



**Accreditation Education Research & Scientific Service
Center, Nepal**

General Information Brochure

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Contents

1.	Background and History of AERSSC	4
2.	International Recognition of AERSSC	4
3.	Finance and Liability.....	4
4.	Services Provided by AERSSC.....	5
5.	Scope of Accreditation	5
6.	Impartiality	6
7.	Accreditation Process.....	7
8.	Maintaining Accreditation.....	12
9.	Complaints.....	14
10.	Appeals.....	14
11.	Rights and Obligations Of AERSSC	14
12.	Rights and Obligations of Conformity Assessment Body (CAB).....	16
13.	Fee structure	18
14.	Benefits of Accreditation.....	18
15.	Confidential Information.....	18
16.	Publicly Available Information.....	19
17.	Contact Details.....	19



1. Background and History of AERSSC

Accreditation Education Research and Scientific Service Center (AERSSC), Nepal is an Accreditation Body established in the private sector and approved by International Laboratory Accreditation Cooperation (ILAC) as an Affiliate Membership in 2012. AERSSC Nepal operates an accreditation system with impartiality, fairness, efficiency, and transparency and with International recognition.

The Government of Nepal, Ministry of Industry, Office of the Company Registrar has issued the certificate of incorporation to the Accreditation Education Research and Scientific Service Center (AERSSC) Pvt. Ltd., Nepal on the 23rd day of Feb 2011 under subsection (1) of section 5 of the Companies Act 2006. The Registered no. of AERSSC Pvt. Ltd. Nepal is 80896/2011-2012.

AERSSC is engaged in accreditation activities and is a part of Accreditation Education Research and Scientific Service Center (AERSSC) Pvt. Ltd., Nepal. The other major activities of the company are to provide education at various levels. For which 'Lalitpur Valley College' is a separate entity under AERSSC Pvt. Ltd., Nepal. AERSSC and Lalitpur Valley College are having the separate logos.

2. International Recognition of AERSSC

AERSSC has an established accreditation system in accordance with the requirements of ISO/IEC 17011:2017 "Conformity Assessment – Requirements for accreditation bodies accrediting conformity assessment bodies"

- AERSSC application for Full Member Status of APLAC was approved on 23rd June 2017.
- AERSSC is a Full Member of both the International Laboratory Accreditation Cooperation (ILAC) & and Asia Pacific Accreditation Cooperation (APAC) and MRA Signatory of ILAC since 17th February 2021.
- However, MRA Signatory of AERSSC was discontinued on 3rd January 2023 due to a limited number of accredited labs, since AERSSC could not submit the evidence of AERSSC self-supported during reevaluation by APAC team held during February / March 2022.

At Present, AERSSC is an Associate member of the Asia Pacific Accreditation Cooperation (APAC) and International Laboratory Accreditation Cooperation (ILAC).

3. Finance and Liability

AERSSC does have the financial resources, required for the operation of its activities. The annual accreditation fee paid by accredited CABs and the Income from registration fees of participants for training is sufficient for accreditation activities

AERSSC shall not be held responsible for any legal or financial liability arising out of activities of any of its applicant / accredited CAB involving any accidental or consequential damages to

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 4 of 19



personnel/equipment/products at any time. The maximum liability of AERSSC is limited to the application fees charged from CAB only

4. Services Provided by AERSSC

AERSSC provides voluntary accreditation services as per international standards to:

- Testing laboratories in accordance with ISO/IEC 17025 'General Requirements for the Competence of Testing and Calibration Laboratories'
- Calibration laboratories in accordance with ISO/IEC 17025 'General Requirements for the Competence of Testing and Calibration Laboratories'
- Medical testing laboratories in accordance with ISO 15189 'Medical laboratories - Requirements for quality and competence'

5. Scope of Accreditation

Accreditation Education Research & Scientific Service Center (AERSSC), Nepal operates an accreditation scheme for Testing Laboratories and Medical Laboratories as follows:

The multi-disciplinary conformity assessment bodies have to apply in relevant discipline(s) depending upon which discipline(s) the scope belongs to.

Testing Field

- Chemical
- Biological
- Mechanical
- Electrical
- Electronics
- Forensic
- Non-Destructive (NDT)

Calibration Field

Medical Field

- Clinical Biochemistry
- Clinical Pathology
- Hematology
- Microbiology & Infectious disease serology
- Histopathology
- Cytopathology
- Flow Cytometry
- Molecular Testing

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 5 of 19



6. Impartiality

AERSSC is committed to ensuring integrity and impartiality at all levels while implementing its systems and operations. AERSSC offers accreditation services in a non-discriminatory manner. These services are accessible to the Conformity Assessment Bodies (CAB) regardless of the location, size or its membership of any association or group or number of CABs.

Impartiality Policy Statement of AERSSC:

Impartiality is one of the cornerstones of accreditation, and is of utmost importance in maintaining the trust that stakeholders should expect from accreditation. AERSSC strongly adheres to the requirement of ISO/IEC 17011: 2017 'Conformity assessment - Requirements for accreditation bodies accrediting conformity assessment bodies' that accreditation shall be undertaken impartially, and the maintenance of impartiality is a key priority at all levels within AERSSC. AERSSC operations is organized in such a way as to ensure that impartiality is not compromised by commercial, financial or other pressures. AERSSC does not engage in any activities which could compromise its impartiality; it does not provide consultancy to conformity assessment bodies, nor does it undertake any conformity assessment activities itself or have links with bodies providing consultancy to the conformity assessment sector, and it does not promote the services of any such body. AERSSC does provide training to external parties although these courses are confined to the provision of generic information that is available in the public domain. Additionally, AERSSC can provide advisory services in its area of expertise to stakeholders provided this does not constitute any conflict of interest with AERSSC role as Accreditation Body. Such services are normally provided to help for the development of quality infrastructures in the country. AERSSC applies its policies and procedures in a non-discriminatory way, and its services are available to all whose accreditation applications fall within its defined scope of activities. Eligibility is not dependent on size of the applicant, number of bodies already accredited or membership of any association or group. The impartiality and objectivity of the accreditation services that AERSSC provides is tightly controlled. All AERSSC assessment personnel and externally contracted assessors, as well as members of AERSSC committees, are required to declare any potential conflicts of interest. AERSSC takes full regard of this information to ensure the objectivity of the services that it provides. Accreditation decisions are made by competent persons independent of the assessment of the conformity assessment body under review. Further, AERSSC Board members including Committee members and its personnel are committed to ensure integrity of its systems and operation at all times. AERSSC evaluates potential risks to its impartiality on an on-going basis using a number of mechanisms including internal audit, management review and consultation with appropriate interested parties. Where any such risks are identified, AERSSC shall put appropriate measures in place to eliminate or minimize them. These measures are monitored for effectiveness. In the event that customers or other stakeholders have concerns regarding the impartiality or objectivity of AERSSC, AERSSC has non-discriminatory procedures in place for handling complaints and appeals

The Impartiality policy of AERSSC is available on the AERSSC website also (<https://www.aerssc.com.np>).

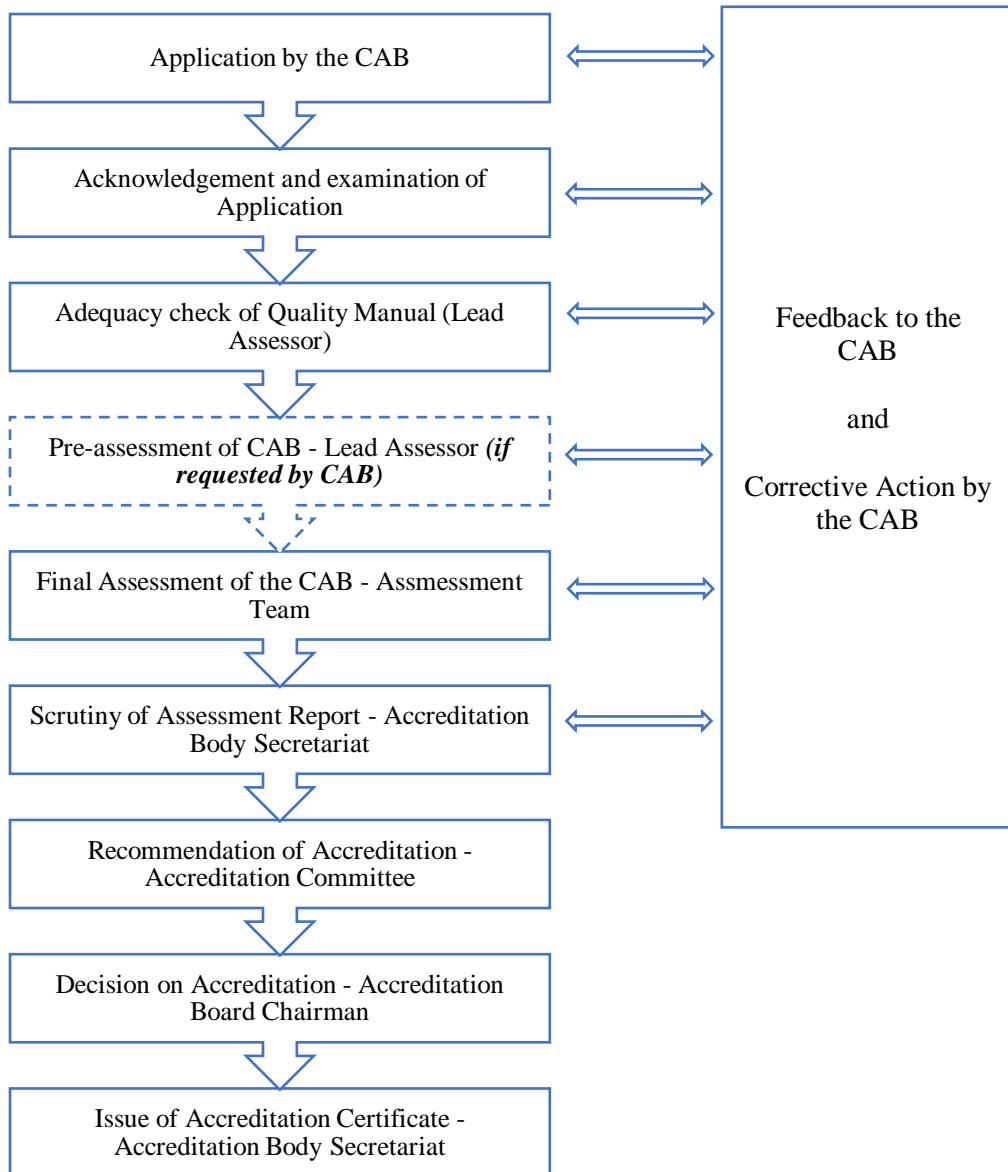
ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 6 of 19



AERSSC has adopted ILAC-G21 for cross-frontier accreditation principles for avoiding duplication.

AERSSC has established a policy and documented procedure (AERSSC 18) to determine the suitability of the conformity assessment schemes and standards for accreditation purposes and is committed to extend its activities on request from interested parties.

7. Accreditation Process





7.1 Application for Accreditation

The CAB is required to apply to AERSSC in the prescribed application form viz. AERSSC 33, and AERSSC 34, for Medical Laboratories, Testing Laboratories.

AERSSC Accreditation is location-specific and accordingly, accreditation is granted to a specific location of a CAB. Each CAB shall apply separately for each location if operating from multiple locations.

The applicant CAB shall implement the management system in accordance with relevant standards, for example, Testing laboratories as per ISO/IEC 17025: 2017, Medical testing laboratories as per ISO 15189: 2012 / ISO 15189:2022.

The application shall be complete in its contents and accompanied by the Management System Document/ Quality Manual and requisite information.

The applicant CAB shall read and sign the terms and conditions for obtaining and maintaining AERSSC accreditation as mentioned in document AERSSC 37 'Agreement between the AERSSC and CAB'

The CAB shall ensure the correctness of the information provided in the application with special care in filling the scope of accreditation. The CAB shall also submit a "Declaration Form" as provided in the application. For any changes, the CAB shall provide the updated "Declaration Form" within 30 days.

The CAB is also required to specifically mention about their site testing or medical and/or mobile facilities, if any, and scope of accreditation is also required to be specified accordingly. For more details about site testing or medical and/or mobile facility, refer the document AERSSC 22 'Specific Criteria Document for Accreditation of Medical Laboratory (ISO 15189:2012)' / AERSSC 24 "Specific Criteria Document for Accreditation of Medical Laboratory (ISO 15189:2022)".

On receipt of complete application for accreditation, an acknowledgement with a unique ID number shall be provided to the CAB

The unique ID of the CAB will be used for further correspondence between AERSSC and CAB. Successful submission of application and Initial acknowledgement is not deemed as acceptance of application.

AERSSC reviews the information provided by the CAB to determine the suitability of the application for accreditation before acceptance and processing for accreditation. During and after scrutiny of application for its completeness in all respects, AERSSC may seek additional information/ clarification(s) at this stage, as deemed necessary and required for the purpose of accreditation.

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 8 of 19



Application may be rejected in case information provided in the application and Management System Document/ Quality Manual provided are not relevant to AERSSC accreditation. In case CAB has applied as per any standard other than ISO/IEC 17025, ISO 15189, application can be rejected.

7.2 Document Review

The review of documented information (Management System Document/ Quality Manual, Application etc.) submitted by the CAB is carried out by an assessment team (one or more assessors/AERSSC officers). The assessment team reviews the documents and submits the report.

The names and details of the assessment team members are conveyed to the CAB for identifying any conflict-of-interest issue. AERSSC will consider any objection on merits and decide whether to reconstitute the assessment team. AERSSC decision shall be final and binding in case there is no proven conflict of interest.

AERSSC informs CAB regarding the document review, indicating inadequacies (if any). The CAB shall review the findings and while taking the corrective actions, the CAB may decide to amend the relevant documents and/or make changes in the management system accordingly within 30 days to complete the document review process.

7.3 Pre-assessment

Once the Document Review process is completed, a pre-assessment of the CAB may be conducted by the assessment team appointed by AERSSC.

Pre-assessment is optional for testing laboratories, calibration laboratories and medical testing laboratories. CAB shall express its decision in writing to opt for pre-assessment (or) not. However, it does not preclude the decision of AERSSC to conduct pre-assessment for any other situations/ reasons (if the document review does not provide confidence in the CAB's management system, recommended by assessment team/ AERSSC officer, etc.).

The pre-assessment of the CAB is conducted to:

- a) evaluate degree of preparedness and readiness to undergo assessment
- b) determine the number of assessors and number of days required to conduct the assessment (based on the scope of accreditation/facilities/resources/ infrastructure, etc.) in discussion with the CAB.
- c) Explain AERSSC procedure (including various documents), assessment procedure (including how the assessment will be conducted/ assessment methodology), etc.
- d) Sample audit to inform the major gaps.

The assessment team submits, a pre-assessment report to AERSSC with a copy to the CAB. The CAB shall take appropriate corrective actions on the findings/ gaps and submit a report to AERSSC within fifteen days.

7.4 Initial Assessment

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 9 of 19



Initial Assessment shall be conducted after completion of Pre-assessment process or Document Review Process (Where pre-assessment is not done).

AERSSC appoints an assessment team to conduct the assessment. Entire disciplines/groups are assessed during initial assessment. The date(s) for assessment are decided in agreement with the CAB.

The assessment team verifies CAB's implementation of the documented information and checks its compliance with the relevant international standard, specific criteria (wherever applicable) and AERSSC policies. The documented information (Management system document, SOPs, work instructions, test methods etc.) is assessed for their implementation and effectiveness. The CAB's technical competence to perform specific tasks is evaluated and witnessed during the assessment.

The assessment report contains the evaluation of competency (includes personnel, facilities, equipment), all relevant material examined, tests/ calibration witnessed including those of retained samples recommended scope of accreditation, compliance to relevant international standard, AERSSC specific criteria (wherever applicable) and AERSSC Policies.

The non-conformities, if any, are reported in the assessment report. It also provides a recommendation towards grant of accreditation or otherwise. The report prepared by the assessment team is submitted to AERSSC. Summary of assessment report, non-conformities (if any) and recommended scope of accreditation, are provided to the CAB at the end of the assessment visit.

The CAB shall take necessary corrective action on non – non-conformities based on root cause analysis and submit documentary evidence for taking corrective actions and implementation records to AERSSC within 30 days. However, the time for taking the corrective action may be extended in exceptional circumstances.

7.5 Accreditation Decision-Making

AERSSC always ensures that the decisions on accreditation are made by competent persons.

AERSSC has a system of independent review for accreditation decisions through accreditation committee. The Accreditation decisions are taken by at least by three members of Conformity Assessment Accreditation Board (CAAB) comprising of Chairman, CEO, One domain expert. Such decisions are taken based on the recommendation of the accreditation committee, members of which are different from the assessment team which carried out the assessment.

The Accreditation Committee is provided with adequate information, to enable them to take a decision regarding recommendation for grant, renewal, reduction, extension, suspension, or withdrawal of accreditation.

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 10 of 19



7.6 Issue of Accreditation Certificate

AERSSC issues an accreditation certificate to the accredited CAB which has a unique number field, date of validity along with the scope of accreditation. The AERSSC accreditation certificate is valid for a period of 3 years.

The scope of accreditation for testing laboratory defines Discipline/Group, Materials or Products tested, Component, parameter or characteristic tested/ Specific Test Performed/Tests or type of tests performed, Test Method Specification against which tests are performed and/or the techniques/ equipment used.

The scope of accreditation for medical testing laboratory defines Discipline, Component, parameter or characteristic tested/ Specific Test Performed/Tests or type of tests performed, Test Method Specification against which tests are performed and/or the techniques/equipment used.

AERSSC issues accreditation certificate for the permanent facility. However, scope of accreditation is having all details of site testing/medical, mobile facility (if applicable) and scope of accreditation is clearly identified for each site facility, mobile facility (whichever is applicable). Site testing/medical are clearly identified in the scope of accreditation while issuing the certificate. The CAB shall clear all due payments to AERSSC. Accreditation certificate will be issued/ visible to the CAB on website only after clearance of all the due payments to AERSSC.

The accreditation certificate for the type and range of activities is also accompanied by an annexure containing details of the scope of accreditation. AERSSC posts on its website the current status of the accreditation that it has granted to its CABs and shall be updated regularly. The information shall include the following:

- Name and address of the accredited CAB including contact person and telephone no.
- Dates of granting the accreditation and expiry dates, as applicable.
- Scope of accreditation in full.

AERSSC gives due notice of any change in its requirements for accreditation through its website, newsletter or by informing individually. Once the target date of the implementation is over, AERSSC verifies the implementation of the changed requirements whether by documentary evidence or on-site visit.

7.7 Surveillance assessment

AERSSC conducts annual surveillance which is aimed at evaluating continued compliance to the relevant international standard, specific criteria (wherever applicable) and AERSSC Policies.

Once a laboratory is assessed for competence in accordance with ISO/IEC 17025:2017 or ISO 15189:2012, ISO 15189: 2022 it is granted accreditation for a period of three years. To ensure that it maintains its technical competence, it is subjected to yearly surveillance assessment to verify that it continues to comply with the requirements of ISO/IEC 17025:2017 or ISO 15189:2012, ISO 15189: 2022 and with the other terms and conditions of accreditation. The date

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 11 of 19



of surveillance/reassessment visit is decided by CEO of AERSSC in consultation with the laboratory management.

7.8 Reassessment

The CAB shall apply for renewal of accreditation at least three (3) months before the expiry of accreditation to allow AERSSC to organize assessment of the CAB timely, so that the continuity of the accreditation status is maintained. In case application is submitted late, there could be break in accreditation cycle.

8. Maintaining Accreditation

8.1 Change in CAB's operation

If any information within the accreditation certificate changes, the CAB must request a revision, and AERSSC will issue an updated certificate accordingly, either with or without further assessment, depending on the nature of the change. It includes Name of the CAB / Legal entity / Location/ Ownership / Premises change/Acquisition / take over / purchase / selling, merger / de-merger of CAB

8.2 Conformance to Applicable standards and AERSSC requirements

The accredited CABs, at all times shall conform to the requirements of relevant international standards, specific criteria (wherever applicable) and AERSSC Policies.

8.3 Terms and Conditions

The accredited CABs are required to comply at all times with the terms and conditions of AERSSC given in AERSSC 37 'Agreement between AERSSC and CAB'. The CABs are required to submit a signed copy of AERSSC 37 indicating their willingness to abide by the terms and conditions given in AERSSC 37.

8.4 Extending Accreditation

The laboratories at any time during the accreditation cycle can request for extension of scope. AERSSC has a policy of either conducting special assessment visit or to include it with the forthcoming assessment visit. The procedure to be followed is same as that for the initial assessment except that adequacy audit and pre-assessment are not carried out.

The accredited laboratory during the validity of accreditation may request to enhance the scope of accreditation which they should apply two months before the conduct of assessment/surveillance. If a laboratory requests scope extension independent of surveillance visit, AERSSC will arrange separate assessment visit. On submission of a written request, AERSSC shall assess the laboratory for extension of scope during surveillance/reassessment visit or will be organizing a supplementary/special visit.

8.5 Unannounced assessment

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 12 of 19



AERSSC conducts unannounced assessment (continued compliance and effectiveness is viewed in natural state). This may also be conducted to investigate the complaint issues. Unannounced assessment report is not shared with the CAB.

If findings of any unannounced assessment indicate that the CAB no longer complies with the requirements of the relevant international standard, specific criteria (wherever applicable) and AERSSC policies, it shall be dealt with as per AERSSC 30.

If findings of any unannounced assessment indicate compliance, then CAB shall be informed of continued compliance.

8.6 Modifications to the Accreditation Criteria

If the relevant international standard, APAC, ILAC requirements and AERSSC documents, are modified/amended, the CAB is informed. In case, the transition period is defined by ISO/ILAC/APAC then it is to be followed by the CAB. In cases there is change in the AERSSC documents, the transition period of upto 6 months may be given to align its operations.

8.7 Adverse decision against CABs

The CAB at any time during the validity of accreditation may discontinue their accreditation voluntarily by making a written request to AERSSC. Until such time as the withdrawal request has been processed, the accredited laboratory continues to be bound by AERSSC rules.

AERSSC may take adverse decisions against the CAB like denial of accreditation, reduction in scope of accreditation, suspension of accreditation, withdrawal of accreditation (and/or leading to debar from re-applying) as appropriate. The detailed procedure regarding adverse decisions is given in the document AERSSC 30 “Procedure for Dealing with Adverse Decisions”. AERSSC shall have the right to suspend, withdraw/terminate accreditation granted under the following circumstances;

- i. The laboratory fails to comply with the terms and conditions of accreditation.
- ii. The laboratory is found to be involved in practices forbidden by law.
- iii. The laboratory operated from several locations on the strength of a single accreditation.
- iv. The laboratory misrepresents accreditation scope in any form
- v. Complaints from any source found to be genuine.
- vi. Any activity of the laboratory which may harm reputation of AERSSC.
- vii. If found to conceal facts or provide false information during assessment or thereafter.
- viii. Refusal to undergo surveillance /surprise visit.
- ix. The court of law recommends suspension/withdrawal/withholding accreditation status.
- x. Any other reason which in view of AERSSC the withdrawal/suspension becomes necessary.

If CABs fails to submit corrective action within stipulated time frame or at any point of time does not conform to the applicable standards and AERSSC criteria; or does not maintain the AERSSC terms and conditions; or is not able to comply with the modified criteria, then AERSSC shall initiate action as per AERSSC 30 “Procedure for Dealing with Adverse Decisions” and

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 13 of 19



subsequently accreditation shall be denied and application shall be closed. Once application is closed by AERSSC then the CAB shall apply a fresh with applicable fee.

9. Complaints

Complaint is an expression of dissatisfaction, other than appeal, by any person or organization to a conformity assessment body or an accreditation body, relating to the activities of that body, where a response is expected.

The stakeholder including CAB may make a complaint to AERSSC. Such complaints can be sent to AERSSC by post addressing to CEO or by mail at sitaramjoshi9@gmail.com

The procedure for dealing with complaint is given in AERSSC 11 'Procedure for Handling Complaints'

10. Appeals

Appeal is a request by the person or organization that provides, or that is, the object of conformity assessment to a conformity assessment body or an accreditation body for reconsideration by that body of a decision it has made relating to that object.

The CABs can make an appeal against any adverse decision taken by AERSSC. The cases may involve refusal to accreditation or scope reduction for applicant/renewal laboratories and abeyance, suspension, forced withdrawal or scope reduction for accredited laboratories etc.

The appeals procedure includes the appointment of an independent appeals committee by the Chairman CAAB.

Such appeals can be sent to AERSSC by post addressed to CEO or by mail at sitaramjoshi9@gmail.com

11. Rights and Obligations Of AERSSC

11.1 Rights of AERSSC

- AERSSC requires all CABs to conform to ISO/IEC 17025: 2017 or ISO 15189:2012 or ISO 15189: 2022 whichever is applicable and also to the AERSSC policy documents & relevant AERSSC specific criteria (wherever applicable) to seek and maintain accreditation and adapt to the changes in the requirements of accreditation.
- AERSSC requires that all CABs shall accept and/sign document AERSSC 37 'Agreement between AERSSC and CAB' and abide by it.
- During the application or assessment process, if there is evidence of any fraudulent activities, furnishing of false information or concealment of information, AERSSC shall reject the application or terminate the assessment procedure and initiate the process for adverse decision.

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 14 of 19



- AERSSC may also refuse provision of services to a CAB because of its antecedents, availability of proven evidence of fraudulent behavior, falsification of information, violation of terms and conditions for Obtaining and Maintaining AERSSC Accreditation or deliberate violation of accreditation requirements. The refusal of services due to these reasons based upon the historical evidences is not treated as discriminatory act against any CAB.

AERSSC has the right to:

- Effect changes in standards on which CAB accreditation is based in accordance with international norms
- Prescribe additional requirements to supplement international standards as application documents/ criteria documents
- Decide on policies related to accreditation in consultation with stakeholder's
- Appoint assessment teams
- Decide on implementation schedules in consultation with the CABs
- Take action against CAB in accordance with the accreditation requirements
- Take adverse decisions in accordance with the accreditation requirements and giving reasons for the same
- Publish accreditation status of CAB on its website/ Newsletter etc.

11.2 Obligations of AERSSC

- The information given by CABs in application form as well as obtained during the processing of application, assessment visit and grant of accreditation will be kept confidential by AERSSC (unless required by law). However, if any information of CAB is shared in public domain like accreditation status, scope of accreditation, adverse decisions, and other common information then impartiality will be maintained. When AERSSC is required by law or authorized by contractual arrangements to release confidential information, the CAB shall, unless prohibited by law, be notified of the information provided.
- AERSSC is obliged to make available information on CABs' scope of accreditation, validity dates for its certificate and contact details to users of the CABs. This information is provided on AERSSC website.
- AERSSC is obliged to provide information on Mutual Recognition Arrangement (MRA) with APAC and ILAC partners and other international arrangements. The information is provided on AERSSC public domain and more information can also be provided on request.
- AERSSC provides the CAB with information about suitable ways to obtain metrological traceability relevant to the scope for which accreditation is granted. The information is provided in the document AERSSC 20 'Policy on Metrological Traceability'.
- AERSSC communicates changes to the requirements of accreditation such as ISO/ IEC 17025 or ISO 15189, ILAC & APAC documents, AERSSC specific criteria (wherever applicable) documents or any other requirements through the AERSSC website. AERSSC gives sufficient notice to the CABs to enable them to implement the changes and where necessary verifies implementation through assessment activities.

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 15 of 19



- AERSSC provides adequate mechanism to resolve/ address complaints received against its accreditation related activities and the activities of accredited CAB which fall under the ambit of accreditation (Refer AERSSC 11 ‘Procedure for Handling Complaints’).
- AERSSC provides adequate mechanism to address the appeals received from the CABs against its adverse decisions.

12. Rights and Obligations of Conformity Assessment Body (CAB)

12.1 Rights of CAB

- CAB is entitled to receive information related to CAB accreditation. They can access AERSSC website <https://aerssc.com.np/> which gives information necessary for AERSSC accreditation.
- CAB has the right that its scope of accreditation, validity dates for its accreditation certificate(s) and contact details are made available on AERSSC website for users of the CABs.
- CAB has the right to object to appointment of specific member(s) of assessment team by giving valid reasons.
- AERSSC accredited CAB has the right to use ‘AERSSC Symbol’ on the test/ medical reports issued by it as long as the test/medical is included in its scope of accreditation. Detailed requirements governing use of ‘AERSSC Symbol’ and claim of accreditation have been stated in AERSSC 17 ‘Policy for the use of Accreditation Symbol’
- CAB has the right to appeal against any adverse decision taken against it by AERSSC in respect of the CAB’s accreditation.
- CAB has a right to complain about the services of AERSSC.
- CAB has the right to access the documents published by AERSSC for use by CABs.

12.2 Obligations of the CAB

- CAB shall comply with all the requirements of relevant international standard at all times.
- An accredited CAB is obliged to fulfill requirements of AERSSC Specific Criteria (wherever applicable) and other applicable documents e.g. AERSSC 37 “Agreement between AERSSC and CAB”, AERSSC 17 ‘Policy for the use of Accreditation Symbol’, AERSSC 20 ‘Policy on Metrological Traceability’, and AERSSC 19 ‘Policy for Participation in Proficiency Testing Activities / Inter-laboratory Comparisons’, at all times.
- An accredited CAB is obliged to provide accurate, current/updated, and complete information as required by AERSSC at the time of initial application for accreditation and during subsequent stages of accreditation.
- An accredited Medical laboratory is obliged to fulfill the requirements of AERSSC.
- The CAB is obliged to disclose the name of the consultant/ advisor at the time of applying for accreditation, wherever engaged.
- CAB must have satisfactorily (Z score < 2) participated in a proficiency testing program, as applicable, conducted by an accredited PT provider before submission of application to

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 16 of 19



AERSSC. For more details, CABs are required to refer AERSSC 19 ‘Policy for Participation in Proficiency Testing Activities / Inter-laboratory Comparisons’. The satisfactory performance shall be defined in terms of z-score and En number respectively or any other internationally accepted criteria. For unsatisfactory performance, the CAB is to take corrective action and inform AERSSC.

- The applicant CAB must have conducted at least one internal audit (including all activities) and a management review (covering all agenda points as per the relevant standard) before the submission of application.
- The CAB is expected to provide access to all facilities/ area of the CAB where CAB’s activities are carried out and other relevant management system documents/ records to establish and evaluate the competency, continuing compliance related with relevant international standard, AERSSC criteria (wherever applicable) and AERSSC policies.
- The CAB is expected to facilitate the assessment team for carrying out assessment activities and provide necessary information including arrangement of appropriate test samples.
- An accredited CAB can claim accreditation only with respect to the scope for which it has been granted accreditation as per the details provided in AERSSC 17 ‘Policy for use of Accreditation Symbol’.
- An accredited CAB shall not use AERSSC accreditation in such a manner as to bring AERSSC into disrepute.
- The CAB is required to notify AERSSC of any change that may affect the ability of the CAB to fulfill requirements of accreditation, within 15 days. Notifiable changes include (but are not limited to): change in legal status, change in ownership, changes in organization, change in top management, change in scope, change in personnel, major change in policies, change in location, address etc.
- The CAB is required to pay necessary fees as decided by AERSSC from time to time.
- The CAB shall offer co-operation to AERSSC in investigating complaint issues.
- The CAB shall not indulge in fraudulent activities nor provide false information to AERSSC or conceal information. Such acts may result in withdrawal of accreditation.
- The CAB must also ensure that the procedures described in the Management system document and other documents are being implemented. CAB shall not, for the purpose of seeking any undue favor from the Assessment team offer any gift, whether in cash or in-kind including reimbursement of any expenses incurred by Assessment team members during the course of assessment.
- The CAB should get fully acquainted with relevant AERSSC documents and understand the assessment procedure and methodology for filing the online application. AERSSC accepts online application and does not entertain any applications in hard copy (kindly refer website <https://aerssc.com.np/> except for cross-frontier CABs. List of AERSSC documents is as below:

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 17 of 19



13. Fee structure

AERSSC charges fees to Conformity Assessment Bodies (CABs) to cover operational costs and other expenditures.

Annual Accreditation Fee (per year from the date of Accreditation)	Testing Laboratories / Discipline	Amount (NPR)
	Chemical and Biological Testing	35,000/-
	Mechanical and Nondestructive Testing	35,000/-
	Electrical / Electronic Testing	1,00,000/-
	Calibration (covering all disciplines)	50,000/-
	Medical (covering all disciplines)	50,000/-
Assessment Charges (payable after the completion of the assessment visit to the CABs)	Comprising of <ul style="list-style-type: none">Travelling, Boarding and Lodging to be arranged by the Laboratory for any on-site visit of the AssessorsHonorarium for Assessors as per the prescribed rates	Local Assessor – 3,000 NPR per Manday Assessor from India – 5000 INR per Manday

Note: In addition to the above-mentioned fee, 13% VAT (as applicable from time to time decided by the Government of Nepal) is to be paid along with said charges.

14. Benefits of Accreditation

Formal recognition of the competence of a conformity assessment body by AERSSC in accordance with the international standard has many advantages:

- International recognition/ equivalence,
- Access to Global market,
- Time and money efficient,
- Enhanced customer confidence and satisfaction,
- Continual improvements,
- Better operational control,
- Assurance of accurate and reliable results
- A ready means for customers to identify and select reliable testing, measurement and calibration services that can meet their needs.

15. Confidential Information

The AERSSC ensures the confidentiality at all level of its accreditation activities. All accreditation personnel, committees or individuals acting on behalf of AERSSC, sign confidentiality forms to safeguard the privacy of the information obtained during the accreditation process at all levels. AERSSC has a policy not to disclose confidential information about a particular CAB outside AERSSC without

ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 18 of 19



the written consent of the CAB except where the law requires such information to be disclosed without such consent.

16. Publicly Available Information

AERSSC Policy and relevant procedures are freely available to all the interested parties to download from the AERSSC website: www.aerssc.com.np.

It is the responsibility of users to ensure that they are using up to date documents by comparing with the Master list of Documents available on the AERSSC website.

AERSSC makes publicly available on the website the current status of the accreditations it has granted to conformity assessment bodies.

17. Contact Details

Accreditation Education Research & Scientific Service Centre (AERSSC)

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ACCREDITATION EDUCATION RESEARCH & SCIENTIFIC SERVICE CENTER, NEPAL		
Prepared & Reviewed By:	Approved By:	Page No.
CEO, AERSSC	Chairman CAAB, AERSSC	Page 19 of 19