

Application Form for
Notification of Department / Body / Agency of the Central Government or a
State Government as an
Examiner of the Electronic Evidence

Note (Kindly go through the instructions before filling up the Application form)

1. *Strikeout whichever is not applicable and Application form should be filled up in capital letters.*
2. *Kindly attach a separate sheet, if the space provided is insufficient.*
3. *If the rows provided in any of the tables are insufficient, the same may be increased as per requirement.*
4. *Authorised Signatory is required to put signatures on all the pages of the form and the documents being submitted along with the form.*
5. *DeitY may seek more information as and when required and may request for technical presentation at DeitY.*
6. *Any information found to be incorrect then the application would be rejected immediately.*

1. Department's / Agency's Name

2. Address

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PIN

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3. Contact Number (s), website, email and Fax Number (s) (with STD Code)_____

4. Department's / Agency's profile & information brochure, if any, kindly attach: Attached / Not Attached:_____

5. Name of the Contact Person for DeitY:

6. Designation:

7. Mobile Phone:_____

8. E-Mail ID:

9. Electronic Evidence Examination related activities are being carried out since (mm/yy) : __ / __

10. Application submitted for notification as an Examiner of the electronic evidence in area of (please mark tick '✓' or cross 'X', as applicable, in the relevant box, Add in case classification):

S.No	Type of Forensic Investigation	Mark tick '✓' in case applicable or else mark cross 'X'	Detailed Description of the Scope Requested
1.	Computer (Media) Forensics		
2.	Network (Cyber) Forensics		
3.	Mobile Devices Forensics		
4.	Digital Video / Image & CCTV Forensics		
5.	Digital Audio Forensics		
6.	Device Specific Forensics		
7.	Digital Equipment / Machines (having embedded firmware)		
8.	Any other		

11. Detailed organisation Chart as relevant to the scope requested (Parent Lab as well as of the Digital Forensic Division:_____

12. Copy of **“Quality Manual” or equivalent document and its last revision date:**____/____/____

13. Whether **“Quality Manual” or equivalent document** address all the details of the scope under empanelment [Please indicate details]_____

14. Do the **Quality System** have following SOPs corresponding to the scope requested

- Case Acceptance
- Handling of exhibits
- Security and preservation of exhibits
- Analysis of the exhibits
- Electronic Evidence Analysis Report Format
- Tools and Equipment Testing
- Training
- Internal audit reports specific to scope Quality assurance
- Any other procedure

15. Lab Details:

- (i) Area exclusively allocated to Electronic Evidence Laboratory (Range Recommended is 48-64 square feet per Experts):
- (ii) No. of Fire Resistant Cupboards / Safes for exclusively reserved for storage of original electronic exhibits:
- (iii) No. of Work desks in rooms / cabins for digital forensics related work:
- (iv) Power Backup and other infrastructure details including Heating, Ventilation and Air Conditioning (HVAC):

16. Number of Expert Opinions provided by the Department/Agency related to electronic evidence in last three years:___

17. Details of Accreditations / Recognitions (International / National) Received (Enclose Certificates):.....

S.No	Details of the Accreditations / Recognition (National / International)		Validity Upto
	Accreditations / Recognition Agency	Scope Relevant to Electronic Evidence	
1.			
2.			
3.			

18. Detailed information of persons involved in examination and/ or reporting of digital forensic cases

S. No.	Expert's Name, Designation including Role & Functions within the organisation	Working with the organisation since (Year & Months)	Highest Academic Qualification with main subject(s)	Relevant Professional Qualification (including training)	Total experience (in years) of handling cases of digital forensic examination	Total experience (number of cases) of handling in digital forensic examination	Whether Experts is regular/ Contractual (Attach details) (P/C)	Whether Security clearance of Experts is received (Attach details) (Y/N)
1.								
2.								

19. Proficiency Testing (Inter / Intra/ External) details

Sl. No.	Scope and Details of Testing	Details of examination	Date of Testing	Nodal Laboratory / Proficiency Testing Provider (if PT provider is Accredited please provide the details)	Performance details	Corrective Action Taken (if any)

20. List of forensic Tools including Toolkits and Equipment being utilised during the examination of the electronic evidence:

S. No.	Name of the Forensic S/w Tool / H/w Tool/ Toolkits and Equipments including version	Whether the tool / toolkit is freeware or commercial	Validity of License of Commercial S/w Tool	Functions of the Tool (in brief)	Mechanism for renewal of S/w Tool License
1.					
2.					

STATUTORY DECLARATION and INDEMNITY

The information stated herein as well as in the annexed documents is true to the best of my knowledge & belief and nothing has been concealed or falsely stated.

And

DeitY will not be responsible for any mishandling of evidence, negligence in forensic investigation or harm caused to any party because of any misrepresentation of its notification, name and logo by the intermediary or any other interested party. The notified Department, body or agency of the Central Government or a State Government as an Examiner of Electronic Evidence will indemnify DeitY against any misuse of DeitY Name and Logo. For any misuse of DeitY name and logo, the notified organizations themselves will be held responsible. DeitY will take necessary actions for such cases. The notified organisations will not use the Name of DeitY and its Logo, to promote their interest in any manner in any programme not connected / related or being undertaken for DeitY.

Place:

Signature of Authorised Signatory

Date:

with Organisation's Seal

List of Enclosure(s):

1. Two copies of the application form
2. Department's / Agency's profile & information brochure as required in point No. 4
3. Detailed Organisation Chart as required in point No. 11
4. Quality Manual as required in point No. 12
5. SOPs as required in point No. 13
6. Lab's infrastructure Details as required in point No. 15
7. Accreditation Details and certificates as required in point No. 17
8. Expert's details as required in point No. 18
9. Proficiency Testing details as required in point No. 19
10. Tools Detail as required in point No. 20
11. Any other (Please specify)