> <p>b) Determination of the ability of the management system to ensure the client meets applicable statutory, regulatory and contractual requirements;</p> <p>Note A management system certification audit is not a legal compliance audit.</p> <p>c) Determination of the effectiveness of the management system to ensure the client can reasonably expect to achieving its specified objectives;</p> <p>d) As applicable, identification of areas for potential improvement of the management system.</p>
9.2.1.3	<p>The audit scope shall describe the extent and boundaries of the audit, such as sites, organizational units, activities and processes to be audited. Where the initial or re-certification process consists of more than one audit (e.g. covering different sites), the scope of an individual audit may not cover the full certification scope, but the totality of audits shall be consistent with the scope in the certification document.</p>
9.2.1.4	<p>The audit criteria shall be used as a reference against which conformity is determined, and</p> <p>shall include:</p> <ul style="list-style-type: none"> —the requirements of a defined normative document on management systems; —the defined processes and documentation of the management system developed by the client.
9.2.2	Audit team selection and assignments
9.2.2.1	General
IS 9.2.2.1	<p>IS 9.2.2 Audit team:</p> <p>The audit team shall be formally appointed and provided with the appropriate working documents. The mandate given to the audit team shall be clearly defined and made known to the client.</p> <p>CS-L1: All audit team members shall have police verification and background checks and records shall be maintained.</p> <p>An audit team may consist of one person provided that the person meets all the criteria set out in 7.1.2.1.</p>
CS-L1	<p>All audit team members shall have police verification and background checks and records shall be maintained. AB may conduct Knowledge and Skill test of auditor(s) and technical expert(s), as deemed fit, to ascertain the competency required by personnel of CBs.</p>
9.2.2.1.1	<p>The certification body shall have a process for selecting and appointing the audit team, including the audit team leader and technical experts as necessary, taking into account the competence needed to achieve the objectives of the audit and requirements for impartiality. If there is only one auditor, the auditor shall have the competence to perform the duties of an audit team leader applicable for that audit. The audit team shall have the totality of the competences identified by the certification body as set out in 9.1.2.3 for the audit.</p>
9.2.2.1.2	<p>In deciding the size and composition of the audit team, consideration shall be given to the following:</p>

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	<p>a) Audit objectives, scope, criteria and estimated audit time;</p> <p>b) Whether the audit is a combined, joint or integrated;</p> <p>c) The overall competence of the audit team needed to achieve the objectives of the audit (see Table A.1);</p> <p>d) Certification requirements (including any applicable statutory, regulatory or contractual requirements);</p> <p>e) Language and culture.</p> <p>Note The team leader of a combined or integrated audit is expected to have in-depth knowledge of at least one of the standards and an awareness of the other standards used for that particular audit.</p>
<p>9.2.2.1.3</p>	<p>The necessary knowledge and skills of the audit team leader and auditors may be supplemented by technical experts, translators and interpreters who shall operate under the direction of an auditor. Where translators or interpreters are used, they shall be selected such that they do not unduly influence the audit.</p> <p>Note The criteria for the selection of technical experts are determined on a case-by-case basis by the needs of the audit team and the scope of the audit.</p>
<p>9.2.2.1.4</p>	<p>Auditors-in-training may participate in the audit, provided an auditor is appointed as an evaluator. The evaluator shall be competent to take over the duties and have final responsibility for the activities and findings of the auditor-in-training.</p>
<p>9.2.2.1.5</p>	<p>The audit team leader, in consultation with the audit team, shall assign to each team member responsibility for auditing specific processes, functions, sites, areas or activities. Such assignments shall take into account the need for competence, and the effective and efficient use of the audit team, as well as different roles and responsibilities of auditors, auditors-in-training and technical experts. Changes to the work assignments may be made as the audit progresses to ensure achievement of the audit objectives.</p>
<p>9.2.2.2</p>	<p>Observers, technical experts and guides</p>
<p>IS 9.2.2.2</p>	<p>IS 9.2.2 Audit team competence</p> <p>The requirements listed in 7.1.2 apply. For surveillance and special audit activities, only those requirements which are relevant to the scheduled surveillance activity and special audit activity apply.</p> <p>When selecting and managing the audit team to be appointed for a specific certification audit the certification body shall ensure that the competences brought to each assignment are appropriate. The team shall:</p> <p>a) Have appropriate technical knowledge of the specific activities within the scope of the ISMS for which certification is sought and, where relevant, with associated procedures and their potential information security risks (technical experts may fulfil this function);</p> <p>b) Have understanding of the client sufficient to conduct a reliable certification audit of its ISMS given the ISMS' scope and context within the organization in managing the information security aspects of its activities, products and services;</p> <p>c) Have appropriate understanding of the legal and regulatory requirements applicable to the client's ISMS.</p>

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	Note Appropriate understanding does not imply a profound legal background
CS-L1	The CSE may review critically before agreeing that technical experts can be from TB, CO, Academia or from competing industry and empanelled by a CB and claiming that they meet the requirements of confidentiality and integrity.
9.2.2.2.1	Observers The presence and justification of observers during an audit activity shall be agreed to by the certification body and client prior to the conduct of the audit. The audit team shall ensure that observers do not unduly influence or interfere in the audit process or outcome of the audit. Note Observers can be members of the client's organization, consultants, witnessing accreditation body personnel, regulators or other justified persons.
CS-L1	For CII audits, generally observers are not encouraged, if there is any compelling reason to include observer in the audit team, the same should be documented and approval of the top management shall be obtained.
9.2.2.2.2	Technical experts The role of technical experts during an audit activity shall be agreed to by the certification body and client prior to the conduct of the audit. A technical expert shall not act as an auditor in the audit team. The technical experts shall be accompanied by an auditor. Note The technical experts can provide advice to the audit team for the preparation, planning or audit.
CS-L1	Technical experts shall meet the requirements as specified in Annex B of this section.
9.2.2.2.3	Guides Each auditor shall be accompanied by a guide, unless otherwise agreed to by the audit team leader and the client. Guide(s) are assigned to the audit team to facilitate the audit. The audit team shall ensure that guides do not influence or interfere in the audit process or outcome of the audit. Note 1 : The responsibilities of a guide can include: a) Establishing contacts and timing for interviews; b) Arranging visits to specific parts of the site or organisation; c) Ensuring that rules concerning site safety and security procedures are known and respected by the audit team members; d) Witnessing the audit on behalf of the client; e) Providing clarification or information as requested by an auditor. Note 2 : Where appropriate, the auditee can also act as the guide.
CS-L1	Background check and police verification shall be conducted to ensure integrity of all the personnel involved in accreditation activities especially audit team members, technical experts and report reviewers.
9.2.3	Audit Plan
9.2.3.1	General



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	<p>The certification body shall ensure that an audit plan is established prior to each audit identified in the audit programme to provide the basis for agreement regarding the conduct and scheduling of the audit activities.</p> <p>Note It is not expected that a certification body will develop an audit plan for each audit at the time that the audit programme is developed.</p>
9.2.3.2	<p>Preparing the audit plan</p> <p>The audit plan shall be appropriate to the objectives and the scope of the audit. The audit plan shall at least include or refer to the following:</p> <ul style="list-style-type: none"> a) The audit objectives; b) The audit criteria; c) The audit scope, including identification of the organizational and functional units or processes to be audited; d) The dates and sites where the on-site audit activities will be conducted, including visits to temporary sites and remote auditing activities, where appropriate; e) The expected duration of on-site audit activities; f) The roles and responsibilities of the audit team members and accompanying persons, such as observers or interpreters. <p>Note The audit plan information can be addresses in more than one document.</p>
IS 9.2.3.2	<p>IS 9.2.3 Network-assisted audit techniques</p> <p>The audit plan shall identify the network-assisted auditing techniques that will be utilized during the audit, as appropriate.</p> <p>Network assisted auditing techniques may include, for example, teleconferencing, web meeting, interactive web-based communications and remote electronic access to the ISMS documentation or ISMS processes. The focus of such techniques should be to enhance audit effectiveness and efficiency and should support the integrity of the audit process.</p>
9.2.3.3	<p>Communication of audit team tasks</p> <p>The tasks given to the audit team shall be defined, and require the audit team to:</p> <ul style="list-style-type: none"> a) Examine and verify the structure, policies, processes, procedures, records and related documents of the client relevant to the management system standard; b) Determine that these meet all the requirements relevant to the intended scope of certification; c) determine that the processes and procedures are established, implemented and maintained effectively, to provide a basis for confidence in the client's management system; d) Communicate to the client, for its action, any inconsistencies between the client's policy, objectives and targets.
IS 9.2.3.3	<p>IS 9.2.3 Timing of audit:</p> <p>A certification body should agree with the organization to be audited the timing of the audit which will best demonstrate the full scope of the organization. The consideration could include season, month, day/dates and shift as appropriate.</p>



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9.2.3.4	Communication of audit plan The audit plan shall be communicated and the dates of the audit shall be agreed upon, in advance, with the client.
9.2.3.5	Communication concerning audit team members The certification body shall provide the name of and, when requested, make available background information on each member of the audit team, with sufficient time for the client to object to the appointment of any particular audit team member and for the certification body to reconstitute the team in response to any valid objection.
9.3	Initial certification
9.3.1	Initial certification audit
9.3.1.1	General The initial certification audit of a management system shall be conducted in two stages: stage 1 and stage 2.
IS 9.3.1.1	IS 9.3.1.1 Stage 1 In this stage of the audit the certification body shall obtain documentation on the design of the ISMS covering the documentation required in IS/ISO/IEC 27001. The certification body shall obtain a sufficient understanding of the design of the ISMS in the context of the client's organisation, risk assessment and treatment (including the controls determined), information security policy and objectives and, in particular, of the client's preparedness for the audit. This allows planning for stage 2. The results of stage 1 shall be documented in a written report. The certification body shall review The stage 1 audit report before deciding on proceeding with stage 2 and shall confirm if the stage 2 audit team members have the necessary competence; this may be done by the auditor leading the team that conducted the stage 1 audit if deemed competent and appropriate. Note Independent review (i.e. by a person from the certification body not involved in the audit) is one Measure to mitigate the risks involved when deciding if and with whom to proceed to stage 2. However, other risk mitigation measures can already be in place achieving the same goal. The certification body shall make the client aware of the further types of information and records that may be required for detailed examination during stage 2.
9.3.1.2	Stage 1
9.3.1.2.1	Planning shall ensure that the objectives of stage 1 can be met and the client shall be informed Of any "on site" activities during stage 1. Note Stage 1 does not require a formal audit plan (see 9. 2.3).
IS 9.3.1.2	IS 9.3.1.2 Stage 2

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IS 9.3.1.2.1	<p>On the basis of findings documented in the stage 1 audit report, the certification body develops an audit plan for the conduct of stage 2. In addition to evaluating the effective implementation of the ISMS, the objectives of stage 2 are:</p>
9.3.1.2.2	<p>a) To confirm that the client adheres to its own policies, objectives and procedures</p> <p>The objectives of stage 1 are to:</p> <p>a) Review the client's management system documented information;</p> <p>b) Evaluate the client's site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for stage 2;</p> <p>c) Review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system;</p> <p>d) Obtain necessary information regarding the scope of the management system, including:</p> <p>—the client's site(s);</p> <p>—processes and equipment used;</p> <p>—levels of controls established (particularly in case of multisite clients);</p> <p>—applicable statutory and regulatory requirements;</p> <p>e) Review the allocation of resources for stage 2 and agree the details of stage 2 with the client;</p> <p>f) Provide a focus for planning stage 2 by gaining a sufficient understanding of the client's management system and site operations in the context of the management system standard or other normative document;</p> <p>g) Evaluate if the internal audits and management reviews are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for stage 2.</p> <p>Note If at least part of stage 1 is carried out at the client's premises, this can help to achieve the objectives stated above.</p>
IS 9.3.1.2.2	<p>To do this, the audit shall focus on the client's:</p> <p>a) Top management leadership and commitment to information security policy and the information security objectives;</p> <p>b) Documentation requirements listed in IS/ISO/IEC 27001:2022;</p> <p>c) Assessment of information security related risks and that the assessments produce consistent, valid and comparable results if repeated;</p> <p>d) Determination of control objectives and controls based on the information security risk assessment and risk treatment processes;</p> <p>e) Information security performance and the effectiveness of the ISMS, evaluating against the information security objectives;</p> <p>f) Correspondence between the determined controls, the Statement of Applicability and the results of the information security risk assessment and risk treatment process and the information security policy and objectives;</p>

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	<p>g) Implementation of controls (see Annex D of IS/ISO/IEC 27006), taking into account the external and internal context and related risks, the organization's monitoring, measurement and analysis of information security processes and controls, to determine whether controls are implemented and effective and meet their stated information security objectives;</p> <p>h) Programmes, processes, procedures, records, internal audits and reviews of the ISMS effectiveness to ensure that these are traceable to top management decisions and the information security policy and objectives</p>
<p>9.3.1.2.3</p>	<p>Documented conclusions with regard to fulfilment of the stage 1 objectives and the readiness for stage 2 shall be communicated to the client, including identification of any areas of concern that could be classified as a nonconformity during stage 2.</p> <p>Note The stage 1 output does not need to meet the full requirements of a report (see 9.4.8).</p>
<p>9.3.1.2.4</p>	<p>In determining the interval between stage 1 and stage 2, consideration shall be given to the needs of the client to resolve areas of concern identified during stage 1. The certification body may also need to revise its arrangements for stage 2. If any significant changes which would impact the management system occur, the certification body shall consider the need to repeat all or part of stage 1. The client shall be informed that the results of stage 1 may lead to postponement or cancellation of stage 2.</p>
<p>9.3.1.3</p>	<p>Stage 2</p> <p>The purpose of stage 2 is to evaluate the implementation, including effectiveness, of the client's management system. The stage 2 shall take place at the site(s) of the client. It shall include the auditing of at least the following:</p> <p>a) Information and evidence about conformity to all requirements of the applicable management system standard or other normative documents;</p> <p>b) Performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or other normative document);</p> <p>c) The client's management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements;</p> <p>d) Operational control of the client's processes;</p> <p>e) Internal auditing and management review;</p> <p>f) Management responsibility for the client's policies.</p>
<p>9.3.1.4</p>	<p>Initial certification audit conclusions</p> <p>The audit team shall analyse all information and audit evidence gathered during stage 1 and stage 2 to review the audit findings and agree on the audit conclusions.</p>
<p>9.4</p>	<p>Conducting audits</p>
<p>9.4.1</p>	<p>General</p> <p>The certification body shall have a process for conducting on-site audits. This process shall include an opening meeting at the start of the audit and a closing meeting at the conclusion of the audit.</p>

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	<p>Where any part of the audit is conducted by electronic means or in a virtual environment, the certification body shall ensure that such activities are carried out by personnel with appropriate competence. The evidence obtained during such an audit shall be sufficient to enable the auditor to make an informed decision on the conformity of the requirement in question.</p> <p>Note “On-site” audits can include remote access to electronic site(s) that contain(s) information that is relevant to the audit of the management system. Consideration can also be given to the use of electronic means for conducting audits.</p>
IS 9.4.1	IS 9.4 General
	The certification body shall have documented procedures for:
	a) The initial certification audit of a client’s ISMS, in accordance with the provisions of IS/ISO/IEC 17021-1:2015;
	b) Surveillance and re-certification audits of a client’s ISMS in accordance with IS/ISO/IEC 17021-1:2015 on a periodic basis for continuing conformity with relevant requirements and for verifying and recording that a client takes corrective action on a timely basis to correct all nonconformities
9.4.2	Conducting the opening meeting
	A formal opening meeting, shall be held with the client’s management and, where appropriate, those responsible for the functions or processes to be audited. The purpose of the opening meeting, usually conducted by the audit team leader, is to provide a short explanation of how the audit activities will be undertaken. The degree of detail shall be consistent with the familiarity of the client with the audit process and shall consider the following:
	a) Introduction of the participants, including an outline of their roles;
	b) Confirmation of the scope of certification;
	c) Confirmation of the audit plan (including type and scope of audit, objectives and criteria), any changes, and other relevant arrangements with the client, such as the date and time for the closing meeting, interim meetings between the audit team and the client’s management;
	d) Confirmation of formal communication channels between the audit team and the client;
	e) Confirmation that the resources and facilities needed by the audit team are available;
	f) Confirmation of matters relating to confidentiality;
	g) Confirmation of relevant work safety, emergency and security procedures for the audit team;
	h) Confirmation of the availability, roles and identities of any guides and observers;
	i) The method of reporting, including any grading of audit findings;
	j) Information about the conditions under which the audit may be prematurely terminated;
	k) Confirmation that the audit team leader and audit team representing the certification body is responsible for the audit and shall be in control of executing the audit plan including audit activities and audit trails;

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	l) Confirmation of the status of findings of the previous review or audit, if applicable; m) Methods and procedures to be used to conduct the audit based on sampling; n) Confirmation of the language to be used during the audit; o) Confirmation that, during the audit, the client will be kept informed of audit progress and any concerns; p) Opportunity for the client to ask questions.
IS 9.4.2	IS 9.4 Specific elements of the ISMS audit The certification body, represented by the audit team, shall: a) Require the client to demonstrate that the assessment of information security related risks is relevant and adequate for the ISMS operation within the ISMS scope; b) Establish whether the client's procedures for the identification, examination and evaluation of information security related risks and the results of their implementation are consistent with the client's policy, objectives and targets. The certification body shall also establish whether the procedures employed in risk assessment are sound and properly implemented.
CS-L1	IS 9.4 Specific elements of the ISMS audit
9.4.3	The certification body, represented by the audit team, shall:
9.4.3.1	a) Require the client to demonstrate that the assessment of information security related risks is relevant and adequate for the CSMS (BTC (Level 1)); b) An account of the audit including a summary of the document review; c) An account of the certification audit of the client's information security risk analysis; d) Deviations from the audit plan (e.g. more or less time spent on certain scheduled activities); e) The ISMS' scope.
9.4.3.2	If the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g. safety), the audit team leader shall report this to the client and, if possible, to the certification body to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The audit team leader shall report the outcome of the action taken to the certification body.
IS 9.4.3.2	The audit report shall be of sufficient detail to facilitate and support the certification decision. It shall contain: a) Significant audit trails followed and audit methodologies utilized (see 9.1.3.2); b) Observations made, both positive (e.g. noteworthy features) and negative (e.g. potential nonconformities); c) Comments on the conformity of the client's ISMS with the certification requirements with a clear statement of nonconformity, a reference to the version of the Statement of Applicability and, where applicable, any useful comparison with the results of previous certification audits of the client.

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	<p>d) Completed questionnaires, checklists, observations, logs, or auditor notes may form an integral part of the audit report. If these methods are used, these documents shall be submitted to the certification body as evidence to support the certification decision. Information about the samples evaluated during the audit shall be included in the audit report or in other certification documentation.</p> <p>e) The report shall consider the adequacy of the internal organization and procedures adopted by the client to give confidence in the ISMS.</p> <p>f) In addition to the requirements for reporting in IS/ISO/IEC 17021-1:2015, 9.4.8, the report shall cover:</p> <ul style="list-style-type: none"> — a summary of the most important observations, positive as well as negative, regarding the implementation and effectiveness of the ISMS requirements and IS controls; — the audit team's recommendation as to whether the client's ISMS should be certified or not, with information to substantiate this recommendation
9.4.3.3	<p>The audit team leader shall review with the client any need for changes to the audit scope which becomes apparent as on-site auditing activities progress and report this to the certification body.</p>
9.4.4	Obtaining and verifying information
9.4.4.1	<p>During the audit, information relevant to the audit objectives, scope and criteria (including information relating to interfaces between functions, activities and processes) shall be obtained by appropriate sampling and verified to become audit evidence.</p>
9.4.4.2	<p>Methods to obtain information shall include, but are not limited to:</p> <ul style="list-style-type: none"> a) Interviews; b) Observation of processes and activities; c) Review of documentation and records.
9.4.5	Identifying and recording audit findings
9.4.5.1	<p>Audit findings summarizing conformity and detailing nonconformity shall be identified, classified and recorded to enable an informed certification decision to be made or the certification to be maintained.</p>
9.4.5.2	<p>Opportunities for improvement may be identified and recorded, unless prohibited by the requirements of a management system certification scheme. Audit findings, however, which are nonconformities, shall not be recorded as opportunities for improvement.</p>
9.4.5.3	<p>A finding of nonconformity shall be recorded against a specific requirement, and shall contain a clear statement of the nonconformity, identifying in detail the objective evidence on which the nonconformity is based. Nonconformities shall be discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood. The auditor however shall refrain from suggesting the cause of nonconformities or their solution.</p>
9.4.5.4	<p>The audit team leader shall attempt to resolve any diverging opinions between the audit team and the client concerning audit evidence or findings, and unresolved points shall be recorded.</p>

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9.4.6	<p>Preparing audit conclusions</p> <p>Under the responsibility of the audit team leader and prior to the closing meeting, the audit team shall:</p> <p>a) Review the audit findings, and any other appropriate information obtained during the audit, against the audit objectives and audit criteria and classify the nonconformities;</p> <p>b) Agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process;</p> <p>c) Agree any necessary follow-up actions;</p> <p>d) Confirm the appropriateness of the audit programme or identify any modification required for future audits (e.g. scope of certification, audit time or dates, surveillance frequency, audit team competence).</p>
9.4.7	<p>Conducting the closing meeting</p>
9.4.7.1	<p>A formal closing meeting, where attendance shall be recorded, shall be held with the client's management and, where appropriate, those responsible for the functions or processes audited. The purpose of the closing meeting, usually conducted by the audit team leader, is to present the audit conclusions, including the recommendation regarding certification. Any nonconformities shall be presented in such a manner that they are understood, and the timeframe for responding shall be agreed.</p> <p>Note "Understood" does not necessarily mean that the nonconformities have been accepted by the client.</p>
9.4.7.2	<p>The closing meeting shall also include the following elements where the degree of detail shall be consistent with the familiarity of the client with the audit process:</p> <p>a) Advising the client that the audit evidence obtained was based on a sample of the information; thereby introducing an element of uncertainty;</p> <p>b) The method and timeframe of reporting, including any grading of audit findings;</p> <p>c) The certification body's process for handling nonconformities including any consequences relating to the status of the client's certification;</p> <p>d) The timeframe for the client to present a plan for correction and corrective action for any nonconformities identified during the audit;</p> <p>e) The certification body's post audit activities;</p> <p>f) Information about the complaint and appeal handling processes.</p>
9.4.7.3	<p>The client shall be given opportunity for questions. Any diverging opinions regarding the audit findings or conclusions between the audit team and the client shall be discussed and resolved where possible. Any diverging opinions that are not resolved shall be recorded and referred to the certification body.</p>
9.4.8	<p>Audit Report</p>
9.4.8.1	<p>The certification body shall provide a written report for each audit to the client. The audit team may identify opportunities for improvement but shall not recommend specific solutions. Ownership of the audit report shall be maintained by the certification body.</p>
9.4.8.2	<p>The audit team leader shall ensure that the audit report is prepared and shall be responsible for its content. The audit report shall provide an accurate, concise and</p>



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	<p>clear record of the audit to enable an informed certification decision to be made and shall include or refer to the following:</p> <p>a) Identification of the certification body;</p> <p>b) The name and address of the client and the client's representative;</p> <p>c) The type of audit (e.g. initial, surveillance or recertification audit or special audits);</p> <p>d) The audit criteria;</p> <p>e) The audit objectives;</p> <p>f) The audit scope, particularly identification of the organizational or functional units or processes audited and the time of the audit;</p> <p>g) Any deviation from the audit plan and their reasons;</p> <p>h) Any significant issues impacting on the audit programme;</p> <p>i) Identification of the audit team leader, audit team members and any accompanying persons;</p> <p>j) The dates and places where the audit activities (on site or offsite, permanent or temporary sites) were conducted;</p> <p>k) Audit findings (see 9.4.5), reference to evidence and conclusions, consistent with the requirements of the type of audit;</p> <p>l) Significant changes, if any, that affect the management system of the client since the last audit took place;</p> <p>m) Any unresolved issues, if identified;</p> <p>n) Where applicable, whether the audit is combined, joint or integrated;</p> <p>o) A disclaimer statement indicating that auditing is based on a sampling process of the available information;</p> <p>p) Recommendation from the audit team</p> <p>q) The audited client is effectively controlling the use of the certification documents and marks, if applicable;</p> <p>r) Verification of effectiveness of taken corrective actions regarding previously identified nonconformities, if applicable.</p>
9.4.8.3	<p>The report shall also contain:</p> <p>a) A statement on the conformity and the effectiveness of the management system together with a summary of the evidence relating to:</p> <p>—the capability of the management system to meet applicable requirements and expected outcomes;</p> <p>—the internal audit and management review process;</p> <p>b) A conclusion on the appropriateness of the certification scope;</p> <p>c) Confirmation that the audit objectives have been fulfilled.</p>
9.4.9	Cause analysis of nonconformities



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	<p>The certification body shall require the client to analyse the cause and describe the specific correction and corrective actions taken, or planned to be taken, to eliminate detected nonconformities, within a defined time.</p>
9.4.10	Effectiveness of corrections and corrective actions
	<p>The certification body shall review the corrections, identified causes and corrective actions submitted by the client to determine if these are acceptable. The certification body shall verify the effectiveness of any correction and corrective actions taken. The evidence obtained to support the resolution of nonconformities shall be recorded. The client shall be informed of the result of the review and verification. The client shall be informed if an additional full audit, an additional limited audit, or documented evidence (to be confirmed during future audits) will be needed to verify effective correction and corrective actions.</p>
	<p>NOTE Verification of effectiveness of correction and corrective action can be carried out based on a review of documented information provided by the client, or where necessary, through verification on-site. Usually this activity is done by a member of the audit team.</p>
9.5	Certification decision
9.5.1	General
IS 9.5.1	IS 9.5 Certification decision
	<p>The certification decision shall be based, additionally to the requirements of IS/ISO/IEC 17021-1, on the certification recommendation of the audit team as provided in their certification audit report (see 9.4.3).</p>
	<p>The persons or committees that take the decision on granting certification should not normally overturn a negative recommendation of the audit team. If such a situation does arise, the certification body shall document and justify the basis for the decision to overturn the recommendation.</p>
	<p>Certification shall not be granted to the client until there is sufficient evidence to demonstrate that arrangements for management reviews and internal ISMS audits have been implemented, are effective and will be maintained.</p>
9.5.1.1	<p>The certification body shall ensure that the persons or committees that make the decisions for granting or refusing certification, expanding or reducing the scope of certification, suspending or restoring certification, withdrawing certification or renewing certification are different from those who carried out the audits. The individual(s) appointed to conduct the certification decision shall have appropriate competence.</p>
9.5.1.2	<p>The person(s) [excluding members of committees (see 6.1.4)] assigned by the certification body to make a certification decision shall be employed by, or shall be under legally enforceable arrangement with either the certification body or an entity under the organizational control of the certification body. A certification body's organizational control shall be one of the following:</p>
	<p>a) Whole or majority ownership of another entity by the certification body;</p>
	<p>b) Majority participation by the certification body on the board of directors of another entity;</p>

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	<p>c) A documented authority by the certification body over another entity in a network of legal entities (in which the certification body resides), linked by ownership or board of director control.</p> <p>Note For governmental certification bodies, other parts of the same government can be considered to be “linked by ownership” to the certification body.</p>
9.5.1.3	<p>The persons employed by, or under contract with, entities under organizational control shall fulfil the same requirements of this part of IS/ISO/IEC 17021 as persons employed by, or under contract with, the certification body.</p>
9.5.1.4	<p>The certification body shall record each certification decision including any additional information or clarification sought from the audit team or other sources.</p>
9.5.1	<p>IS 9.5 Certification decision</p>
	<p>The certification decision shall be based, additionally to the requirements of IS/ISO/IEC 17021-1:2015, on the certification recommendation of the audit team as provided in their certification audit report (see 9.4.3).</p>
	<p>The persons or committees that take the decision on granting certification should not normally overturn a negative recommendation of the audit team. If such a situation does arise, the certification body shall document and justify the basis for the decision to overturn the recommendation.</p>
	<p>Certification shall not be granted to the client until there is sufficient evidence to demonstrate that arrangements for management reviews and internal ISMS audits have been implemented, are effective and will be maintained.</p>
9.5.2	<p>Actions prior to making a decision</p>
	<p>The certification body shall have a process to conduct an effective review prior to making a decision for granting certification, expanding or reducing the scope of certification, renewing, suspending or restoring, or withdrawing of certification, including, that</p>
	<p>a) The information provided by the audit team is sufficient with respect to the certification requirements and the scope for certification;</p>
	<p>b) For any major nonconformities, it has reviewed, accepted and verified the correction and corrective actions;</p>
9.5.3	<p>Information for granting initial certification</p>
9.5.3.1	<p>The information provided by the audit team to the certification body for the certification decision shall include, as a minimum:</p>
	<p>a) The audit report;</p>
	<p>b) Comments on the nonconformities and, where applicable, the correction and corrective actions taken by the client;</p>
	<p>c) Confirmation of the information provided to the certification body used in the application review (see 9.1.2);</p>
	<p>d) Confirmation that the audit objectives have been achieved;</p>

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	e) A recommendation whether or not to grant certification, together with any conditions or observations.
9.5.3.2	If the certification body is not able to verify the implementation of corrections and corrective actions of any major nonconformity within 6 months after the last day of stage 2, the certification body shall conduct another stage 2 prior to recommending certification.
9.5.3.3	<p>When a transfer of certification is envisaged from one certification body to another, the accepting certification body shall have a process for obtaining sufficient information in order to take a decision on certification.</p> <p>Note Certification schemes can have specific rules regarding the transfer of certification.</p>
9.5.4	<p>Information for granting recertification</p> <p>The certification body shall make decisions on renewing certification based on the results of the recertification audit, as well as the results of the review of the system over the period of certification and complaints received from users of certification.</p>
9.6	Maintaining certification
9.6.1	<p>General</p> <p>The certification body shall maintain certification based on demonstration that the client continues to satisfy the requirements of the management system standard. It may maintain a client's certification based on a positive conclusion by the audit team leader without further independent review and decision, provided that:</p> <p>a) For any major nonconformity or other situation that may lead to suspension or withdrawal of certification, the certification body has a system that requires the audit team leader to report to the certification body the need to initiate a review by competent personnel (see 7.2.8), different from those who carried out the audit, to determine whether certification can be maintained;</p> <p>b) Competent personnel of the certification body monitor its surveillance activities, including monitoring the reporting by its auditors, to confirm that the certification activity is operating effectively.</p>
9.6.2	Surveillance activities
9.6.2.1	General
IS 9.6.2.1	IS 9.6.2 Surveillance activities
9.6.2.1.1	The certification body shall develop its surveillance activities so that representative areas and functions covered by the scope of the management system are monitored on a regular basis, and take into account changes to its certified client and its management system.
IS 9.6.2.1.1	<p>Surveillance audit procedures shall be consistent with those concerning the certification audit of the client's ISMS as described in this International Standard.</p> <p>The purpose of surveillance is to verify that the approved ISMS continues to be implemented, to consider the implications of changes to that system initiated as a result of changes in the client's operation and to confirm continued compliance with certification requirements. Surveillance audit programmes shall cover at least:</p>

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	<p>a) The system maintenance elements such as information security risk assessment and control maintenance, internal ISMS audit, management review and corrective action;</p> <p>b) Communications from external parties as required by the ISMS standard IS/ISO/IEC 27001:2022 and other documents required for certification;</p> <p>c) Changes to the documented system;</p> <p>d) Areas subject to change;</p> <p>e) Selected requirements of IS/ISO/IEC 27001:2022;</p> <p>f) Other selected areas as appropriate</p>
<p>9.6.2.1.2</p>	<p>Surveillance activities shall include on-site auditing of the certified client's management system's fulfilment of specified requirements with respect to the standard to which the certification is granted. Other surveillance activities may include:</p> <p>a) Enquiries from the certification body to the certified client on aspects of certification;</p> <p>b) Reviewing any certified client's statements with respect to its operations (e.g. promotional material, website);</p> <p>c) Requests to the certified client to provide documented information (on paper or electronic media);</p> <p>d) Other means of monitoring the certified client's performance.</p>
<p>IS 9.6.2.1.2</p>	<p>As a minimum, every surveillance by the certification body shall review the following:</p> <p>a) The effectiveness of the ISMS with regard to achieving the objectives of the client's information security policy;</p> <p>b) The functioning of procedures for the periodic evaluation and review of compliance with relevant information security legislation and regulations;</p> <p>c) Changes to the controls determined, and resulting changes to the SoA;</p> <p>d) Implementation and effectiveness of controls according to the audit programme</p>
<p>CS-L1</p>	<p>As a minimum, every surveillance by the certification body shall review the following:</p> <p>a) The effectiveness of the CSMS with regard to achieving the objectives of the client's information security policy;</p>
<p>IS 9.6.2.1.3</p>	<p>The certification body shall be able to adapt its surveillance programme to the information security issues related to risks and impacts on the client and justify this programme.</p> <p>Surveillance audits may be combined with audits of other management systems. The reporting shall clearly indicate the aspects relevant to each management system.</p> <p>During surveillance audits, certification bodies shall check the records of appeals and complaints brought before the certification body and, where any nonconformity or failure to meet the requirements of certification is revealed, that the client has investigated its own ISMS and procedures and taken appropriate corrective action.</p>

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	<p>A surveillance report shall contain, in particular, information on clearing of nonconformities revealed previously and the version of the SoA and important changes from the previous audit. As a minimum, the reports arising from surveillance shall build up to cover in totality the requirements of 9.6.2.1.1 and 9.6.2.1.2 above.</p>
9.6.2.2	Surveillance audit
	<p>Surveillance audits are on-site audits, but are not necessarily full system audits, and shall be planned together with the other surveillance activities so that the certification body can maintain confidence that the client's certified management system continues to fulfil requirements between recertification audits. Each surveillance for the relevant management system standard shall include:</p>
	<p>a) Internal audits and management review;</p>
	<p>b) A review of actions taken on nonconformities identified during the previous audit;</p>
	<p>c) Complaints handling;</p>
	<p>d) Effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system (s);</p>
	<p>e) Progress of planned activities aimed at continual improvement;</p>
	<p>f) Continuing operational control;</p>
	<p>g) Review of any changes;</p>
	<p>h) Use of marks and/or any other reference to certification.</p>
9.6.3	Recertification
9.6.3.1	Recertification audit planning
IS 9.6.3.1	IS 9.6.3 Re-certification audits
	<p>Re-certification audit procedures shall be consistent with those concerning the initial certification audit of the client's ISMS as described in this International Standard.</p>
	<p>The time allowed to implement corrective action shall be consistent with the severity of the nonconformity and the associated information security risk.</p>
9.6.3.1.1	<p>The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification. A recertification audit shall be planned and conducted to evaluate the continued fulfilment of all of the requirements of the relevant management system standard or other normative document. This shall be planned and conducted in due time to enable for timely renewal before the certificate expiry date.</p>
9.6.3.1.2	<p>The recertification activity shall include the review of previous surveillance audit reports and consider the performance of the management system over the most recent certification cycle.</p>
9.6.3.1.3	<p>Recertification audit activities may need to have a stage 1 in situations where there have been significant changes to the management system, the organization, or the context in which the management system is operating (e.g. changes to legislation).</p>

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	<p>Note Such changes can occur at any time during the certification cycle and the certification body might need to perform a special audit (see 9.6.4), which might or might not be a two-stage audit.</p>
9.6.3.2	Recertification audit
9.6.3.2.1	The recertification audit shall include an on-site audit that addresses the following:
	a) The effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
	b) Demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance; c) The effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system (s).
9.6.3.2.2	For any major nonconformity, the certification body shall define time limits for correction and corrective actions. These actions shall be implemented and verified prior to the expiration of certification.
9.6.3.2.3	When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate shall be on or after the recertification decision.
9.6.3.2.4	If the certification body has not completed the recertification audit or the certification body is unable to verify the implementation of corrections and corrective actions for any major nonconformity (see 9.5.2.1) prior to the expiry date of the certification, then recertification shall not be recommended and the validity of the certification shall not be extended. The client shall be informed and the consequences shall be explained.
9.6.3.2.5	Following expiration of certification, the certification body can restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least a stage 2 shall be conducted. The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on prior certification cycle.
9.6.4	Special audits
9.6.4.1	Expanding scope
	The certification body shall, in response to an application for expanding the scope of a certification already granted, undertake a review of the application and determine any audit activities necessary to decide whether or not the extension may be granted. This may be conducted in conjunction with a surveillance audit.
IS 9.6.4.1	IS 9.6.4 Special cases
	The activities necessary to perform special audits shall be subject to special provision if a client with a certified ISMS makes major modifications to its system or if other changes take place which could affect the basis of its certification
9.6.4.2	Short-notice audits

CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
	<p>It may be necessary for the certification body to conduct audits of certified clients at short notice or unannounced to investigate complaints, or in response to changes, or as follow up on suspended clients. In such cases:</p> <p>a) The certification body shall describe and make known in advance to the certified clients (e.g. in documents as described in 8.5.1) the conditions under which such audits will be conducted;</p> <p>b) The certification body shall exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.</p>
9.6.5	Suspending, withdrawing or reducing the scope of certification
9.6.5.1	<p>The certification body shall have a policy and documented procedure(s) for suspension, withdrawal or reduction of the scope of certification, and shall specify the subsequent actions by the certification body.</p>
9.6.5.2	<p>The certification body shall suspend certification in cases when, for example:</p> <ul style="list-style-type: none"> —the client's certified management system has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system; —the certified client does not allow surveillance or recertification audits to be conducted at the required frequencies; —the certified client has voluntarily requested a suspension.
9.6.5.3	<p>Under suspension, the client's management system certification is temporarily invalid.</p>
9.6.5.4	<p>The certification body shall restore the suspended certification if the issue that has resulted in the suspension has been resolved. Failure to resolve the issues that have resulted in the suspension in a time established by the certification body shall result in withdrawal or reduction of the scope of certification.</p> <p>Note In most cases, the suspension would not exceed six months.</p>
9.6.5.5	<p>The certification body shall reduce the scope of certification to exclude the parts not meeting the requirements, when the certified client has persistently or seriously failed to meet the certification requirements for those parts of the scope of certification. Any such reduction shall be in line with the requirements of the standard used for certification.</p>
9.7	Appeals
9.7.1	<p>The certification body shall have a documented process to receive, evaluate and make decisions on appeals.</p>
9.7.2	<p>The certification body shall be responsible for all decisions at all levels of the appeals-handling process. The certification body shall ensure that the persons engaged in the appeals-handling process are different from those who carried out the audits and made the certification decisions.</p>
9.7.3	<p>Submission, investigation and decision on appeals shall not result in any discriminatory actions against the appellant.</p>

CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
9.7.4	The appeals-handling process shall include at least the following elements and methods:
	a) An outline of the process for receiving, validating and investigating the appeal, and for deciding what
	actions need to be taken in response to it, taking into account the results of previous similar appeals;
	b) Tracking and recording appeals, including actions undertaken to resolve them;
	c) Ensuring that any appropriate correction and corrective action are taken.
9.7.5	The certification body receiving the appeal shall be responsible for gathering and verifying all necessary information to validate the appeal.
9.7.6	The certification body shall acknowledge receipt of the appeal and shall provide the appellant with progress reports and the result of the appeal.
9.7.7	The decision to be communicated to the appellant shall be made by, or reviewed and approved by, individual(s) not previously involved in the subject of the appeal.
9.7.8	The certification body shall give formal notice to the appellant of the end of the appeals-handling process.
9.8	Complaints
9.8.1	The certification body shall be responsible for all decisions at all levels of the complaints-handling process.
9.8.2	Submission, investigation and decision on complaints shall not result in any discriminatory actions against the complainant.
9.8.3	Upon receipt of a complaint, the certification body shall confirm whether the complaint relates to certification activities that it is responsible for and, if so, shall deal with it. If the complaint relates to a certified client, then examination of the complaint shall consider the effectiveness of the certified management system.
9.8.4	Any valid complaint about a certified client shall also be referred by the certification body to the certified client in question at an appropriate time.
9.8.5	The certification body shall have a documented process to receive, evaluate and make decisions on complaints. This process shall be subject to requirements for confidentiality, as it relates to the complainant and to the subject of the complaint.
9.8.6	The complaints-handling process shall include at least the following elements and methods:
	a) An outline of the process for receiving, validating, investigating the complaint, and for deciding
	what actions need to be taken in response to it;
	b) Tracking and recording complaints, including actions undertaken in response to them;
	c) Ensuring that any appropriate correction and corrective action are taken.
	Note IS/ISO/IEC 10002 provides guidance for complaints handling.
9.8.7	The certification body receiving the complaint shall be responsible for gathering and verifying all necessary information to validate the complaint.

CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
9.8.8	Whenever possible, the certification body shall acknowledge receipt of the complaint, and shall provide the complainant with progress reports and the result of the complaint.
9.8.9	The decision to be communicated to the complainant shall be made by, or reviewed and approved by, individual(s) not previously involved in the subject of the complaint.
9.8.10	Whenever possible, the certification body shall give formal notice of the end of the complaints-handling process to the complainant.
9.8.11	The certification body shall determine, together with the certified client and the complainant, whether and, if so to what extent, the subject of the complaint and its resolution shall be made public.
9.9	Client records
9.9.1	The certification body shall maintain records on the audit and other certification activities for all clients, including all organizations that submitted applications, and all organizations audited, certified, or with certification suspended or withdrawn.
9.9.2	Records on certified clients shall include the following:
	a) Application information and initial, surveillance and recertification audit reports;
	b) Certification agreement;
	c) Justification of the methodology used for sampling of sites, as appropriate;
	Note Methodology of sampling includes the sampling employed to audit the specific management system and/or to select sites in the context of multi-site audit.
	d) Justification for auditor time determination (see cl 9.1.4 of this Annex);
	e) Verification of correction and corrective actions;
	f) Records of complaints and appeals, and any subsequent correction or corrective actions;
	g) Committee deliberations and decisions, if applicable;
	h) Documentation of the certification decisions;
	i) Certification documents, including the scope of certification with respect to product, process or service, as applicable;
	j) Related records necessary to establish the credibility of the certification, such as evidence of the competence of auditors and technical experts;
	k) Audit programmes.
9.9.3	The certification body shall keep the records on applicants and clients secure to ensure that the information is kept confidential. Records shall be transported, transmitted or transferred in a way that ensures that confidentiality is maintained.
9.9.4	The certification body shall have a documented policy and documented procedures on the retention of records. Records of certified clients and previously certified clients shall be retained for the duration of the current cycle plus one full certification cycle.
	Note In some jurisdictions, the law stipulates that records need to be maintained for a longer time period.

CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
10	Management system requirements for certification bodies
10.1	Options
	<p>The certification body shall establish, document, implement and maintain a management system that is capable of supporting and demonstrating the consistent achievement of the requirements of this part of IS/ISO/IEC 17021. In addition to meeting the requirements of Clauses 5 to 9 of this Annex, the certification body shall implement a management system in accordance with either:</p> <p>a) General management system requirements (see 10.2 in this Annex); or</p> <p>b) Management system requirements in accordance with IS/ISO/IEC 9001:2015 (see 10.3 in this Annex).</p>
10.2	Option A: General management system requirements
	<p>General</p> <p>The certification body shall establish, document, implement and maintain a management system that is capable of supporting and demonstrating the consistent achievement of the requirements of this part of IS/ISO/IEC 17021.</p> <p>The certification body's top management shall establish and document policies and objectives for its activities. The top management shall provide evidence of its commitment to the development and implementation of the management system in accordance with the requirements of this part of IS/ISO/IEC 17021. The top management shall ensure that the policies are understood, implemented and maintained at all levels of the certification body's organisation.</p> <p>The certification body's top management shall assign responsibility and authority for:</p> <p>a) Ensuring that processes and procedures needed for the management system are established, implemented and maintained;</p> <p>b) Reporting to top management on the performance of the management system and any need for improvement.</p>
10.2.2	<p>Management system manual</p> <p>All applicable requirements of this part of IS/ISO/IEC 17021 shall be addressed either in a manual or in associated documents. The certification body shall ensure that the manual and relevant associated documents are accessible to all relevant personnel.</p>
10.2.3	<p>Control of documents</p> <p>The certification body shall establish procedures to control the documents (internal and external) that relate to the fulfilment of this part of IS/ISO/IEC 17021. The procedures shall define the controls needed to:</p> <p>a) Approve documents for adequacy prior to issue;</p> <p>b) Review and update where necessary and re-approve documents;</p> <p>c) Ensure that changes and the current revision status of documents are identified;</p> <p>d) Ensure that relevant versions of applicable documents are available at points of use;</p>

CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
	<p>e) Ensure that documents remain legible and readily identifiable;</p> <p>f) Ensure that documents of external origin are identified and their distribution controlled;</p> <p>g) Prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose.</p> <p>Note Documentation can be in any form or type of medium.</p>
<p>10.2.4</p>	<p>The certification body shall establish procedures to define the controls needed for the identification, storage, protection, retrieval, retention time and disposition of its records related to the fulfilment of this part of IS/ISO/IEC 17021.</p> <p>The certification body shall establish procedures for retaining records for a period consistent with its contractual and legal obligations. Access to these records shall be consistent with the confidentiality arrangements.</p> <p>Note For requirements for records on certified clients, see also 9.9 of this Annex.</p>
<p>10.2.5</p>	<p>Management review</p>
<p>10.2.5.1</p>	<p>General</p> <p>The certification body's top management shall establish procedures to review its management system at planned intervals to ensure its continuing suitability, adequacy and effectiveness, including the stated policies and objectives related to the fulfilment of this part of IS/ISO/IEC 17021. These reviews shall be conducted at least once a year.</p>
<p>10.2.5.2</p>	<p>Review inputs</p> <p>The input to the management review shall include information related to:</p> <p>a) Results of internal and external audits;</p> <p>b) Feedback from clients and interested parties;</p> <p>c) Safeguarding impartiality;</p> <p>d) The status of corrective actions;</p> <p>e) The status of actions to address risks;</p> <p>f) Follow-up actions from previous management reviews;</p> <p>g) The fulfilment of objectives;</p> <p>h) Changes that could affect the management system;</p> <p>i) Appeals and complaints.</p>
<p>10.2.5.3</p>	<p>Review outputs</p> <p>The outputs from the management review shall include decisions and actions related to</p> <p>a) Improvement of the effectiveness of the management system and its processes;</p> <p>b) Improvement of the certification services related to the fulfilment of this part of IS/ISO/IEC 17021;</p> <p>c) Resource needs;</p> <p>d) Revisions of the organization's policy and objectives.</p>
<p>10.2.6</p>	<p>Internal audits</p>



CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
10.2.6.1	<p>The certification body shall establish procedures for internal audits to verify that it fulfils the requirements of this part of IS/ISO/IEC 17021 and that the management system is effectively implemented and maintained.</p> <p>NOTE IS/ISO/IEC 19011:2018 provides guidelines for conducting internal audits.</p>
10.2.6.2	An audit programme shall be planned, taking into consideration the importance of the processes and areas to be audited, as well as the results of previous audits.
10.2.6.3	Internal audits shall be performed at least once every 12 months. The frequency of internal audits may be reduced if the certification body can demonstrate that its management system continues to be effectively implemented according to this part of IS/ISO/IEC 17021:2015 and has proven stability.
10.2.6.4	<p>The certification body shall ensure that:</p> <p>a) Internal audits are conducted by competent personnel knowledgeable in certification, auditing and the requirements of this part of IS/ISO/IEC 17021:2015;</p> <p>b) Auditors do not audit their own work;</p> <p>c) Personnel responsible for the area audited are informed of the outcome of the audit;</p> <p>d) Any actions resulting from internal audits are taken in a timely and appropriate manner;</p> <p>e) Any opportunities for improvement are identified.</p>
10.2.7	<p>Corrective actions</p> <p>The certification body shall establish procedures for identification and management of nonconformities in its operations. The certification body shall also, where necessary, take actions to eliminate the causes of nonconformities in order to prevent recurrence. Corrective actions shall be appropriate to the impact of the problems encountered. The procedures shall define requirements for:</p> <p>a) Identifying nonconformities (e.g. from valid complaints and internal audits);</p> <p>b) Determining the causes of nonconformity;</p> <p>c) Correcting nonconformities;</p> <p>d) Evaluating the need for actions to ensure that nonconformities do not recur;</p> <p>e) Determining and implementing in a timely manner, the actions needed;</p> <p>f) Recording the results of actions taken;</p> <p>g) Reviewing the effectiveness of corrective actions.</p>
10.3	Option B: Management system requirements in accordance with IS/ISO/IEC 9001:2015
10.3.1	<p>General</p> <p>The certification body shall establish and maintain a management system, in accordance with the requirements of IS/ISO/IEC 9001:2015, which is capable of supporting and demonstrating the consistent achievement of the requirements of this part of IS/ISO/IEC 17021:2015, amplified by 10.3.2 to 10.3.4 of this Annex.</p>
10.3.2	Scope

CLAUSE No. of IS/ISO 17021-1: 2015 and IS/ISO/IEC 27006:2015	DESCRIPTION
	<p>For application of the requirements of IS/ISO/IEC 9001:2015, the scope of the management system shall include the design and development requirements for its certification services.</p>
<p>10.3.3</p>	<p>Customer focus</p> <p>For application of the requirements of IS/ISO/IEC 9001:2015, when developing its management system, the certification body shall consider the credibility of certification and shall address the needs of all parties (as set out in 4.1.2 in this Annex) that rely upon its audit and certification services, not just its clients.</p>
<p>10.3.4</p>	<p>Management review</p> <p>For application of the requirements of IS/ISO/IEC 9001:2015, the certification body shall include as input for management review, information on relevant appeals and complaints from users of certification activities and a review of impartiality.</p>



Annexure B

Competence of Certification Functions for Basic Technical Criteria (Level 1)

Educational qualifications and experience of the certification functions of CBs operating CSMS BTC (Level 1) is described below:

S No.	Role	Education	Competency Knowledge and Skills	Experience	Training Requirements
1	Head – Certification Body	As per organisation policy	To manage certification scheme	20 years in management position	Acquired knowledge of conformity assessment system including auditing, requirements covered in CSMS scheme for BTC (Level 1).
2	Audit Team Leader (CSMS Lead Auditor-BTC (Level 1))	Graduate in computer science, computer engineering, telecommunication engineering, cyber security, electronics and information technology, instrumentation and control, software engineering, information systems etc.	As per Annexure A of IS/ISO/IEC 27006 and BTC (Level 1).	A. 10 audits out of which 2 as lead audits (can be ISMS and/or BTC audits) of various organisations b. Total industrial work experience in cyber security – 3 years c. Total experience (in IT) – 6 years	Should have undergone IS/ISO/IEC 27001:2022 Lead Auditor course and requirements of BTC (Level 1) As per Note 1 of this annexure.
3	CSMS Auditors (BTC (Level 1))	As mentioned above	As mentioned above	a. 10 audits (can be CSMS and/or BTC audits) of various organisations b. Total industrial work experience – 3 years c. Total experience (in IT) – 6 years	Should have undergone IS/ISO/IEC 27001:2022 Lead Auditor course and requirements of BTC (Level 1) As per Note 1 of this annexure
4	Technical Experts	As mentioned above	Knowledge on rationale of security of BTC (Level 1)	10 years of experience in in the area of cyber security in industry/ academic institute.	Formal training on overview of BTC (Level 1), and Certification Process (8 hours)



S No.	Role	Education	Competency Knowledge and Skills	Experience	Training Requirements
5	CB Secretariat	Graduate	Knowledge of BTC (Level 1) and Certification Process	3 years of experience in operating conformity assessment schemes	Formal training on BTC (Level 1) and Certification Process (24 hours)

Note 1: Trainings acquired (minimum 40 hours) by auditors working in a CB is described below:

- The technology used for the manufacture of the products/infrastructure audited, the operation of processes and the delivery of services, BTC (Level 1) criteria.
- The way in which products/components are used, processes are operated, and services are delivered; review of compensating countermeasures, concept of zone and conduit security, levels, etc.
- Knowledge Areas as prescribed in IS/ISO/IEC 27006:2015 and BTC (Level 1) – applicable for S No. 2 and S no. 3 tabulated above.



SECTION 6

PROVISIONAL APPROVAL SYSTEM

1. Introduction

- 1.1. To operate certification Scheme of CSMS ,as per BTC (Level 1), for CSEs, the certification body (CB) shall primarily need to comply with the requirements specified in **certification body requirements** defined in Section 5 of this document for obtaining accreditation from NABCB.
- 1.2. For demonstrating compliance with the **certification body requirements**, CBs are required to demonstrate that they have an experience of auditing minimum 2 clients (CSEs) as per this BTC (Level 1). There may be a situation where CB may not get a client for audit and certification, since in the beginning to get accreditation, they have to demonstrate their experience of audit and certification to the accreditation body and at the same time the client (CSEs) may not be willing to have a contract with unaccredited certification bodies. As a result, CB may not be able to approach accreditation body (NABCB / or any other AB which is signatory of IAF) to get initial accreditation or to get the relevant accreditation scope extension, if already accredited. To address this situation, it is necessary to have a mechanism in place without any compromise on the technical criteria and competence of personnel (auditors / experts) so that confidence of the users on the system is maintained.
- 1.3. Further, in order to launch the Scheme, it is necessary that some CBs are available at the beginning.
- 1.4. Therefore, it is necessary to establish a procedure for provisional approval of CBs under the Scheme till such time they can get formally accredited or get the accreditation scope extension from the NABCB / or any other AB which is signatory of IAF and approved by the Scheme owner.
- 1.5. This document sets out the requirements for provisional approval, to be fulfilled by CBs desirous of operating under the Scheme pending formal accreditation.
- 1.6. In order to be formally accredited by the NABCB / or any other AB which is signatory of IAF, would need to undergo a short Office Assessment along with a Witness Assessment of an actual evaluation under the Scheme.

2. Purpose

This document defines the procedure and requirements for provisional approval for Certification Bodies, operating under the scheme, pending formal accreditation. This procedure is required primarily to facilitate the MSMEs, Start Ups, Stand Up India entrepreneurs so that they can join the ecosystem as a potential CB.

3. Scope

- 3.1. This document defines the procedure for CBs to obtain provisional approval to operate under the Scheme for Conformity Assessment Framework for CSEs, pending formal accreditation by the NABCB/any other IAF member accreditation body as per the prescribed requirements.
- 3.2. This approval shall be valid for a period of one year within which the provisionally approved CB would have to obtain formal NABCB/any other IAF member accreditation body accreditation.
- 3.3. This scope covers the certification requirements as per the BTC (Level 1).

4. Objective

The objectives of provisional approval are to:

- 4.1. Provide a mechanism of provisional approval to CB to ensure its certification processes get stabilised and get accredited.
- 4.2. Demonstration of competencies by CB.

5. Requirement for Provisional Approval

The Certification Bodies desirous of providing certification services to clients and intended to get accreditation within a period of one year shall meet the requirements as prescribed below in this document.

5.1 Administrative Requirements

5.1.1 Legal Entity

The CB shall be a legal entity or shall be a defined part of a legal entity, such that it can be held legally responsible for all its certification activities. A governmental CB is deemed to be a legal entity on the basis of its governmental status. A CB, that is part of an organization involved in functions other than certification, shall be separate and identifiable within that organization.

5.1.2 Organisational Structure

The CB shall define and document the duties, responsibilities and reporting structure of its personnel and any committee and its place within the organization. When the CB is a defined part of a legal entity, documentation of the organizational structure shall include the line of authority and the relationship to other parts within the same legal entity. The permanent / regular minimum resource strength in terms of professionals in CBs shall not be less than two (including 1 auditor and 1 technical reviewer)

5.2 Criteria

The potential CB shall be fully aware about the requirements of certification and provisional approval including technical criteria and an applicable procedure as defined in the framework. They should abide by the requirements pertaining to Impartiality and Independency.

There could be following scenarios:

- 5.2.1 The CB doesn't possess any experience of certification but have the technical competence. They have a commitment to establish a CB for the applied scope.
- 5.2.2 The CB is established but doesn't operate in the sector of IT (IAF code 33). Presently engaged in QMS and EMS certification. They have built the technical competence and resources in IT/ ISMS/ CSMS in recent times and formalizing the established processes.
- 5.2.3 The CB operate in the IT sector (e.g. QMS) and intend to expand for ISMS and CSMS. In recent times, they have established the processes for the same.

For all the three scenarios, the CBs shall meet the technical criteria defined in this document, however they can conduct common audit if the CSE has opted for integrated management system.

5.3 The certification body shall meet the following eligibility requirements:

- 5.3.1 Undertaking to comply with the criteria of accreditation within one year along with plan of activities and roadmap for compliance. (with NABCB/any other IAF accreditation member)
- 5.3.2 The CB shall have at least one IS/ISO/IEC 27001:2022 lead auditor (refer to Annex A of this section for resource requirements) having minimum five-year relevant industry experience or with minimum 20 no. of man-days audit experience in IS/ISO/IEC 27001:2022 certification.
- 5.3.3 Acquired complete understanding of the BTC (Level 1)
- 5.3.4 Shall have implemented the requirements of QMS (refer to Annex A).

5.4 Integrity

The CB and its personnel shall maintain integrity at all times. The CB shall implement adequate measures to ensure integrity by facilitating police verification and background check.

5.5 Impartiality

- 5.5.1 The CB shall be impartial.
- 5.5.2 The CB shall be so structured and managed as to safeguard impartiality.
- 5.5.3 The CB and its staff shall not engage in any activities that may conflict with their Impartiality.
- 5.5.4 The CB shall act impartially in relation to its applicants, candidates and certified CSEs. The CB shall have a process to identify, analyse, evaluate, monitor, and document the threats to impartiality arising from its activities including any conflicts arising from its relationships on an ongoing basis. This shall include those threats that may arise from its activities, or from its relationships, or from the relationships of its personnel. Where there are any threats to impartiality, the CB shall document and demonstrate how it eliminates or minimizes such threats and document any residual risk. The demonstration shall cover all potential threats that are identified, whether they arise from within the CB or from the activities of other persons, bodies or organizations.
 - a. Top management shall review any residual risk to determine if it is within the level of acceptable risk. When a relationship poses an unacceptable threat to impartiality, then certification shall not be provided.
 - b. The risk assessment process shall include identification of and consultation with appropriate interested parties to advice on matters affecting impartiality including openness and public perception.

Note 1: Sources of threats to impartiality of the accreditation body can be based on ownership, governance, management, personnel, shared resources, finances, contracts, training, marketing and payment of a sales commission or other inducement for the referral of new clients, etc.

Note 2: One way of fulfilling the consultation with the interested parties is by the use of an impartiality committee.
- 5.5.5 The CB shall not impart education and/or training in Cyber Security domain within the same legal entity.



- 5.5.6 The CB shall have a process to eliminate or minimize risk to impartiality if training/education of CSEs is carried out in a related body which is linked to the CB by common ownership etc.
- 5.5.7 The CB shall have a process to ensure that the auditors/experts are free of any conflict of interest with the applicant(s) by means of being a consultant for applicant in the past.

5.6 **Confidentiality:**

The CB shall ensure confidentiality of information obtained in the course of its certification activities by having a suitable system. Information gathered would not be used for any commercial or other purposes other than that to support certification of CSEs.

5.7 **Safety and Security**

The CB shall develop and document policies and procedures to ensure safety and security throughout the certification process.

6. **Certification process**

- 6.1 The CB shall manage the process of certifying CSEs as per the documented 'Certification Process for CBs' prescribed under the Scheme.
- 6.2 The CB shall maintain records to demonstrate that the certification process is effectively implemented.
- 6.3 The CB shall ensure the requirements of the Scheme are met with at any point in time.
- 6.4 The CB shall certify CSEs only under the Scheme and shall use the logo of the Scheme in the certificates issued to the certified CSEs.
- 6.5 The CB shall have written agreement with the certified CSEs on the use of the certificate issued to them.
- 6.6 The CB shall have a process to handle appeals by the candidates against any of its decisions.
- 6.7 The CB shall have a process to handle complaints from the CSEs, the users of the services of the certified CSEs or any other stake holder.

6.8 **Certification agreement**

The CBs shall have a legally enforceable agreement for the provision of certification activities to CSEs. In addition, the CBs shall ensure its certification agreement requires that the CSEs comply at least, with the specific requirements as prescribed in the relevant accreditation standards (IS/ISO/IEC 17021-1:2015) and the Scheme document.

The certification agreement shall include the mechanism to handle certified clients if CB does not extend approval or withdraws from accreditation.

6.9 **Responsibility for decision on certification**

The CBs shall be responsible for, shall retain authority for, and shall not delegate, its decisions relating to certification, including the granting, maintaining, recertifying, expanding and reducing the scope of the certification, and suspending or withdrawing the certification.



6.10 Publicly available information

- 6.10.1 The CB shall maintain a website for providing information about the Scheme and its certification activities under the Scheme.
- 6.10.2 The CB shall maintain and make publicly available information describing its certification processes for granting, maintaining, extending, renewing, reducing, suspending or withdrawing certification, and about the certification activities and geographical areas in which it operates.
- 6.10.3 The CB shall make publicly available information about applications registered and certifications granted, suspended or withdrawn.
- 6.10.4 The CB shall make publicly available its process for handling appeals and complaints.

7. Approval Process

Application

- 7.1 Any organisation interested in approval as a CB for the purpose of the Scheme may apply to QCI in the prescribed application format along with the prescribed application fee. The applicant shall also enclose the required information and documents as specified in the application form.
- 7.2 The filled in application form for approval shall be duly signed by the HoD/authorized representative/s of the organization seeking approval.
- 7.3 On receipt of the application form, it will be scrutinized by the QCI and those found complete in all respects will be processed further.

8. Assessment Process

- 8.1 Interested CB shall apply in the prescribe application form to the QCI for seeking provisional approval.
 - 8.1.1 If an applicant CB is already accredited for ISMS certification, then they shall submit their procedure for auditing for the requirements specified in Part B of BTC (Level 1).
 - 8.1.2 They shall have trained their auditors on technical aspects of the requirements of Part B of BTC (Level 1) with desired competency.

If QCI is satisfied with these two requirements, then there will not be any on-site audit.

- 8.2 On review of the application for completeness by QCI, an assessment team comprising a team leader and member(s) / technical expert(s) will be nominated for the purpose of assessment at applicant's office and other locations, if required. Duration of assessment for document review and on-site assessment shall be applicable as per defined man-day and fee structure.
- 8.3 The names of the members of the assessment team along with their CVs will be communicated to the applicant CB giving it adequate time to raise any objection against the appointment of any of the team members, which will be dealt with by QCI on merits. All assessors / experts nominated by QCI shall have signed undertakings regarding confidentiality and conflict of interest.

- 8.4 If necessary, QCI may decide based on the report of Office Assessment (OA) or otherwise, to undertake witness assessment(s) of actual evaluation or any part of the accreditation process by the applicant.
- 8.5 The assessment team leader shall provide an assessment plan to the applicant CB in advance of the assessment.
- 8.6 The date(s) of assessment shall be mutually agreed upon between the applicant CB and QCI assessment team.
- 8.7 The Office Assessment will begin with an opening meeting for explaining the purpose and scope of assessment and the methodology of the assessment. The actual assessment process shall cover review of the documented system of the organisation to assess its adequacy in line with the assessment criteria as specified. It will also involve verification of the implementation of the system including scrutiny of the records of personnel competence and other relevant records and demonstration of personnel competence through means like interviews, etc. In short, it will be an assessment for verifying technical competence of the applicant for operating under the Scheme.
- 8.8 At the end of the Office Assessment, through a formal closing meeting, all the nonconformities and concerns observed in the applicant's system as per the assessment criteria and the assessment team's recommendation to QCI, shall be conveyed to the applicant.
- 8.9 Based on the report of assessment, and the action taken by the applicant on the nonconformities/ concerns, if any, QCI shall take a decision on whether to; a) Undertake Witness Assessments(s) (WA) of actual evaluation or any part of the accreditation process by the applicant prior to granting of provisional approval or, b) Granting provisional approval to the applicant as accreditation body under the Scheme.
- 8.10 AB may conduct Knowledge and Skill tests of auditor(s) and technical expert(s) as deemed fit.

9. Validity of Provisional Approval

- 9.1 The approval shall be valid for a period of one year.
- 9.2 During the validity of approval, QCI shall undertake at least one Witness Assessment to confirm the CB's competence.
- 9.3 The CB shall obtain formal accreditation as per the Accreditation Scheme for CBs for operating CSMS within one year of provisional approval by QCI.
- 9.4 Based on the request of the CB and review of previous performance, it may be decided to extend the period of validity; in such a case, the CB shall be assessed covering both office and witnessing on-site, as decided by QCI, prior to such an extension. Extension of validity should not be more than 6 months.
- 9.5 The provisional approval shall be subject to suspension/ withdrawal with due notice of 15 days in the event of any non-compliance to the requirements of the Scheme.
- 9.6 The approved CB shall inform QCI without delay about any changes relevant to its provisional approval, in any aspect of its status or operation relating to;
 - 9.6.1 Its legal, commercial, ownership or organizational status,



- 9.6.2 The organisation, top management and key personnel,
 - 9.6.3 Main policies, resources, premises and scope of approval, and
 - 9.6.4 Other such matters that may affect the ability of the CB to fulfil the requirements for approval.
- 9.7 QCI shall examine such information and decide on the issue on merits with or without an on-site verification.

10. Fee

The CB shall abide by the commercials as applicable.



Annexure A

A. Requirements for developing CBs' Quality Assurance System (CB-QAS)

Certification Bodies should have quality assurance system for continually improving the delivery and effectiveness of Cybersecurity certification services. It could be based on Quality Management System (QMS) principles, however CB-QAS of the organization shall have the procedures prescribed below, as minimum:

- i. Procedure for reviewing and evaluating applicants' documents pertaining to CSMS system including the risk management
- ii. Procedure for selecting and monitoring expert / auditor for the Cybersecurity Certification
- iii. Procedure for management of audit activities
- iv. Procedure for decision making (i.e. granting, maintaining suspension, withdrawal etc.)
- v. Procedure for Internal Audit and Management Review.

Note: If organisations has implemented IS/ISO/IEC 9001:2015 standard, the above requirements are deemed compliant.

B. Resource and Competence Requirements

The applicant CB shall have a procedure to ensure that auditors are trained in the following areas and competent to carry out the audit as per the requirements of BTC (Level 1) (both Part-A and Part-B). Refer to Annex B in Section 5 of this document.



SECTION 7

RULES FOR USE OF SCHEME MARK



1. Introduction

- 1.1 The certification scheme for Certification Bodies are designed and developed as per international best practices.
- 1.2 The 'Scheme Mark' denotes the Mark that is assigned to the accredited CBs.
- 1.3 The Mark is allowed to be used for promotion by accredited CBs, who are allowed to display the mark as per the prescribed rules mentioned in the subsequent paras of this document.
- 1.4 Further, it is the collective responsibility of the NCIIPC and QCI and its constituent accreditation boards to keep an oversight on the use of Scheme Mark.

2. Purpose

The QCI and its constituent accredited organisations can benefit from visually identifying their status through the use of the Scheme Mark. In doing so, the Mark Holders are provided guidance in a manner that organisations displaying the Mark shall desist from misleading anyone; avoid positioning of incompatible marks that may devalue or degrade other Marks; use them illegally (they are protected trademarks); or use them contrary to the recognised Scheme.

3. Objective

- 3.1. The objective of this document is to establish rules for use of the Scheme Mark.
- 3.2. This document sets out the conditions that must be followed by CBs that are permitted to use the logo or symbols. They are however, only authorised to issue participation certificates for the course enrolled by the candidate without the use of Scheme logo.
- 3.3. This document establishes the process to be adopted by the Scheme Manager for the grant of use of Scheme Mark to certified CBs.

4. Scope

- 4.1 The scope covers all the authorized Mark Holders.
- 4.2 This document covers the rules for use of the Mark and defines the misuse scenarios with respect to the requirements of the Scheme.

5. Prerequisites for Use of Scheme Mark

5.1 Organisations as Entities

- 5.1.1. The Mark holders that have been approved under the Scheme, are eligible to use Scheme Mark. They are required to submit an application authorising them for use of Scheme Mark (refer to Annex A of this section).
- 5.1.2. As per the contract between the Scheme Manager (QCI) and the mark holder, the mark holder shall be required to formally sign an agreement with QCI for the use of Scheme Mark. This shall be done immediately after the grant of approval.
- 5.1.3. The accredited CBs shall make provision in their management system to institutionalise this requirement for it to be legally enforceable.

6. Oversight Responsibility

- 6.1 The QCI is responsible to establish, implement, and amend this procedure. The Mark Holder are responsible to comply with the procedure, specifically undertaking surveillance or re-certification assessment.
- 6.2 The Mark Holder should have a strong market surveillance system to ensure that compliance is met at all times.
- 6.3 By affixing the Mark, the Mark holder commits to abide by the rules for use of Scheme Mark which should be independent of the oversight process.

7. Rules for use of Scheme Mark

- 7.1 The Mark holder needs to comply with applicable criteria in totality.
- 7.2 The Scheme Mark is allowed to be used only by accredited Certification Bodies.
- 7.3 The mark may also be used by the accredited CBs for their promotion. However, they are not allowed to use the same while issuing consulting documents to their clients.
- 7.4 In some cases, if a Mark Holder has acquired Marks from different Scheme, he/she is required to seek explicit approval from QCI to affix multiple marks together.
- 7.5 A Mark Holder, which has been a subject to important changes or overhauls, aiming to modify its original mandate after it has secured approval, must apply de novo.
- 7.6 The Scheme Mark may be used as any photographic reduction or enlargement. The colour Scheme of the Marks shall be the same as described below. A different combination of the colour Scheme shall not be used.
- 7.7 During the photographic reduction and enlargement, sufficient care to be exercised to ensure that there is deviation in the aspect ratio and colour degradation/change.
- 7.8 The Mark holder, upon suspension or withdrawal of its attestation, shall discontinue use of the Scheme Mark, in any form.
- 7.9 The Mark holder, upon suspension or withdrawal of its attestation, shall discontinue use of all advertising matter that contains any reference to its attestation status.
- 7.10 In case the Scheme Mark is observed to be used by a Mark holder in contravention to the conditions specified, suitable actions shall be taken by the approving body in accordance with the relevant requirements of Scheme, and those specified in the document "Certification Process".
- 7.11 Depending upon the degree of violation, suitable action(s) may range from advice for corrective actions, to withdrawal of certification, especially in situations of repeated violations. In case the Mark holder does not take suitable action to address the wrong usage of the Scheme Mark, the QCI may suspend/withdraw its accreditation.
- 7.12 If a Mark holder's accreditation is suspended; its attestation cancelled, withdrawn or discontinued, it is the Mark holder's responsibility to discontinue the use of the Scheme Mark from the date from which the certificate stands suspended, cancelled, and withdrawn or discontinuation comes into force. QCI, the Scheme Manager, that has approved the use of Scheme Mark to the Mark holder, needs to ensure compliance as stated above.



7.13 The Mark holders shall sign a legally enforceable agreement with the Scheme Manager, QCI whereby it is allowed to use the Scheme Mark, after agreeing to all the relevant conditions as described in Annex B of this section.

7.14 The Mark holders shall pay an applicable fee to accreditation body, through their operational entities for the use of Scheme Mark as prescribed from time to time.

7.15 Misuse scenarios

7.15.1 The Mark should not be used while making a statement related to out-of-scope entities.

7.15.2 The NCIIPC's, QCI's and its constituent boards' logos/Marks are not permitted to be used by the Mark Holder. If required for temporary events such as collaborative training program, etc. a written permission needs to be sought from the respective organisation.

7.15.3 The Mark Holder shall desist from misleading anyone; avoid positioning of incompatible marks that may devalue or degrade other Marks; use them illegally (they are protected trademarks); or use them contrary to the recognised Scheme.

8. Conditions for use of Scheme Mark by Mark Holder Organisations (CBs)

Following conditions shall apply for use of Scheme Mark:

8.1 The Scheme Mark may be used in publicity material, pamphlet, letterheads, other similar stationary, media for exchange of any communication, for promoting the awareness of the Scheme, the Scheme Mark, etc.

8.2 While using the above documents, care shall be taken to ensure that the Mark is used only with respect to the Mark holder and it shall not give the impression that the non-certified, other than scope of Scheme, locations/personnel from offices are not included in scope or a related company are also certified/attested.

8.3 The Mark holder shall not make any misleading claims with respect to the Scheme Mark.

8.4 It shall not use the Scheme Mark in such a manner as to bring the Scheme Owner (NCIIPC) and Scheme Manager (QCI) into disrepute.

9. Conditions for Use of the Scheme Mark by CBs

9.1 The Scheme Mark will be displayed only on the certificate issued to the clients of an accredited CB. The client will not use or display the Scheme Mark anywhere else.

9.2 The client shall abide by all clauses as mentioned in Annex B once certified, committing to the requirement of the Scheme through their CBs.

9.3 The CBs shall forward the filled contract form received from the certified clients to QCI, for the purpose of signing and completing the contract formalities. Along with the contract form, the relevant conformity assessment body shall also forward the details of the Mark holder, covering as a minimum the following information:

9.3.1 Name and address of the Mark holder;

9.3.2 Legal entity Status (with evidence);

9.3.3 Names of the top management/ownership details;

9.3.4 Details of the certification granted – number, validity, etc.;

- 9.3.5 Scope of certification granted to the Mark holder;
 9.3.6 Any other significant detail(s) considered as relevant.

- 9.4 The client is required to submit an undertaking to the respective accredited CBs for abiding by the rules for use of Scheme mark.
- 9.5 Upon receiving the signed contract form from QCI, the attestation body shall issue the certificate, inform the Mark holder regarding permission for using the Scheme Mark, and also forward the signed contract form to them.
- 9.6 The annual fee for use of Scheme Mark from the mark holder to be submitted to QCI through the CBs.
- 9.7 The contract between QCI and the Mark holder shall be valid as long as the later holds valid accreditation under the Scheme or unless is otherwise advised to do so.

10. Design of the Mark

The Scheme Mark below, is only allowed to be used by the accredited CBs while issuing the statement of conformance.



■ C-100, M-0, Y-0, K-0
 ■ C-100, M-0, Y-0, K-0
 ■ C-35, M-12, Y-0, K-0
■ C-2, M-2, Y-29, K-0
 ■ C-24, M-9, Y-9, K-0

GRAY: C-43, M-33, Y-35, K-2
 BLACK: C-66, M-65, Y-60, K-56



Annexure A

Format for Application

APPLICATION FOR PERMISSION TO USE THE SCHEME MARK

1	Name of the applicant CB	
2	Address	
3	Telephone No.	
4	Mobile No.	
5	Email	
6	Purpose of Usage	
7	Duration of Usage	
8	Certification scope of CSEs (for which Scheme Mark is to be applied)	
9	Signature and Date	



Annexure B

Format for the agreement between QCI and the Mark holder for use of Scheme Mark (Only for CBs)

AGREEMENT FOR USE OF SCHEME MARK

M/s _____ (hereinafter referred to as **Mark holder**) situated at _____ has applied to M/s. Quality Council of India, 2nd Floor, Institution of Engineers Building, 2, Bahadur Shah Zafar Marg, New Delhi - 110002, India (hereinafter referred to as **QCI**), for permission to use **Scheme Mark** for the offices for which it has received certification from the (name of approving/CAB) approved by QCI under the Conformity Assessment Framework for Cyber Security of Critical Sector Entities (hereinafter referred to as the **Scheme**) owned by the **QCI**. This agreement is entered in connection with granting of permission to use the Scheme Mark by QCI under the following terms and conditions agreed upon:

1. GENERAL CONDITIONS

- 1.1. The Mark holder agrees to comply at all times with the requirements of the Scheme as applicable presently and as amended from time to time. The Mark holder shall also agree to pay the annual fee to QCI.
- 1.2. The Mark holder shall agree to comply with conditions of the accreditation as per its contract with QCI.
- 1.3. This Scheme aims to certify the Mark holder for their ability to meet the applicable Scheme requirements.
- 1.4. The Mark holder may use the Scheme Mark in publicity material, pamphlet, letter heads, other similar stationary; media for exchange of any communication, for promoting the awareness of the Scheme, the Scheme Mark, etc. The Mark holder may also use the Scheme attestation issued by the conformity assessment body as part of publicity material. The Mark holder, however, agrees to take care, while using the above documents to ensure that the Mark is used only with respect to the Mark holder and it shall not give impression that the non-attested, other than attested scope, offices not included in scope or a related company are also carrying the Mark.
- 1.5. The Mark holder agrees to use the Scheme Mark only with respect to the Mark holder covered under accreditation granted to it and will continue to comply with the accreditation criteria.
- 1.6. The Mark holder agrees that it would always fulfil the accreditation requirements as per the existing Scheme and as modified from time to time and shall use the Scheme Mark only during the validity period of the certificate and when its QCI approval is valid.
- 1.7. The Mark holder agrees not to make use of the **Scheme Mark** or name of QCI which could be misleading or unacceptable to QCI.
- 1.8. The Mark holder agrees to make claims of accreditation only for the scope which are specifically covered under accreditation.
- 1.9. The Mark holder agrees not to use the marks in such a manner that would bring QCI or the Scheme into disrepute and/or lose public trust.

- 1.10. The Mark holder agrees to inform QCI in writing of any significant changes in the Mark holder's name, ownership or location for which the Mark holder has obtained the accreditation.
- 1.11. The Mark holder shall inform QCI, without delay, of matters that may affect its ability to conform to the accreditation requirements.
- 1.12. The Mark holder agrees to provide any information sought by QCI regarding operation of the Scheme by the Mark holder.
- 1.13. The Mark holder agrees that its name, location and the scope of accreditation is included in the directory maintained and published by QCI.
- 1.14. The Mark holder agrees for the conduct of announced/ unannounced/decoy assessments in order to verify the compliance of the Mark holder with reference to the use of the Mark as allotted to it and with respect to the complaints received by QCI about the Mark holder and to pay such charge within the time as communicated by QCI.
- 1.15. The Mark holder agrees to discontinue the use of the Scheme Mark from the date from which the certificate stands suspended, cancelled, and withdrawn or discontinuation comes into force.
- 1.16. Upon suspension or withdrawal/cancellation of its accreditation, the Mark holder shall discontinue use of all advertising material referring to the use of Scheme Marks with immediate effect and submit a declaration to this effect to QCI. It shall also refrain from making claim in any form regarding the accreditation under the Scheme.

2. OTHER REQUIREMENTS

- 2.1. This agreement is entered for a period of the validity of the accreditation and shall be in force from the date of signing of this agreement.
- 2.2. All correspondence of QCI shall be in writing and shall be deemed to have been served/made when sent by courier/registered post or facsimile or email to the address of the Mark holder as mentioned on the company information sheet or any change as subsequently communicated to QCI by the client in writing under QCI acknowledgement.
- 2.3. In case of any dispute/issues, the Mark holder agrees to go through the appeal procedure under the Scheme and accepts its decision as final.
- 2.4. The Mark holder agrees to indemnify QCI in case of any loss or liability incurred by QCI in connection with the Scheme or misuse of mark(s) by the Mark holder.
- 2.5. Dispute, if any, arising out of the terms and conditions of the agreement between QCI and the Mark holder, shall be governed by laws of India and subject to the jurisdiction of competent courts located in Delhi.
- 2.6. The Mark holder shall nominate the chief executive or an authorized signatory for the agreement as the point of contact with QCI.



The Mark holder hereby accepts and agrees with the above terms as documented in this agreement.

1. **Signature** :
Name of Mark holder: _____

(the chief executive of the organization or an authorized signatory)

Title :

Address : _____

Date : _____
2. **Quality Council of India**
QCI hereby accepts the above application and agrees to the terms thereof.
Authorized Signatory: _____
Name : _____
Title : _____
Date : _____