**ANNEXURE 02**

 **Recommended Authorized Signatories**

 *(For Proficiency Testing Providers)*

Please refer relevant specific criteria available at [www.slab.lk](http://www.slab.lk)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SI No** | **Name & Designation of Signatory** | **Qualification** | **Experience in years related to present work** | **Relevant Training** | **Authorized for which specific area of PT Scheme/ Opinion or interpretation/ Issuing final reports** | ***Specimen Signature***  | ***For internal use only*** |
| **Qualification with Specialization**  | **Name of the institute**  | ***Compliance to SLAB minimum competency requirements (Yes/No)*** |
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Note 1: Please provide details separately for each field of Proficiency Testing

Note 2: Please specifically indicate if any contracted personnel, under Name and Designation of Signatory column

Note 3: Any change in the Authorized signatories shall be informed by the PT Provider to SLAB within one month

Note 4: Please attach updated CV of all signatories with the recommendation of Head of the Institution.

**For Internal use only**

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| **SI No** | **Name & Designation of Signatory** | **To be filled by the Technical Assessor / Technical Expert and Assessor** |
| **Knowledge of Quality Management System** | **Knowledge on Proficiency Testing Operations**  | **Knowledge on Quality Assurance, traceability & statistical techniques** | **Knowledge on the validity of Technical results** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Signature, Name and Designation of Head of PT Providers**  | **Signature and Name of Assessor(s)** | **Signature and Name of Lead Assessor** |