
REQUIREMENTS TO BECOME A UAS CERTIFICATION BODY

Certification Scheme for Unmanned Aircraft Systems (CSUAS), 2022
Based on ISO/IEC 17065:2012

*Guidance document for the use of applicant organisations seeking
approval and accreditation as a Certification Body under the Scheme*

1. Executive Summary Requirements at a Glance

1.1 Purpose of this document

This document sets out what an organisation must establish, resource, document and demonstrate in order to be approved and to operate as a Certification Body under the Certification Scheme for Unmanned Aircraft Systems (CSUAS). It consolidates the requirements of the Scheme principally Part 5 (Requirements for Certification Bodies), Part 4 (Certification Process) and Part 7 (Provisional Approval System) as a readiness guide.

Three audiences are served at once: senior management deciding how to enter this activity; the personnel who will manage it; and the personnel who will be assessed by the Quality Council of India. The early sections orient, the later sections examine each requirement, and the final sections give an illustrative organisational model and a self-assessment checklist. In case of any ambiguity arise out of this guidance document, the scheme document texts shall prevail.

1.2 What the UAS Certification Scheme is

CSUAS, designed and developed by QCI, was notified in the Official Gazette by the Ministry of Civil Aviation on 26 January 2022 vide S.O. 347(E). It is a product certification scheme for civil unmanned aircraft systems, operating within the framework of the Drone Rules, 2021, and gives effect to a Memorandum of Understanding between the Directorate General of Civil Aviation and QCI.

A type certificate is not required for a model remotely piloted aircraft system or for a Nano UAS; every other UAS is to be certified before operation. This version of the Scheme covers UAS flying in visual line of sight, flying in day and night, and flying below 400 feet, the criteria being set out in Annexure A of Part 3. Certification follows ISO/IEC 17067 as a Type 1a scheme: samples of each model undergo the determination activities, and subsequent production items are not covered by the body's attestation of conformity.

1.3 What a Certification Body is under this Scheme

A Certification Body under CSUAS is the “authorised testing entity” of the Drone Rules, 2021, an entity authorised by the Director General or by QCI for the purpose of testing unmanned aircraft systems for a type certificate. It operates as a third-party conformity assessment body and evaluates a UAS model against the Part 3 criteria through a two-stage evaluation: document review (Stage 1), and the evaluation of ground and flight testing (Stage 2) with laboratory testing where required. On completion it issues a statement of conformity and communicates its recommendation to DGCA for grant of the type certificate.

The statement of conformity, with the evaluation report and the recommendation, is to reach DGCA within sixty days of the application being filed. The decision the body retains, and never delegates, is the evaluation decision on which that certificate rests.

1.4 Eight domains

Every obligation placed on a prospective Certification Body falls into one of eight domains. The table below maps the whole document.

#	Requirement	What it means for the applicant	Mapping
A	Legal and contractual	Be a legal entity that can be held legally responsible; retain, and under the provisional approval system never delegate, certification decisions; hold a legally enforceable agreement with every client; control the Certification Mark.	Part 5, cl. 4.1; Part 7, cl. 3.9
B	Impartiality	Decide free of commercial, financial or other pressure; provide no consultancy; analyse impartiality threats at least annually; maintain a code of conduct; observe the two-year separations and the segregation of roles.	Part 5, cl. 4.2

#	Requirement	What it means for the applicant	Mapping
C	Liability and financing	Hold insurance or reserves adequate to the liabilities arising from operations, and demonstrate the viability to continue providing the service in accordance with contractual obligations.	Part 5, cl. 4.3
D	Structure and governance	Document the organisational structure, related bodies and reporting lines, and name the holders of authority for each of the fourteen listed functions.	Part 5, cl. 5
E	Resources and competence	Employ or have access to competent application reviewers, evaluators and team leaders, technical experts, technical reviewers and decision-makers, with defined competence criteria and predefined routes for each of the functions the Scheme lists.	Part 5, cl. 6
F	Certification process	Operate the full lifecycle: application, review, Stage 1 and Stage 2 evaluation, final evaluation, independent review and decision, statement of conformity, renewal, adverse action and changes.	Part 5, cl. 7; Part 4
G	Management system	Maintain Scheme-specific documentation, retain records for ten years or for as long as the UAS remains in service, whichever is later, and audit internally against the Scheme.	Part 5, cl. 8; Part 4, cl. 6
H	Provisional approval	Obtain provisional approval from QCI, secure accreditation to ISO/IEC 17065:2012 within one year, and submit to witness assessment.	Part 7

1.5 Readiness assessment

Prior to the application, an organisation should be able to answer “yes” to each of the following. Any “no” is a work item, not a disqualifier, but every item is to be closed before approval.

- We are, or can become, a legal entity legally responsible for all certification activity, and we will retain the certification decision within the body.
- We are not the designer, manufacturer, installer, distributor or maintainer of the UAS we would certify; we provide no consultancy or training to our clients; and we have no ownership or commercial links that compromise objectivity.
- We can staff application review, evaluation, independent review, decision-making and quality management so that the required segregation of roles is satisfied.
- We have access to evaluators holding the prescribed engineering qualifications and the prescribed training, work and evaluation experience, including software evaluators and technical experts.
- We can conclude a formal agreement with a laboratory accredited to ISO/IEC 17025, and we understand that no activity other than testing and inspection may be outsourced.
- We can operate a website carrying everything the Scheme requires to be published, including applications registered and certifications granted, suspended or withdrawn.
- We can carry the financial load of a five-year certification cycle and the fees payable to QCI.
- We are prepared for assessment by QCI for provisional approval, valid one year, any extension being at the discretion of the Scheme Owner.
- We are prepared to obtain accreditation to ISO/IEC 17065:2012 within one year of provisional approval, from NABCB or from an IAF signatory accreditation body approved by the Scheme Owner.

2. Roles, Responsibilities and Applicable Documents

2.1 The chain of authority

CSUAS sits within a layered architecture of authority and assurance. Where the Certification Body sits in that chain explains most of the requirements that follow – in particular why impartiality and accreditation are treated as non-negotiable.

Organisation	Role under the Scheme
Ministry of Civil Aviation	Nodal Ministry responsible for the formulation of rules and regulations relating to the operation of UAS in India.
Directorate General of Civil Aviation	Authority for issuance of the type certificate. On the basis of the test report and the recommendation received, and on being satisfied, the Director General issues it within fifteen days.
Quality Council of India	Scheme Owner. Owns the Scheme and the Certification Mark; manages the Scheme on behalf of MoCA; establishes the Multi-Stakeholder Steering Committee and the Technical and Certification Committees; approves Certification Bodies provisionally.
NABCB	Accredits Certification Bodies to ISO/IEC 17065:2012 in support of the Scheme.
NABL	Accredits testing and calibration laboratories to ISO/IEC 17025 in support of the Scheme.
Certification Body	Evaluates the UAS model against the certification criteria; issues the statement of conformity and communicates its recommendation to DGCA.

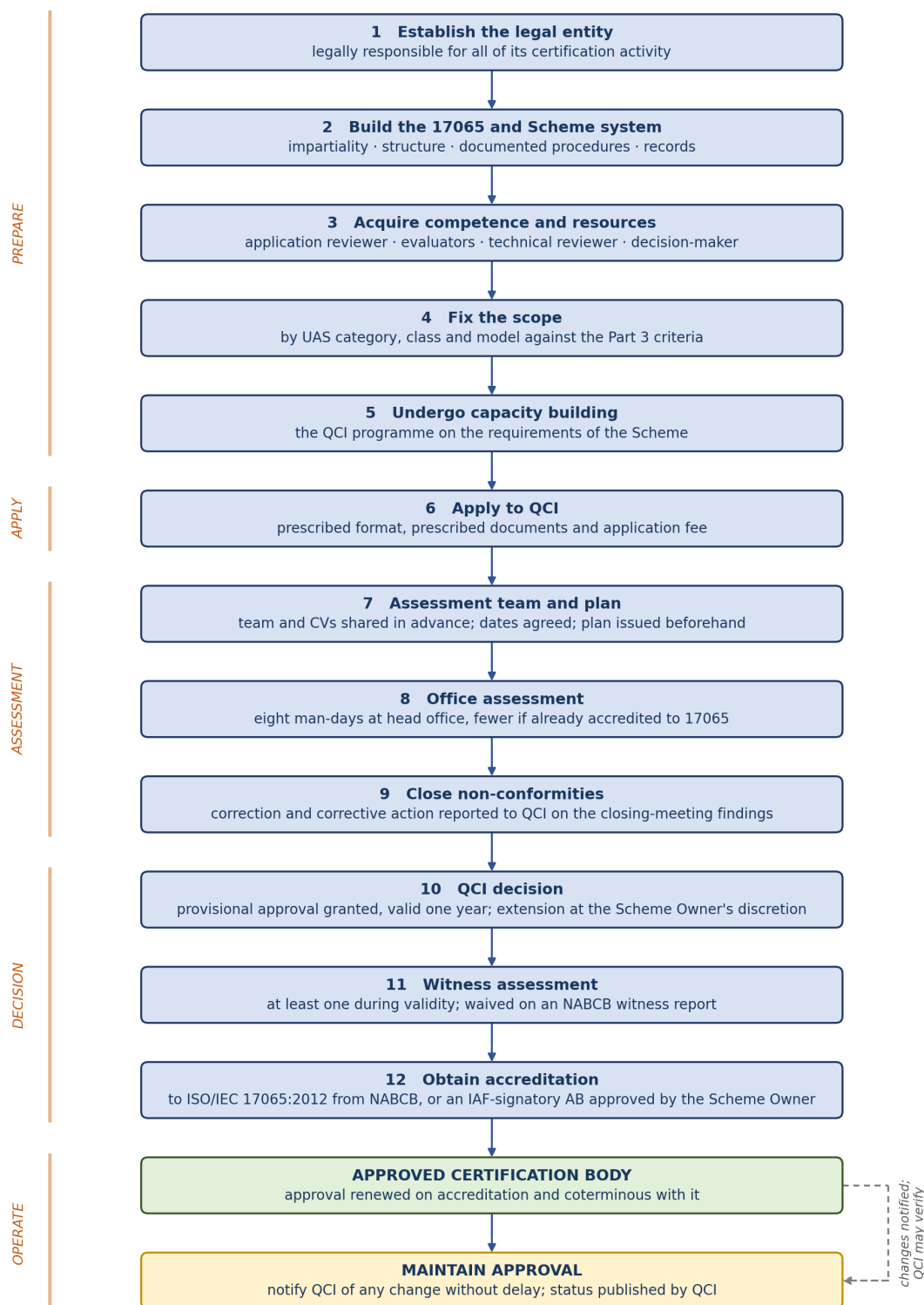
2.2 Applicable standards and documents

A prospective Certification Body is expected to hold, read and work to the following.

Document	Role in the Scheme	Applies to
CSUAS, 2022	The Scheme layer: Part 1 Introduction; Part 2 Governing Structure; Part 3 Certification Criteria; Part 4 Certification Process; Part 5 Requirements for Certification Bodies; Part 6 Rules for Use of Certification Mark; Part 7 Provisional Approval System.	QCI, DGCA, Certification Body, manufacturers
The Drone Rules, 2021	The statutory framework, including the requirements applicable to authorised testing entities.	QCI, DGCA, Certification Body, manufacturers
ISO/IEC 17065:2012	Accreditation criteria and system requirements for the body. The clause numbering of Part 5 is aligned to it.	The Certification Body
ISO/IEC 17025	Competence of testing laboratories – the standard to which the laboratory used by the body is accredited.	Testing laboratory
ISO/IEC 17067:2013	Guidance on product certification schemes; CSUAS is operated as a Type 1a scheme.	Scheme design
ISO/IEC 17011	Requirements for accreditation bodies – relevant where a foreign accreditation body is relied upon.	Accreditation body

3. The Pathway to Becoming a CSUAS Certification Body

Approval is earned, not applied for cold. An organisation moves through preparation, application, assessment by QCI, a decision conferring provisional approval, and an operating phase in which accreditation is obtained and approval maintained.



From an ordinary Institution to an approved, operating CSUAS Certification Body.

Phase 1 · Prepare (steps 1-5)

1 Establish the legal entity. Be a legal entity, or a defined part of one, legally responsible for all of its certification activities, and separate and identifiable within any organisation involved in other functions. A governmental body is deemed a legal entity on the basis of its governmental status, its status and structure being formally documented.

2 Build the ISO/IEC 17065 and Scheme system. The impartiality arrangements, the structure, the management system, the documented procedures for the whole process, and the records that will demonstrate they work.

3 Acquire competence and resources. Application reviewers, evaluators and team leaders, technical experts, technical reviewers and decision-makers, together with the formal agreement with a testing laboratory.

4 Fix the scope. Define the scope of operation by UAS type, against the Part 3 criteria and the competence actually available.

5 Undergo capacity building. Complete the capacity-building programme QCI offers on the requirements of the Scheme. This step is recommended to understand the requirements laid out in Parts 1 to 7, not mandatory though.

Phase 2 · Apply (step 6)

6 Apply to QCI. In the prescribed format, with the prescribed documents and the application fee, signed by the chief executive or an authorised representative. The QCI secretariat scrutinises the application; those found complete in all respects are processed further.

Phase 3 · Assessment (steps 7-9)

7 –Assessment team and plan. QCI nominates a team leader with member(s) or technical expert(s) and shares names and curricula vitae in advance, objections being dealt with on merit. All assessors and experts nominated hold signed undertakings on confidentiality and conflict of interest. Dates are mutually agreed and a plan provided beforehand.

8 Office assessment. At the head office, and elsewhere where required. Under normal circumstances it is of eight man-days, which may be reduced where the organisation is already accredited to ISO/IEC 17065. It reviews the adequacy of the documented system and verifies implementation, including competence records and demonstration of competence through interviews, and closes with a formal meeting conveying all non-conformities, concerns and the team's recommendation.

9 Close non-conformities. Report the correction and the corrective action taken on the non-conformities and concerns conveyed at the closing meeting. QCI's decision rests on the assessment report together with the action taken.

Phase 4 · Decision and approval (steps 10-12)

10 QCI decision. On the assessment report and the action taken, QCI decides either to undertake witness assessment of an actual evaluation before granting approval, or to grant provisional approval.

11 Witness assessment. During the validity of the approval, QCI undertakes at least one witness assessment to confirm the body's competence. This may be waived where the body provides a witness assessment report from NABCB.

12 Obtain accreditation. Provisional approval is valid for one year, within which accreditation to ISO/IEC 17065:2012 is to be obtained. Clause 6.3 of Part 7 names NABCB; clauses 0.4 and 1.1 also permit accreditation by an accreditation body that is a signatory to the International Accreditation Forum and approved by the Scheme Owner. Extension of the provisional approval is at the discretion of the Scheme Owner; where one is considered, the body is assessed – covering both office and on-site witnessing, as decided by QCI – before it is granted.

Operating phase (steps 13-15)

13 Operate under approval. The body may evaluate UAS models within its approved scope, subject to every continuing obligation in this guide, certifying only under the Scheme and using the Scheme logo in its letters to the manufacturer in accordance with Part 6.

14 Remain open to assessment. The approval is subject to suspension or withdrawal, on due notice of fifteen days, on any non-compliance with the Scheme. The body extends to QCI, NABCB and their assessors, experts, observers and regulators the access and co-operation necessary to assess conformity, including reasonable endeavours to provide access to its clients' premises.

15 Maintain approval. Notify QCI without delay of any change to legal, commercial, ownership or organisational status; to top management and key personnel; to main policies, resources, premises or scope; and of any other matter affecting the ability to fulfil the requirements. QCI examines such information and decides on merits, with or without on-site verification.

4. General Requirements (Part 5, clause 4)

4.1 Legal entity and legal responsibility (clause 4.1.1)

The body must exist as a legal entity, or as a defined part of one, legally responsible for all its certification activities, whether the whole organisation or only a part performs the certification functions. Accreditation is granted to that legal entity. The practical test at assessment is whether a single, identifiable legal person answers for every statement of conformity issued. The body is responsible for, and retains authority for, its decisions on certification – granting, maintaining, renewing, extending, reducing, suspending and withdrawing.

4.2 Certification agreement (clause 4.1.2)

A legally enforceable agreement is required with every client. Beyond the ordinary terms, it must bind the client to:

- always fulfil the certification requirements – Part 3 product requirements, the Part 4 process, the applicable regulatory requirements and Part 5 – as amended and communicated by the body;
- accept that liability for a non-conforming product rests with the certified entity;
- arrange for evaluation, for access to the records of initial certification and renewal, and for the resolution of complaints, by the body's assessors, the Scheme Owner, NABCB, technical experts and regulators, and to accommodate observers;
- claim certification only within the granted scope, make no misleading or unauthorised statement, and ensure no certificate or report is used misleadingly;
- on suspension, cancellation or withdrawal, discontinue all advertising referring to the certification and return the certification documents as required;
- apply the Certification Mark in accordance with Part 6 and comply with the body's requirements when referring to the Scheme;
- keep records of complaints and adverse incident reporting, make them available to the body, act on them and record the action taken; and
- inform the body without delay of changes affecting its ability to conform – legal, commercial, organisational status or ownership; key managerial, decision-making or technical staff; contact address and production sites; modifications to major inputs, materials, practices, technology or internal control measures affecting product quality and safety.

Where such a change affects the capability to comply, or where the criteria change, the statement of conformity is processed for cancellation, the client agrees to this and applies afresh. The requirements on use of certificates and the Mark, and on confidentiality, also form part of the agreement.

4.3 Certificates and the Certification Mark (clause 4.1.3; Part 6)

The Certification Mark is a protected mark owned by QCI. Only UAS models certified by DGCA on the recommendation of an approved or accredited body may use it, and the manufacturer signs a legally enforceable agreement with QCI in the prescribed format after the type certificate is granted; the body facilitates that process and routes the administration fee for the five-year cycle to QCI. The body must:

- ensure the Mark is affixed only on transaction documents and products within the certified scope, and not permit the accreditation mark on certified products;
- document clear instructions on use of the Mark and on stating certification status, identify what would be misleading or unauthorised, and cross-reference that document in the agreement so as to make it binding;
- ensure applicants do not apply the Mark on documents before certification is granted, and prevent use likely to confuse the market about products outside the certified scope;
- maintain a traceable link from the Mark to the relevant certification requirements; and
- hold documented procedures for the measures – including penal actions as relevant – on misuse, false claims of certification and false use of the body's or the accreditation body's marks.

A body that incorrectly claims accredited status for statements of conformity issued before accreditation will have them withdrawn by the accreditation body, with such other sanctions as are deemed appropriate.

4.4 Responsibility for certification decisions (clause 4.1.4)

Authority to make a certification decision, or any decision in handling complaints and appeals, may be granted only to an individual or group impartial with respect to the product. The provisional approval system puts it in the strongest terms: the body is responsible for, retains authority for, and **does not delegate** its decisions on issuance of the statement of conformity, including granting, maintaining, recertifying, expanding and reducing the scope, and recommending suspension or withdrawal to DGCA.

4.5 Management of impartiality (clause 4.2)

Impartiality is the spine of the system. Top management's commitment is demonstrated through a documented policy understood at all levels; a code of conduct binding internal and external personnel; a defined institutional structure with policies actually implemented; a system for managing conflict of interest; action against threats arising from other parts of the organisation, from outsiders, subcontractors or related bodies; and publication of the impartiality policy on the website.

Continuous analysis of threats

A documented procedure is required for analysing threats to impartiality, covering every potential source of conflict of interest arising from the body's own activities, those of related bodies and of the personnel it employs, and from its relationships. The analysis is to be carried out **at least once annually**, and whenever a significant change occurs in organisational structure, business activities or legal status, or on merger or acquisition. Four threat categories are named – self-interest, self-review, familiarity or trust, and intimidation – and repeat evaluation of the same client by the same evaluator is itself named as a familiarity threat.

Mitigation, and where certification is prohibited

Where a relationship poses an unacceptable threat, certification is not to be provided. Otherwise one of three documented mitigations applies: prohibition; certification in a restricted manner based on disclosures; or minimisation of risk on clearly defined control points. The Scheme then adds prohibitions beyond plain ISO/IEC 17065, and these are where applicants most often stumble:

1. **No relationship other than conformity assessment.** Where the body has had a generic relationship with the client – internal audit training, for example – a minimum separation of two years applies, and an impartiality risk analysis is carried out before the application is entertained, to establish whether longer separation is needed or whether the risk prohibits certification altogether. The decision and its justification are recorded.

2. **Related bodies are caught by the same rule.** Where a related body has provided the client with any activity barred by clause 4.2.6 of ISO/IEC 17065, or management system consultancy, internal auditing or training, certification is not to be provided to that client.
3. **No product consultancy.** Active, creative participation in the development, monitoring or improvement of the product is a barrier – including advice on elements of the design, preparing manuals, handbooks or procedures, and involvement in the supplier's monitoring, review and decision-making.
4. **Government bodies.** Where both the body and its client are part of government, the two are not to report directly to a person or group having operational responsibility for both, and the body must demonstrate that the applicant receives no advantage and that impartiality is assured.
5. **Outsourcing may not be used to escape the rule.** No part of the certification work or evaluation may be outsourced to an entity engaged in designing, manufacturing, installing, distributing or maintaining the product, or to organisations likely to provide consultancy or internal auditing to the body's clients. External assessors employed by such organisations may not be used.
6. **Personnel separations.** Personnel involved with the client within the last two years as a minimum are not to take part in assessment, the period being determined by the nature of the association. Where the individual has worked for the organisation concerned, or provided any manufacturing-unit-related consultancy on the product, Part 5 provides that the person is **not to be used at all**; Part 7, clause 3.4.13, which governs the provisional approval phase, sets a minimum of two years following the end of the employment, consultancy or training.

The body's activities are not to be marketed as linked with an organisation providing product or manufacturing-related consultancy, and claims that certification would be simpler, easier, faster or cheaper if a particular consultancy were used must be corrected. Personnel are bound by the impartiality policy through employment or contractual conditions and through assignment conditions for each evaluation. The body maintains a system of self-disclosure of the activities of internal and external personnel, subcontractors and their employers; takes an undertaking on freedom from conflict of interest for every assignment; requires personnel to report any influence or pressure from a client; and prohibits its personnel from offering, during an assessment, any advice or recommendation on how to address deficiencies identified.

4.6 Liability and financing (clause 4.3)

The body must demonstrate that it has evaluated the risks arising from its certification activities and holds adequate arrangements – insurance or reserves – to cover the liabilities arising in each field of activity and geographic area in which it operates. It must show a reasonable expectation of being able to provide, and continue to provide, the service in accordance with its contractual obligations, with evidence of viability such as annual reports, financial audit reports and financial plans. Because the statement of conformity runs five years and is renewed only by a full on-site evaluation, the applicant must be able to fund not only the first evaluation but the sustained obligation, and the means of obtaining financial support should allow the body to retain its impartiality.

4.7 Non-discriminatory conditions and fees (clause 4.4)

Policies, procedures and their administration must be demonstrably non-discriminatory in practice as well as on paper, and must not permit hidden discrimination by speeding up or delaying applications. Fees are charged without discrimination between units, geographical location or size. The fee structure is to be publicly available on the website; it may be generic, but fees quoted to a specific applicant are derived from it and are not to differ substantially unless a plausible justification is recorded. Consent is obtained before certification is granted, and any change is communicated for acceptance.

4.8 Confidentiality (clause 4.5)

A documented policy and mechanism must safeguard the confidentiality of information obtained or created during certification, and it forms part of the agreement. Personnel – including committee members,

contractors and individuals acting on the body's behalf – keep all such information confidential through signed confidentiality agreements, and facilities ensuring secure handling are to be available and used. Where information is made available to other bodies, such as the accreditation body, the client is informed in advance. Information about a client obtained from a complainant or a regulator is made known to the client if used for the certification decision.

One provision is easy to overlook. Where a client moves from one Certification Body to another, the new body may ask the previous body for information on the reasons for the move or on the client's performance against the certification requirements. The previous body is **obliged** to share it within a reasonable time not exceeding ten days from receipt of the request; such information is not to be treated as confidential, and clients are informed of this in advance through the agreement.

4.9 Publicly available information (clause 4.6)

Publication on the body's website is the **only** means of meeting this requirement, and what is published must be accurate, non-misleading and detailed enough to be understood clearly. The following are to be published: the certification process from application to grant, including the evaluation process and the system for maintenance, renewal, scope extension and reduction, suspension and withdrawal, with the terms and conditions of certification and of use of the Mark; the Scheme-specific rules for granting, maintaining, extending, reducing, suspending, withdrawing or refusing certification; the requirements of the Scheme, including the criteria and the application form, with any guidance documents that are not advisory in nature; information about applications registered and certifications granted, suspended or withdrawn; the means, on request from any party, to confirm the validity of a given certification; a current directory of valid certifications; and the rights and duties of applicants and clients, including limitations on use of the body's name and Mark.

A procedure for frequent updating is required, with documented responsibility for the accuracy of what is published. The body lists out the sources of its finances, and the complaints-handling process must be directly available to the public, without layers of cross-linkages. Information exchange with clients runs through the notified digital platform, electronically in the unlikely event of a technical failure, with the platform updated as soon as service is restored.

5. Structural Requirements (Part 5, clause 5)

5.1 Organisational structure and top management

The documented structure must include the parent body, where that is separate from the department or division offering certification, and the related departments in relation to it. All related bodies – separate legal entities and other departments of the same legal entity – are to be identified and documented with their activities, functions and relationships, for the purpose of identifying potential conflicts of interest and as input to the identification of risks to impartiality.

An organisation chart is to show the structure, supported by documented responsibilities and authorities for the functions it describes. However the identification of responsibilities is done, it must clearly and unambiguously reflect responsibility for each of the **fourteen** activities and functions listed at clause 5.1.3 a) to n) of ISO/IEC 17065:2012 – from policy development and its supervision, through the supervision of finances, the development of certification activities and requirements, evaluation, review and the certification decision, the delegation of authority, contractual arrangements and the provision of adequate resources, responsiveness to complaints and appeals, and personnel competence requirements, to the management system itself.

5.2 Committees

Any committee the body sets up – for establishing systems for the Scheme, for planning certification evaluation including sampling and determination, for certification review and decision-making, or for the appeals process – falls within clause 5.1.4 of ISO/IEC 17065:2012. Such a committee operates under

formal rules for appointment, terms of reference and operation, is free from commercial, financial and other pressure, and the body retains authority to appoint and withdraw its members. The Scheme prescribes no size or composition for a committee the body itself sets up: it permits such committees, and where one is used it must be governed. The composition of the Scheme's own governing committees – the Multi-Stakeholder Steering Committee and the Technical and Certification Committees – is prescribed separately in Part 2.

6. Resources and Competence Requirements (Part 5, clause 6)

This is the domain that most distinguishes a credible Certification Body from a paper one, and the one the Scheme develops in greatest detail. Section 9 shows how a small organisation can staff all of these functions.

6.1 Managing competence

The body must have, as part of its own organisation, personnel competent to manage the Scheme, and must employ or have access to a sufficient number of evaluators, including team leaders, and technical experts to cover all of its activities and the volume of work performed. Sufficiency takes into account the technical personnel needed to develop and establish the body's internal systems as well as those needed for operational functions.

Competence requirements for each function are to be determined, and the predefined routes described in terms of education, qualification, experience, knowledge, skills and training, covering: development of internal systems; management of the certification activities; application review; evaluation at all stages, covering evaluators, team leaders, technical experts and the team as a whole; and review and decision-making. Individuals need not each hold all the competencies, provided the body can demonstrate collective competence and that, in individual cases, a person or group having the required competence performed the function – a decision-maker may not personally hold a particular technical competence, but where the report has been reviewed by an independent technical expert the collective competence may be evident.

Records must show which personnel are designated as competent, the date of assessment and the evidence on which competence was adjudged. The body must also have access to the technical expertise needed for advice on matters relating directly to the Scheme.

6.2 Application review function (clause 6.1.3.1)

Personnel performing the application review are to be qualified for their understanding of the Scheme, the certification criteria and the process requirements, sufficient to carry out the review effectively, and are qualified on the basis of experience of having performed a technical review under CSUAS or a comparable scheme.

6.3 Technical review function (clause 6.1.3.2)

The technical review is an independent and structured assessment verifying that all Scheme requirements have been fulfilled, and the function is to be **independent of the assessment and evaluation functions**. Clause 6.1.3.2(ii), which sits within these technical review requirements, provides that the personnel performing the certification decision are to be qualified for their understanding of the criteria, the Scheme and the process requirements, and for their ability to grant or expand the scope correctly on the basis that the evaluation activities, information and results demonstrate fulfilment of the criteria. For an initial evaluation, the reviewer or committee is to include **at least one person with three years or more of experience in the design, development and operation of unmanned aircraft, or related knowledge or expertise**. Qualification rests on demonstrated competence, based on experience of technical review under CSUAS or a comparable scheme.

6.4 Decision-making (clause 6.1.3.3)

This function covers decisions on granting, maintaining, renewing, extending, reducing, suspending or withdrawing certification. The person or committee taking the decision is to be duly authorised and to have knowledge and experience sufficient to evaluate the information obtained from the evaluation and from the review. The technical review and the decision may be completed concurrently by the same person or committee, provided the requirements for both are met; a committee is to hold the combined competence of technical reviewer and decision-maker. Impartiality and the absence of conflict of interest are ensured before the task is entrusted.

6.5 Competence of evaluators (clause 6.1.3.4)

Every person undertaking evaluations is to have the appropriate qualification, training, experience and skills, the ability to make professional judgements as to conformity using examination results and to report on them, and an understanding of the significance of deviations found and their effect on the safety and security of the UAS. The Scheme sets explicit thresholds:

Attribute	Requirement	Software evaluators
Education	At least a graduation degree in Aeronautical, Electronics, Electrical, Computer Science, IT, Mechanical or Metallurgical engineering, or equivalent. Exemption is to be sought from the Scheme Owner.	As for other evaluators.
Work experience	At least three years of full-time post-qualification experience in manufacturing, assembling, operations, inspection or enforcement, or the equivalent industry.	At least three years of full-time post-qualification experience in software and IT system testing in one or more of: telecom software and protocol, embedded systems, mobile devices and applications, IoT, blockchain, artificial intelligence, UAS software systems, or software product test and evaluation per a regulatory framework.
Training	Training in evaluation techniques and in the applicable ISO/IEC 17065 standard or equivalent, successfully completed.	At least three years of on-the-job training in developing software or firmware related to UAS, automotive, IoT or other aviation industry products, under a qualified person with ten years of experience in the same field.
Evaluation experience	Within the last three years, at least ten man-days of evaluation in at least two organisations for an equivalent standard, under a qualified evaluator and accepted by that evaluator. Observer or trainee time does not count.	At least two years of IT work experience related to software. Qualification is maintained by performing at least five man-days of evaluation per year.

Competence is to be defined for the other personnel involved in the certification system, beyond the evaluation function.

6.6 The evaluation team and technical experts (clause 6.1.3.5)

The team may consist of one or more members, one evaluator being designated team leader. A controlled flexibility is permitted: an evaluator who does not hold the prescribed qualifications may be used provided that person is supported by technical experts meeting the education and work-experience criteria above – and the time the technical expert spends is **in addition to** the evaluation time prescribed under the certification process, not a substitute for part of it.

6.7 Management and monitoring of personnel (clause 6.1.4)

Evaluators and technical experts are to be knowledgeable of the body's evaluation processes and certification requirements, with access to an up-to-date set of documented procedures, and are to be used only for activities for which they meet the defined competence requirements and have been formally authorised. Training needs are identified and the effectiveness of training is evaluated.

Performance is actively managed. Documented procedures and criteria are required for monitoring and measuring the performance of all persons involved, based on the frequency of their use and the level of risk attached to their activities, and competence is reviewed in the light of performance. Monitoring of evaluators combines on-site observation, review of evaluation reports, and feedback from clients or the market. The performance of **each** evaluator is to be observed on site periodically, the frequency being based on need determined from all the monitoring information available, but – in the words of clause 6.1.4.6 – “should not be greater than once a year”. Personnel records include information on affiliations and any relevant consultancy that may be a potential source of conflict of interest, which matters most for external resources.

6.8 External evaluators and external technical experts (clause 6.1.5)

External evaluators and technical experts go through the same competence and qualification process as internal personnel, under a written agreement committing them to the body's policies and procedures. The agreement addresses confidentiality and independence from commercial and other interests, and requires notification of any existing or prior association with an organisation they may be assigned to evaluate, together with proactive declaration of affiliations and other engagements, such as consultancy, that may present a conflict of interest. Use of individuals under such agreements does not constitute outsourcing.

6.9 Outsourcing, and the testing laboratory (clauses 6.2 and 6.3)

The rule is short and absolute: a body operating CSUAS **shall not outsource any activity other than testing and inspection**. Sending samples to the body's own laboratory is also to be treated as subcontracting. Where the Scheme requires testing, a NABL-accredited or Government-approved laboratory is to be used.

A formal agreement with a testing laboratory is needed for the tests prescribed in Part 3. Samples drawn for independent evaluation are either submitted directly to the laboratory identified by the body, or the body forwards the components or the entire equipment. The laboratory is to be accredited to ISO/IEC 17025 by NABL, or by a foreign accreditation body working in accordance with ISO/IEC 17011 and holding the relevant scope – or else to have implemented ISO/IEC 17025 in respect of the clauses bearing on technical competence: competence of testing personnel, test facilities, validated test methods, traceability and calibration of equipment, sampling, sample handling and internal quality assurance. Some tests named in the criteria may fall outside a laboratory's scope of accreditation; reports from a laboratory that has established systems to ISO/IEC 17025 may be accepted for the purpose of a decision.

A directory of the laboratories to which the body intends to subcontract is maintained, with formal contracts covering competent services, impartiality and confidentiality. Where an in-house laboratory forming part of the same legal entity is used, adequate separation is required in structure, reporting and responsibilities, so that no undue pressure can be brought on the testing personnel. The criteria against which the UAS is to be tested are communicated to the laboratory, and a documented procedure is required for drawing samples and for their handling and dispatch – so that they are not damaged, contaminated or degraded – including receipt of test reports and their evaluation.

7. Process Requirements (Part 5, clause 7; Part 4)

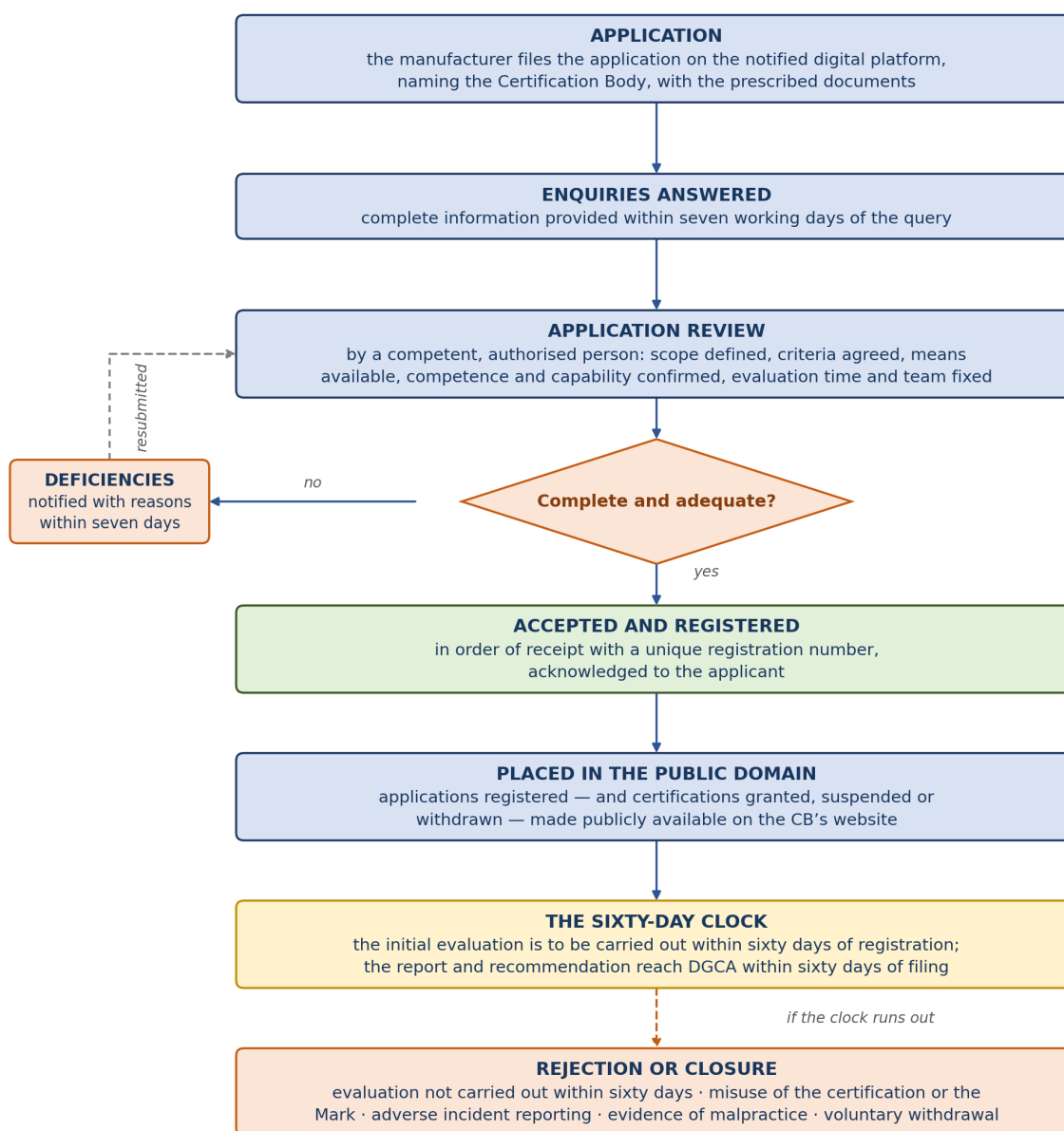
The process requirements describe the certification lifecycle the body must run end to end, in accordance with Part 4 and clause 7 of ISO/IEC 17065:2012.

7.1 Application and application review

A manufacturer, importer or assembler of UAS applies for certification of a specified scope to a body approved by the Scheme Owner or accredited for the Scheme, in the prescribed form on the notified digital platform, naming the body. The application encloses documents confirming the Indian legal entity; the authorisations and permissions required under Central Government rules; Equipment Type Approval from the WPC confirming operation in de-licensed frequency bands, or a licence where licensed bands are used; detailed drawings, design appraisal, analysis and test reports for ground and flight tests, the flight manual,

logbook or operating manual, the maintenance manual and inspection schedule; information essential for determining evaluator competence and estimating man-days; and information about any judicial or regulatory proceedings affecting relevant approvals. Each model is evaluated against all applicable requirements of Part 3.

Enquiries from applicants are answered with complete information within **seven days**. A prospective applicant must declare whether it has been evaluated under the Scheme by any other body and, if so, provide the previous evaluation reports, which the body may verify with that body. Certification is granted only against the current relevant criteria.



*Applications from a manufacturer penalised under law are not entertained during the penalty and for one year thereafter;
where a certificate was cancelled for misuse of the certification or the Mark, not within six months of cancellation.*

Application process overview: Review, decision within 7 days and recommend SoC within 60 days

All applications are reviewed for adequacy by a competent, authorised person, deficiencies being informed to the applicant within **seven days** of receipt. The review confirms that the information on the manufacturer,

facilities, models, payloads and scope is sufficient; that any difference in understanding is resolved, including agreement on the criteria; that the scope sought is defined; that the means are available to perform all evaluation activities; and that the body has the competence and capability to do the work. It determines the evaluation time from the number of models and payloads – the basis being the same for initial and renewal evaluation – and nominates a competent team, evaluator and technical reviewer. It also confirms the availability of the criteria in English, examines the licences issued by the regulatory body, and confirms that the application is for a single manufacturer.

Only applications found complete and supported with all documents sought are accepted and registered, in order of receipt, with a unique registration number, acknowledged to the applicant; traceability runs from acceptance to issuance of the statement of conformity. Antecedents are verified: an applicant penalised under the law is not entertained during the penalty and, in any case, for at least one year from its imposition, and a manufacturer whose certificate was cancelled for misuse is not entertained within six months of cancellation. An application is rejected or closed where the initial evaluation is not carried out **within sixty days of registration**, on misuse of the certification or the Mark, on adverse incident reporting, on evidence of malpractice, or on voluntary withdrawal.

7.2 Preparation, planning and evaluation time

The evaluation is conducted in two stages: Stage 1, document review, and Stage 2, evaluation of ground and flight testing. The duration of both stages, including flight testing, is to be the same for every model covered in the scope, whether for a new applicant or a renewal, any deviation being recorded and justified. Stage 1 for one model is **not more than six man-days** and Stage 2 **not more than eight man-days**; that time excludes preparation, report writing and travel. The number of evaluators per day takes into account the effectiveness of the evaluation and the resources of both parties.

Timings and dates are fixed in consultation with the applicant so that the complete evaluation including the flight test can be carried out, and the duration and evaluation plan are informed in advance. The composition of the team is communicated with curricula vitae so that any conflict of interest can be identified, objections being examined on merit. Before the site visit the team studies the information received, identifies the applicable criteria and prepares an initial plan for both stages; information gathered at Stage 1 is used to adjust the evaluation time or team competence for Stage 2.

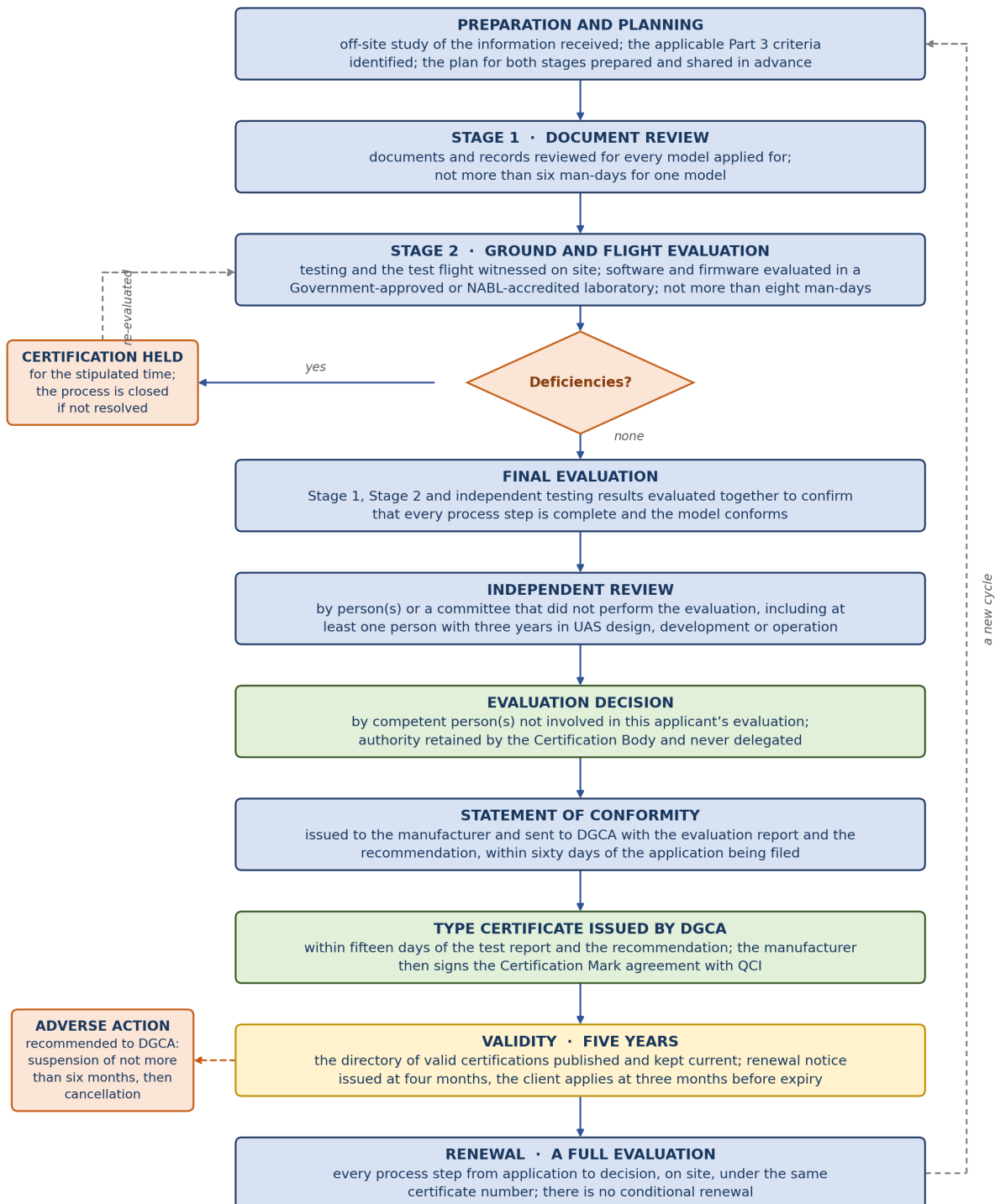
7.3 Stage 1 – document review

Stage 1 reviews the documents and records submitted, for each model applied for, against the applicable requirements of the criteria, and revises the plan for Stage 2 if necessary. Deficiencies indicate non-compliance with the applicable requirements; no further categorisation is done. Where non-compliance is observed for a model, the applicant is asked to submit documents and records indicating compliance with the applicable clause, with a fresh sample where applicable. The team reports the level of compliance for each applicable requirement for every model; a deficiency leads to a recommendation for holding the certification for a stipulated time, and on expiry of that time to discontinuation and closure.

7.4 Stage 2 – ground and flight evaluation, and independent testing

Stage 2 takes place only when all applicable requirements have been evaluated in Stage 1, compliance has been observed and no major deficiencies recorded. It covers on-site testing and flight testing, and laboratory testing where required, for each model in the scope, the witnessing of testing and of the flight test forming part of it. Software and firmware are to be evaluated for safety and security requirements in a Government-approved or NABL-accredited laboratory holding the scope, the architecture, design, source code and other information needed being collected from the applicant and validated on site on satisfactory reporting. Where access to such a laboratory is difficult because of distance, testing conducted by the applicant on site is to be witnessed by the team. The test flight conducted by the manufacturer at an approved site is witnessed for compliance, and the team obtains and verifies the flight logs downloaded on completion.

The body may, with the manufacturer's consent, test the equipment or any component independently to validate a compliance requirement; testing conducted by the applicant on site and witnessed by the team is considered independent testing. As at Stage 1, deficiencies lead to the certification being held for a stipulated time – a maximum of sixty days where non-compliance is observed for a particular model – and, if unresolved, to discontinuation and closure.



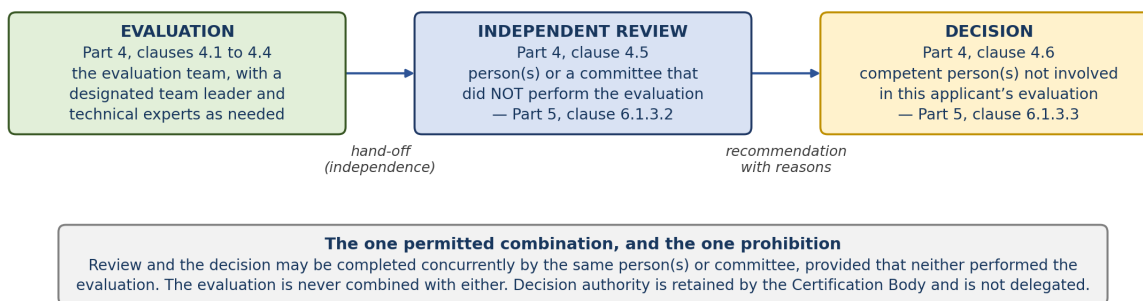
The certification lifecycle the Certification Body operates, from planning to renewal.

7.5 Final evaluation, independent review and the decision

The final evaluation evaluates all the information gathered at both stages, with the results of independent testing, to ascertain that all process steps leading to the grant of the certificate have been fulfilled and that the model complies with the relevant criteria. No non-conformances may remain outstanding. It is carried out by competent personnel duly authorised for the function – the team leader designated for the initial evaluation may also be authorised for it. Records, with all supporting documents and reports, are retained for at least **ten years or until the UAS is in service, whichever is later**.

Two independence gates then protect the integrity of the statement of conformity. The first is review: an independent review by a person or committee having the relevant competence and duly authorised for the purpose, responsibility for the function remaining that of the body. The criteria for review are documented. Any information on which review and decision are based that comes from outside the evaluation process – complaints, adverse incident reporting, information from regulators – is made known to the applicant. Records of review are retained and must give adequate confidence that all relevant aspects were examined, and the recommendation, positive or negative, documents its basis.

The second gate is the decision. The evaluation decision is the sole responsibility of the body and is taken by persons competent for the job **provided they have not been involved in the evaluation of this applicant's UAS**. Review and decision may be completed concurrently by the same person or persons, and impartiality and absence of conflict of interest are ensured before the task is entrusted. Where certification is not granted for any or all models, the applicant is notified of the decision and the reasons; if the applicant wishes to continue, the body may resume the process from the evaluation stage.



Segregation of roles across evaluation, independent review and decision.

7.6 The statement of conformity, the report and the directory

On completion the applicant is informed and a uniquely identified statement of conformity is issued, containing: the name and address of the body and of the applicant; the criteria against which certification has been awarded, with the issue number or revision used; the scope, covering category, model and compatible payloads with their intended use and the date from which the certified categories are valid; the effective date, which may not precede the date the decision was completed; the expiry or recertification due date; the maximum validity, which is **five years from the date of the decision to grant**; a means of distinguishing revised documents from prior obsolete ones; and the signature of the individual assigned that responsibility.

Formal certification documentation is issued only after, or concurrent with, the decision to grant or extend the scope having been made by DGCA, the certification requirements having been fulfilled and the agreement signed; the agreement with QCI on use of the Mark follows issuance of the type certificate. The Stage 1 and Stage 2 reports must provide evidence of and conclusions about the fulfilment of the evaluation objectives, with sufficient detail on conformity with all relevant requirements, including the criteria for each model singularly; the body develops report formats and report-writing guidance to that end. The report, with the statement of conformity, is submitted to DGCA through the platform **within sixty days** of the applicant filing the application.

The body publishes on its website a directory of the valid certifications issued by DGCA, showing as a minimum the name, the relevant criteria, the scope, the geographical location and the validity for each manufacturer, so that a user can readily identify the model and certified payloads, the normative documents to which conformity has been certified, and the manufacturer with contact details. The names of manufacturers under suspension by DGCA and those whose certificates have been cancelled are displayed, a means of confirming validity on request is provided, and the information is frequently updated.

7.7 Renewal

The statement of conformity is renewed at the expiry of the five-year validity, the renewal decision being completed on or before the expiration date. A renewal notice is sent at least **four months** before expiry, and the manufacturer applies at least **three months** before expiry. Where the timelines are not followed and the certificate expires, that may be treated as suspension.

Renewal is an on-site evaluation like an initial certification, covering every process step from application to decision, under the same certificate number so that it is traceable to the previous cycle. Before deciding, the manufacturer's performance across the entire cycle is reviewed: the evaluation reports for the cycle; any suspension, partial or full, during the previous validity; corrective actions taken for administrative suspension; complaints and adverse incident reporting; and adverse information from stakeholders and regulators. There is **no conditional renewal** – certification may not be renewed with conditions to be verified subsequently – and where performance is not satisfactory, renewal is withheld and cancellation proceeded with. Renewal takes effect from the date of expiry of the previous certificate, the intervening period being treated as suspension and stated on the certificate.

7.8 Suspension, withdrawal and cancellation

Suspension or withdrawal is recommended to DGCA where a non-certified model is marketed as certified; where adverse event or incident reporting or complaints are received; where any model fails to comply with the certification requirements at renewal; where the manufacturer has voluntarily requested it; or for an administrative reason such as non-payment of fees.

The manufacturer is informed that the certificate is temporarily invalid while under suspension, and is advised to suspend operation of the UAS concerned, make no misleading claims, advise existing and potential purchasers of the status, and cease use of the Mark from the date of notification. The body ensures the manufacturer has procedures for recalling a non-certified model shown as certified, and that despatches of certified models are withheld while under suspension; suspension and withdrawal are published on the website. Revocation may be recommended only where the suspension was for administrative reasons and the manufacturer has taken action verified and found suitable. **Suspension is not to exceed six months**, after which unresolved administrative issues lead to cancellation by DGCA. Withdrawal is recommended at the manufacturer's request where production can no longer be carried on because of natural calamity, lock-out or closure of business; cancellation, where the certified unit contravenes the terms and conditions of certification, or where models fail to comply with the criteria.

7.9 Changes, transfer and extension of scope

Where the Scheme introduces new or revised requirements in the criteria or the process, the changes are communicated to applicants and manufacturers, who are advised to apply for certification limited to **delta compliance** – a specific type test schedule covering all aspects, including safety and security, pertaining to the requested changes. The agreement must make it mandatory for the manufacturer to apply for verification of delta compliance and to inform the body of changes it initiates in the UAS model. On a change of ownership, name or location, the manufacturer submits a review application for review against the criteria. Where extension of scope is requested, it is obtained on a prescribed form with the documentation sought for an initial application and goes through the same steps from application to decision; the extension is stated in the statement of conformity with the date of inclusion of the model, the validity of the certificate remaining unchanged.

7.10 Complaints, appeals and fees

The body must have processes to handle appeals by clients against any of its decisions and complaints from users of its services or any other stakeholder, both directly available to the public on its website. Every layer of the Scheme is assumed to have such a mechanism. A complaint received directly by DGCA is referred to QCI, which refers it to the body concerned and monitors it until decided, and a statement on complaints and their status is reported to the Multi-Stakeholder Steering Committee at each meeting. Appeals are handled independently of the personnel who took the decision appealed against. Fees are non-discriminatory, the fee structure is publicly accessible and provided on request, and consent is obtained before the statement of conformity is granted.

8. Management System Requirements (Part 5, clause 8; Part 4, clause 6)

In addition to clauses 7.12 and 8 of ISO/IEC 17065:2012, the Scheme adds requirements on documentation, records and internal audit. Part 5, clause 8 lists the record types; the retention period and the handling duties come from Part 4, clause 6.

Element	What the Certification Body must do
Documentation	Document the Scheme-specific documentation in accordance with Part 4 and Part 5, so as to ensure that certified clients comply with Part 3. All applicable requirements are addressed either in a manual or in a manual with associated operational procedures.
Records of applicants and clients	Maintain records for all organisations that submitted applications, all organisations evaluated, and all UAS certified or with certification suspended, withdrawn or cancelled: application information and the results of application review, man-day estimation and team competence; evaluation planning, including the decision on site visits, preparation records and plans; the justification for the evaluation time determined; initial and renewal evaluation reports; records of technical review and certification decisions, and of committee deliberations where applicable; the certification agreement; the certification documentation, including scope; and records of complaints and appeals with any subsequent corrective action.
Other records	Maintain the records necessary to establish the credibility of certification under the Scheme, such as evidence of the competence of evaluators, technical experts, review personnel and decision-makers.
Retention and handling	Retain certification records for ten years or until the UAS is in service, whichever is later, and longer where a law or regulation relevant to the certified UAS so requires. Keep records confidential, and transport, transmit and transfer them so that confidentiality is maintained. Submit promptly any records sought by DGCA, MoCA or any government body, and facilitate oversight and surveillance as and when required.
Internal audit	Include in the audit objectives the verification of fulfilment of the Scheme-specific requirements of Part 4 and Part 5, with a programme covering all applicable elements of ISO/IEC 17065:2012 and those requirements. The audit is conducted by personnel knowledgeable in certification, in auditing and in the requirements of ISO/IEC 17065:2012 and the Scheme. The report states both the compliance aspects and the observed gaps, non-conformities and areas for improvement, with the objective evidence supporting the conclusions.

8.1 Quality Manager

The functions, however, are mandatory. Responsibility for the management system is one of the fourteen functions for which authority must be named under clause 5.1.3 of ISO/IEC 17065:2012; control of documents and records, and management review, arise from clause 8 of that standard; and the internal audit against the Scheme, by personnel knowledgeable in certification, auditing, ISO/IEC 17065 and the Scheme's own requirements, is required by clause 8.3 of Part 5. In practice a body appoints a Quality Manager, or a management representative, to hold these functions, and as a matter of audit practice arranges for the functions that person owns to be audited by someone else. The competence criteria for the role – including any minimum qualification or years of experience – are for the body to determine, document and record under clause 6.1.1.4, as for every other function in its structure.

9. Indicative Model of Certification Body

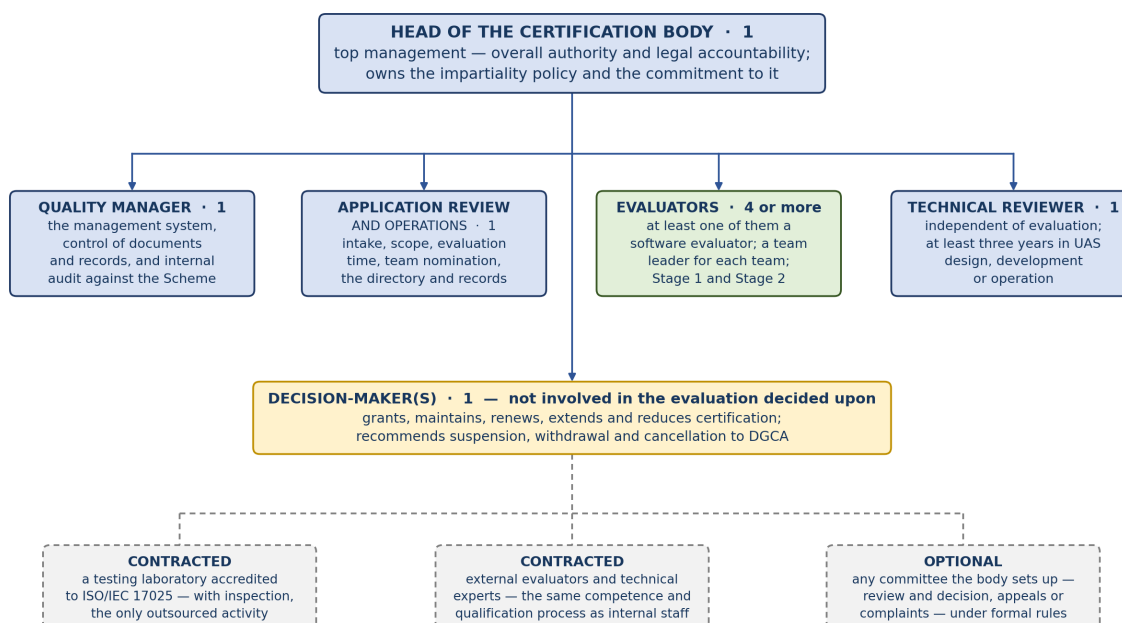
This section is illustrative. It forms no part of the Scheme and prescribes nothing; it shows one way in which the requirements above can be satisfied by a small organisation.

The requirements are demanding, but they do not require a large organisation. A body of about nine people can satisfy them, provided the roles are designed around the independence rules rather than around headcount.

9.1 Functions, not fixed job titles

The two independence requirements are worded differently, and the difference decides how a small body can be staffed. The **decision** requirement is per case: the decision is to be taken by competent persons who have not been involved in the evaluation of this applicant's UAS. An evaluator may therefore take the decision on a case that a colleague evaluated. The **technical review** requirement is not per case: clause 6.1.3.2(i) states that the technical review function shall be independent of the assessment and evaluation functions, without qualification. The prudent reading, and the one this model adopts, is that the technical reviewer does not perform evaluations at all. That reviewer, for an initial evaluation, must include a person with three years or more of experience in the design, development and operation of unmanned aircraft, or related knowledge or expertise.

9.2 The structure



A model nine-person CSUAS Certification Body. Solid lines are line authority; dotted boxes are contracted resources and optional committees.

9.3 Roles, mandate and competence

#	Role	Mandate	Competence and basis
1	Head of the body	Overall authority and legal accountability; owns the impartiality policy; supervises finances; delegates authority; retains the body's decision authority.	The fourteen authority functions of ISO/IEC 17065 cl. 5.1.3; the impartiality obligations of Part 5, cl. 4.2.

#	Role	Mandate	Competence and basis
1	Quality Manager	Runs the management system; controls documents and records; plans and conducts the internal audit against the Scheme; drives corrective action and management review.	Clause 8 of ISO/IEC 17065; knowledge of certification, auditing and the Scheme per Part 5, cl. 8.3.3. Competence criteria set by the body under cl. 6.1.1.4.
1	Application review and operations	Application intake and review; defines scope; determines evaluation time and nominates the team and technical reviewer; maintains the directory, the website and personnel records; manages the contracted laboratory.	Clause 6.1.3.1: understanding of the Scheme, the criteria and the process, qualified on experience of technical review under CSUAS or a comparable scheme.
4+	Evaluators, one a software evaluator	Stage 1 and Stage 2 evaluations, one evaluator per team designated team leader; witness ground and flight testing; draw samples; record deficiencies; final evaluation where authorised. Those not on a given team may take the decision on that case.	Clause 6.1.3.4: prescribed engineering degree; three years post-qualification experience; training in evaluation techniques and ISO/IEC 17065; ten man-days of evaluation in two organisations within three years.
1	Technical reviewer	The independent, structured review of all evaluation information and results for cases not evaluated by that person, the recommendation documented and reasoned.	Clause 6.1.3.2: independent of evaluation; three years or more in the design, development and operation of unmanned aircraft, or related knowledge or expertise.
1	Decision-maker	Decides to grant, maintain, renew, extend or reduce certification, and recommends suspension, withdrawal or cancellation to DGCA. Never decides on a case that person evaluated.	Clause 6.1.3.3: duly authorised; competence to evaluate the evaluation information and the review; impartiality established before the task is entrusted.

Headcount: 1 + 1 + 1 + 4 + 1 + 1 = nine internal staff. Four evaluators allow two two-person teams to run in parallel while leaving those uninvolved in a given case free to take the decision on it. The testing laboratory and any external technical experts are contracted, not employed – and no other activity may be outsourced.

9.4 Separation of Roles

Follow one certification through the nine-person body. Suppose Evaluators A and B form the team for Manufacturer X, with A as team leader:

7. Application review and operations reviews the application, confirms the licences and the English criteria, defines the scope, determines the evaluation time, and nominates the team and the technical reviewer. Team composition and curricula vitae go to X for a conflict-of-interest check.
8. A and B conduct Stage 1 on the documents for each model, then Stage 2 on site – witnessing ground and flight testing, with software and firmware evaluated in the contracted laboratory – and record any deficiencies.
9. A, authorised for the function, carries out the final evaluation of everything gathered at both stages and from independent testing.
10. The technical reviewer, who performs no evaluations, carries out the independent review and documents the recommendation.
11. The decision-maker, who did not evaluate X either, takes the evaluation decision. The statement of conformity issues, and the report and recommendation reach DGCA within sixty days of X filing the application.
12. Renewal falls due in year five, and team composition is re-checked – repeat evaluation of the same client by the same evaluator being itself a named familiarity threat, so A and B are not the automatic choice.

Because the reviewer performs no evaluations and the decision-maker did not evaluate X, and because Evaluators C and D can take the decision on cases A and B evaluated, every independence gate is satisfied by the same nine people.

9.5 Consolidated competence matrix

The matrix maps the competence areas the Scheme demands onto the roles that must hold them. ● = primary holder; ○ = supporting or aware.

Competence area	Head	QM	Ops	Eval	Rev	Dec
Part 3 certification criteria for UAS	○	—	○	●	●	○
UAS design, development and operation	—	—	○	●	●	○
Ground and flight test witnessing	—	—	○	●	●	—
Software and firmware evaluation	—	—	○	●	●	—
ISO/IEC 17065 and the Part 4 process	○	●	●	●	●	●
Application review and evaluation time	—	○	●	○	—	—
Impartiality and conflict-of-interest analysis	●	●	●	●	●	●
Correction and corrective action	○	●	○	●	●	○
The certification decision	○	—	—	—	○/●	●
Management system and internal audit	○	●	○	—	—	—

Head = Head of the body · QM = Quality Manager · Ops = Application review and operations · Eval = Evaluators · Rev = Technical reviewer · Dec = Decision-maker.

9.6 Applying the evaluation-time model

For a single model, Stage 1 is not more than six man-days and Stage 2 not more than eight – a ceiling of fourteen man-days per model, to which preparation, report writing, travel and any technical expert's time are added. Because the duration is the same for every model in the scope, an applicant seeking three models attracts three times that effort. A body of four evaluators forming two-person teams can therefore carry a meaningful portfolio across a five-year cycle; the binding constraint is usually independence and the availability of the technical reviewer with UAS experience, not raw evaluator-days.

9.7 Common gaps to design out

- **Treating the technical reviewer as a formality.** For an initial evaluation the reviewer must include a person with three years or more in UAS design, development and operation, or related knowledge or expertise, and the function must be independent of evaluation. One such person is a single point of failure; qualifying two is prudent.
- **Forgetting the software evaluator.** Software and firmware are evaluated in a Government-approved or NABL-accredited laboratory, and the software evaluator carries thresholds of their own. A body without one cannot complete a Stage 2.
- **Blurring consultancy into evaluation.** Personnel may not advise, during an assessment, on how to address deficiencies. Reports state what is non-compliant, not how to fix it.
- **Underestimating the separations.** Two years is the minimum, not the standard answer: where a person has worked for the client or provided product consultancy, that person may not be used at all.
- **Missing the annual conflict-of-interest analysis.** It is due at least once a year and on every significant change of structure, business activity or legal status – a standing obligation, not a set-up task.

- **Treating the website as marketing.** It is the only permitted means of meeting the publicly-available-information requirement, and must carry the applications registered, the certifications granted, suspended and withdrawn, the fee structure, the impartiality policy, the complaints process without layers of cross-linkage, and a current directory.
- **Planning for the first evaluation only.** The certificate runs five years, records ten years or the life of the UAS in service, and provisional approval one year against an accreditation deadline, with liability cover demonstrated throughout.

10. Consolidated Readiness Checklist

A self-assessment tool covering every domain. Each line should be evidenced before applying to QCI. Mark each Ready, In progress or Not started, and attach the objective evidence.

✓	A · Legal, contractual and financial	Status
☐	Legal entity, or a defined part of one, legally responsible for all certification activity, and separate and identifiable within any wider organisation.	
☐	Certification agreement carrying every client obligation of clause 4.1.2, including access for QCI, NABCB, regulators and observers.	
☐	Control regime for statements of conformity and the Certification Mark: instructions on use, identification of misleading use, actions on misuse.	
☐	Liability cover evaluated against the risks of the certification activities, and viability evidenced; sources of finance listed publicly.	

✓	B · Impartiality	Status
☐	Documented impartiality policy and top-management commitment; code of conduct binding internal and external personnel; policy published on the website.	
☐	Neither the body nor any part of the same legal entity is the designer, manufacturer, installer, distributor or maintainer of the certified product, or provides consultancy to clients.	
☐	Threat-analysis procedure, with conflict-of-interest analysis at least annually and on every significant change, and mitigation recorded.	
☐	Two-year separations applied to clients, related bodies and personnel; per-assignment undertakings; self-disclosure system in place.	

✓	C · Structure and governance	Status
☐	Documented structure including the parent body and related departments, with an organisation chart and documented responsibilities and authorities.	
☐	All related bodies identified and their activities documented, and used as input to the impartiality risk analysis.	
☐	Named holders of authority for each of the fourteen functions of ISO/IEC 17065 clause 5.1.3; formal rules for any committee set up.	

✓	D · Resources and competence	Status
☐	Competence criteria and predefined routes documented for every function: internal systems, management, application review, evaluation, review, decision.	
☐	Evaluators meeting the clause 6.1.3.4 thresholds on education, work experience, training and evaluation experience, including a software evaluator.	

✓	D · Resources and competence	Status
☐	Technical reviewer independent of evaluation, with three years or more in UAS design, development and operation, or related knowledge or expertise.	
☐	Authorised decision-maker(s) competent to evaluate the evaluation information and the review, and not involved in the evaluation decided upon.	
☐	Personnel records with qualifications, competence assessment, authorisations, monitoring and affiliations; periodic on-site observation of each evaluator per clause 6.1.4.6.	
☐	Written agreements with external evaluators and technical experts on the same competence and qualification process as internal personnel.	
☐	Formal agreement with an ISO/IEC 17025-accredited or Government-approved laboratory; sampling, handling, dispatch and report-evaluation procedure documented.	

✓	E · Certification process	Status
☐	Application and review procedures capturing the Scheme's information requirements, the seven-day duties and the antecedent checks.	
☐	Two-stage evaluation procedure with documented evaluation-time determination – Stage 1 six man-days and Stage 2 eight man-days per model at most.	
☐	Procedures for witnessing ground and flight testing, laboratory evaluation of software and firmware, and independent testing of samples.	
☐	Final evaluation, independent review and decision procedures enforcing the separation of duties, with documented review criteria.	
☐	Statement-of-conformity format carrying all required elements and the five-year validity; report to DGCA within sixty days of filing.	
☐	Public directory of valid certifications, names under suspension and cancellation, and a means of confirming validity on request.	
☐	Renewal procedure with four-month notice and three-month application windows, full on-site renewal, and no conditional renewal.	
☐	Adverse-action procedures for suspension of not more than six months, withdrawal and cancellation, with publication and recall arrangements.	
☐	Procedures for changes and delta compliance, for change of ownership, name or location, and for extension of scope.	
☐	Complaints and appeals processes documented and directly available to the public on the website.	

✓	F · Management system and records	Status
☐	Scheme-specific documentation in a manual, or a manual with associated procedures, addressing all applicable requirements of Part 4 and Part 5.	
☐	Records of applicants and clients covering every item of clause 8.2.1, with the competence records establishing the credibility of certification.	
☐	Retention for ten years or until the UAS is in service, whichever is later, with confidentiality maintained in transit and transfer.	
☐	Internal audit programme covering ISO/IEC 17065:2012 and the Scheme, conducted by personnel knowledgeable in certification, auditing and those requirements; management review.	

✓	G · Publicly available information	Status
☐	A website carrying the certification process, the rules for every certification action, the criteria and application form, and the rights and duties of clients.	
☐	Applications registered and certifications granted, suspended or withdrawn, published and kept current under a documented procedure with named responsibility.	
☐	Fee structure published, non-discriminatory, and consented to by the client before certification is granted.	

✓	H · Provisional approval and beyond	Status
☐	Application ready in the prescribed format, with the prescribed documents and the application fee, signed by the chief executive or an authorised representative.	
☐	Prepared for an office assessment of about eight man-days and for at least one witness assessment during the validity of the approval.	
☐	Plan and budget to obtain accreditation to ISO/IEC 17065:2012 within the one-year validity, from NABCB or an IAF-signatory accreditation body approved by the Scheme Owner.	
☐	Arrangements to notify QCI without delay of changes to status, top management and key personnel, policies, resources, premises or scope.	

Appendix A – Abbreviations

Term	Expansion
ATE	Authorised Testing Entity (the Certification Body, under the Drone Rules, 2021)
CB	Certification Body
CSUAS	Certification Scheme for Unmanned Aircraft Systems
DGCA	Directorate General of Civil Aviation
ETA	Equipment Type Approval
IAF	International Accreditation Forum
ISO/IEC	International Organization for Standardization / International Electrotechnical Commission
MoCA	Ministry of Civil Aviation
MSC	Multi-Stakeholder Steering Committee
NABCB	National Accreditation Board for Certification Bodies
NABL	National Accreditation Board for Testing and Calibration Laboratories
QCI	Quality Council of India
RPAS	Remotely Piloted Aircraft System
UAS	Unmanned Aircraft System
VLOS	Visual Line of Sight
WPC	Wireless Planning and Coordination Wing, Department of Telecommunications

Appendix B – Source and Reference Documents

- Certification Scheme for Unmanned Aircraft Systems, notified by the Ministry of Civil Aviation vide S.O. 347(E) dated 26 January 2022 – Part 1 Introduction; Part 2 Governing Structure; Part 3 Certification Criteria; Part 4 Certification Process; Part 5 Requirements for Certification Bodies; Part 6 Rules for Use of Certification Mark; Part 7 Provisional Approval System for Certification Bodies.
- The Drone Rules, 2021, Ministry of Civil Aviation, dated 25 August 2021, including the application form and the requirements applicable to authorised testing entities.
- ISO/IEC 17065:2012 – Conformity assessment: requirements for bodies certifying products, processes and services; the master accreditation criteria, to which the clause numbering of Part 5 is aligned.
- ISO/IEC 17025 (testing and calibration laboratories), ISO/IEC 17067 (product certification schemes; CSUAS is a Type 1a scheme – Part 1 cites the 2013 edition and ISO/IEC 17011 (accreditation bodies).

This document is a consolidated reference guide prepared to help prospective Certification Bodies understand and prepare for approval and accreditation under the Certification Scheme for Unmanned Aircraft Systems. In every case of doubt, the current published texts of the Scheme and of ISO/IEC 17065:2012, and the instructions of the Quality Council of India and of NABCB, prevail over any summary in this guide.