

# MANUAL OF MELT

## USER LOGIN


Link : <https://nablmelt.qci.org.in/Laboratory/login.php>

[Register](#) [Login](#)



**National Accreditation Board for Testing and Calibration Laboratories**  
(A Constituent Board of Quality Council of India)  
**NABL Medical Entry Level Testing M(EL)T Labs Program**

Sign In

☐ I'm not a robot 

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Login

[New laboratory register now](#) [User Manual](#)  
[Forgot password?](#)

About Scheme

NABL has launched voluntary scheme namely “**NABL Medical Entry Level Testing M(EL)T Labs Program**” for sensitizing the medical testing laboratories performing basic testing to quality practices and access to quality health care for the majority of citizens especially those residing in villages, small towns.

**This scheme is an independent quality assurance scheme, which is not covered under APAC & ILAC MRA**

The existing scheme has been revised and now this scheme is **based on satisfactory proficiency testing (PT) performance** and valid for one cycle of three years.

Laboratory application will be reviewed by NABL and decision on recognition will be taken based on performance in proficiency testing (PT). During the recognition period (within three years), on-site assessment (surveillance) will be conducted.

NABL will only recommend those tests in the scope of the laboratory which are available in the scope of the NABL accredited PT provider. Further, regarding the calibration certificate of equipment it is recommended to calibrate the equipment from the calibrating laboratory for which it is accredited. The authenticity regarding the scope of calibration laboratory and accredited PT provider to be verified from NABL website. Once Certificate is issued to the laboratory the details will also appear in NABL 900 which is available on NABL website under publication/document which is updated on monthly basis.

**Fee Structure**

| Components   | Fee/Charges     |
|--|-----------------|
| <b>Recognition Fee</b> (for three year, payable before issue of certificate)             | ₹ 15000 /-      |
| <b>Surveillance Charge</b> (the amount needs to pay at onsite at the time of assessment) | On actual basis |

**Note 1:** In addition to the above-mentioned fee, GST @ 18% is to be paid along with said charges/fee.

**Note 2:** Payment option for Recognition fee will be visible after issue of certificate and payment can be made through the gateway available in the portal.

**Contact Us :**  
nablmelt@nabl.qcin.org  
01244594828/825, 01244679750/732


[Click here to view scope of scheme](#) [New laboratory click here to register now](#)

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- First we click on the new laboratory click here to register now.

[Register](#) [Login](#)



## National Accreditation Board for Testing and Calibration Laboratories

(A Constituent Board of Quality Council of India)

### NABL Medical Entry Level Testing M(EL)T Labs Program

STEPS TO SUBMIT ONLINE APPLICATION FOR NABL RECOGNITION

1. **Minimum Eligibility Criteria to submit Application**
  - The applicant laboratory shall have satisfactorily participated in Proficiency Testing (PT) program conducted by accredited PT provider as per ISO/IEC 17043 before submission of application.
  - Test parameters covered in last six months in PT programs shall be considered for recognition. Six months shall be calculated from date of application submission.
  - PT result / report received date shall be considered for PT participation date
  - Scope once recognized cannot be changed during recognition period. There is no provision for extension in scope in this scheme.
  - Laboratory shall be legally identifiable.
2. **Requirement to submit the Application**
  - Application has to be submitted from Laboratory premises – for geo tagging of laboratory premises and equipment.
3. **Documents to be kept ready (scan copy) before submitting Application**
  - Copy of Legal Identity of Laboratory
  - PT Participation report for the applied scope
  - Calibration Report / AMC of the equipment record required to test the parameters under the applied scope.
4. **Steps to submit the application**

| Place of work   | Steps   |
|---|---|
| Web based - Through internet in Laptop / desktop / Mobile | <ul style="list-style-type: none"> <li>Fill the details for registration as asked in form (Laboratory details, Scope for recognition, PT Participation information). Login ID and Password will be generated.</li> <li>Upload the desired documents (Legal Identity, PT Participation report, Calibration report / AMC record of equipment)</li> </ul>  |
| Android Based Mobile                                      | <ul style="list-style-type: none"> <li>Download the NABL M(EL)T Labs Program App from the play store, download the App. Enter the login ID and Password (created during registration process). Please note App has to be installed through the phone number used for registration.</li> <li>Click the pictures and enter the desired information in the App (Picture of Lab location, Pictures of equipment entered while uploading documents and other necessary information as asked) Save the information in the App.</li> </ul> |
| Web based - Through internet in Laptop / desktop / Mobile | <ul style="list-style-type: none"> <li>Go to your registered account.</li> <li>Enter the mobile number which is used to work on the app.</li> <li>All the information uploaded in App will automatically be updated in laboratory account.</li> <li>See the preview of the application. Verify all the information.</li> <li>Press the submit button</li> <li>An auto reply will be sent to registered email and phone number.</li> </ul>   |

**Note :** after completing the above steps application for recognition will be submitted successfully.

[Click here to register](#)


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- We click on the click here to register. And click on the the I accept above terms and conditions, then you will go to the registration form.

**LINK :** <https://nablmelt.qci.org.in/Laboratory/new-scheme/lab-details.php>

Register Login



**National Accreditation Board for Testing and Calibration Laboratories**  
 (A Constituent Board of Quality Council of India)  
**NABL Medical Entry Level Testing M(EL)T Labs Program**

New Lab Registration

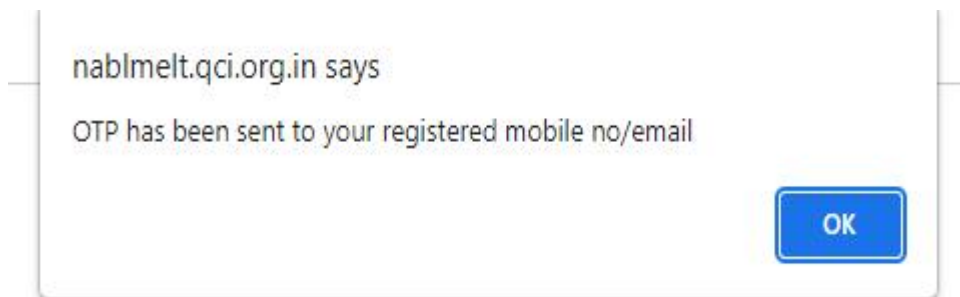
|   |   |   |
|---|---|---|
| <b>Laboratory Name*</b><br><input type="text" value="Laboratory Name*"/>                        | <b>Email Address*</b><br><input type="text" value="Email address*"/>  | <b>Mobile Number*</b><br><input type="text" value="Mobile number*"/>                          |
| <b>Address*</b><br><input type="text" value="Address*"/>  | <b>Country*</b><br><div style="border: 1px solid #ccc; padding: 2px;">India ▼</div>                           | <b>State*</b><br><div style="border: 1px solid #ccc; padding: 2px;">Select State* ▼</div>     |
| <b>District*</b><br><div style="border: 1px solid #ccc; padding: 2px;">Select District* ▼</div> | <b>Zip Code*</b><br><input type="text" value="Enter Zip Code Here*"/>   | <b>Technical Head/Lab Manager*</b><br><input type="text" value="Technical Head/Lab Manager"/> |
| <b>Are you NACO ICTC Laboratory?*</b><br><input type="radio"/> Yes <input type="radio"/> No     | <b>Participated in PT program with accredited PTP?*</b><br><input type="radio"/> Yes <input type="radio"/> No |   |

[Verify Contact Details](#)  
Already Have an account? [Log In](#)

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- After that we can fill the Laboratory name, Email address , Mobile Number, Address , Country , State,Districts , Zip Code, Technical Head/ Lab Manager,Are you NACO ICTC Laboratory, Participated in PT Program with accredited and click on the verify contact details.
- We will got the email and OTP has been sent to your registered email / Mobile No.



- We click on the ok button and go to the next step.

**LINK :** <https://nablmelt.qci.org.in/Laboratory/new-scheme/lab-details.php>

New Lab Registration

**Laboratory Name\***

**Email Address\***

**Mobile Number\***

**Address\***

**Country\***

**State\***

**District\***

**Zip Code\***

**Technical Head/Lab Manager\***

**Are you NACO ICTC Laboratory?\***

☒ Yes ☐ No

**Participated in PT program with accredited PTP?\***

☒ Yes ☐ No

Scope Details

Medical Microbiology And Immunology ▼

|                          | Name of PTP             | Type Of Sample | Specific Tests | Test method/technique | Date of Issue of PT Report | Is Result Satisfactory                             |
|--------------------------|-------------------------|----------------|----------------|-----------------------|----------------------------|--|
| <input type="checkbox"/> | Select organizing bod ▼ | Serum          | HIV            | <input type="text"/>  | dd-mm-yyyy                 | <input type="radio"/> Yes <input type="radio"/> No |

Register

Already Have an account? [Log In](#)

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- Now we can see the new scope details tab, Medical Microbiology And Immunology, click on the checkbox, select the Name of PTP and fill the Test method / technique, Date of issue of PT Reports, choose the result is satisfactory and click on the Register button.  
(please make sure the information given in this registration form is correct. after registration you can not change these details.)

### Change Password

Password sent to register Email ID/Mobile No \*

Enter Old Password 👁

New Password \*

New Password 👁

Confirm Password \*

Confirm Password 👁

Change Password

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- After this the login details has been send to your registered mail id and change your password.

**NABL M(EL)T Labs Program** Contact Us : [nablmelt@nabl.qcin.org](mailto:nablmelt@nabl.qcin.org) [Profile](#) [Log Out](#)

**Lab details** [Home / lab details](#)

Laboratory Details Document upload Checklist Final

### Entry Level Laboratory Details

| Laboratory Details  | Document Upload                 | Checklist                           | Declaration    |                |                       |                            |                            |                        |   |                                 |                                     |       |     |      |            |     |  |  |  |
|---|---------------------------------|-------------------------------------|----------------|----------------|-----------------------|----------------------------|----------------------------|------------------------|---|---------------------------------|-------------------------------------|-------|-----|------|------------|-----|--|--|--|
| <p><b>Name of the entry level laboratory *</b></p> <p>Muskan Gupta</p> <p><b>Mobile No. *</b></p> <p>8279541629</p> <p><b>Country *</b></p> <p>India</p> <p><b>District *</b></p> <p>NEW DELHI</p> <p><b>Name of Technical Head/Lab Manager *</b></p> <p>Lab Manager</p> <p><b>Participated in PT program with accredited PTP? *</b></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><b>Scope applied</b></p> <table border="1"> <thead> <tr> <th>S. No.</th> <th>Name of PTP</th> <th>Discipline</th> <th>Type Of Sample</th> <th>Specific Tests</th> <th>Test method/technique</th> <th>Date of Issue of PT Report</th> <th>Is Result Satisfactory</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>CMC EQAS CLBiochemistry Vellore</td> <td>Medical Microbiology And Immunology</td> <td>Serum</td> <td>HIV</td> <td>Test</td> <td>2022-08-27</td> <td>Yes</td> </tr> </tbody> </table> | S. No.                          | Name of PTP                         | Discipline     | Type Of Sample | Specific Tests        | Test method/technique      | Date of Issue of PT Report | Is Result Satisfactory | 1 | CMC EQAS CLBiochemistry Vellore | Medical Microbiology And Immunology | Serum | HIV | Test | 2022-08-27 | Yes | <p><b>E-mail *</b></p> <p>muskan.7t@gmail.com</p> <p><b>Location and address *</b></p> <p>dummy testing</p> <p><b>State *</b></p> <p>Delhi</p> <p><b>Pin Code *</b></p> <p>110085</p> <p><b>Are you NACO ICTC laboratory? *</b></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |  |  |
| S. No.  | Name of PTP                     | Discipline                          | Type Of Sample | Specific Tests | Test method/technique | Date of Issue of PT Report | Is Result Satisfactory     |                        |   |                                 |                                     |       |     |      |            |     |  |  |  |
| 1   | CMC EQAS CLBiochemistry Vellore | Medical Microbiology And Immunology | Serum          | HIV            | Test                  | 2022-08-27                 | Yes                        |                        |   |                                 |                                     |       |     |      |            |     |  |  |  |

[Next](#)

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- After change the password we will saw the Laboratory Details, Document Upload, Checklist and Final and when we see about the Entry Level Laboratory Details they automatically fetch the data from the registration page .

Link : <https://nablmelt.qci.org.in/Laboratory/new-scheme/document-upload.php>



## Document upload

[Home](#) / [document upload](#)

Laboratory Details

Document upload

Checklist

Final

## Document upload

Laboratory Details

Document Upload

Checklist

Declaration

## Legal Identity Details

## Document type

Select document type

## File upload

Choose file No file chosen

allowed file type (pdf/jpg/jpeg/png)

Upload file

LAB shall provide photocopy of following appropriate document(s) in support of the legal status claimed:

- Company Act (Copy of Registration under 2013 Act.)
- Proprietorship Firm (Bank Passbook, Account statement)
- Government/Autonomous Organization (Copy of Government Notification / Self Declaration etc.)
- Partnership Firm (Copy of Registration under 1932 Act.)
- Societies Registration Act (Copy of Registration under 1860 Act.)
- Indian Trust Act (Copy of Registration under 1882 Act.)
- Limited Liability Partnership (Limited Liability Partnership Act, 2008)

## PT Document

| Sl No. | Name of PTP                     | Discipline                          | Date of issue of PT report | Is result satisfactory                             | Upload report  |        |
|--------|---------------------------------|-------------------------------------|----------------------------|--|--|--------|
| 1      | CMC EQAS CLBiochemistry Vellore | Medical Microbiology And Immunology | 2022-08-27                 | Yes  | Choose file No file chosen<br>allowed file type (pdf/jpg/jpeg/png) | Update |
| *      | Select organizing bod           |                                     | dd-mm-yyyy                 | <input type="radio"/> Yes <input type="radio"/> No | Choose file No file chosen<br>allowed file type (pdf/jpg/jpeg/png) | Save + |

## Equipment Document

| Sl No. | Discipline                          | Name of equipment | Calibration certificate of equipment                                       | Image of the equipment via Mobile App    |   |
|--------|-------------------------------------|-------------------|--|--|---|
| 1      | Medical Microbiology And Immunology |                   | Choose file No file chosen<br>allowed file type (pdf/jpg/jpeg/png)<br>Save | Photograph/S Not Uploaded By Mobile App. |   |
| *      | --Select Items                      |                   | Choose file No file chosen<br>allowed file type (pdf/jpg/jpeg/png)<br>Save |  | + |

Back

Next

- First we will fill the Document upload under the heading of Laboratory Details, we can select the type of the document and choose file and click on the upload file.
- After document upload we can upload the PT Document and the Equipment Document and click on the next button.

Link : <https://nablmelt.qci.org.in/Laboratory/new-scheme/checklist.php>

NABL M(EL)T Labs Program

Contact Us : nablmelt@nabl.qcin.org Profile Log Out

Checklist Home / checklist

Laboratory Details Document upload Checklist Final

### Checklist

Laboratory Details Document Upload Checklist Declaration

GET IT ON Google Play

Dear User , Kindly download the NABL M(EL)T Evidence Collection System Android app from Google Play store and proceed to fill the checklist in app. All data submitted from app will be displayed here. To get the link of Android app on phone enter your mobile no. below

Enter Mobile No. Send

Back Next

Privacy Policy Disclaimer Refund and Cancellation Designed by 7techies

- After click on the next button the new Checklist Page will open and then Enter Mobile No and click on the send button.
- You have got the notification .

nablmelt.qci.org.in/Laboratory/new-scheme/checklist.php

index.html

nablmelt.qci.org.in says

Link has Been sent to your mobile no.

OK

- After this we can click on the next button then the new will open .

Link : <https://nablmelt.qci.org.in/Laboratory/new-scheme/checklist.php>



NABL M(EL)T Labs Program Contact Us : [nablmelt@nabl.qcin.org](mailto:nablmelt@nabl.qcin.org) Profile Log Out

**Finalsubmit** Home / finalsubmit

Laboratory Details Document upload Checklist Final

### Declaration Section

| Laboratory Details  | Document Upload | Checklist | Declaration   |
|---|-----------------|-----------|---------------|
| <b>Enclosure</b>  |                 |           |               |
| <b>Section</b>  |                 |           | <b>Filled</b> |
| Laboratory Details Section  |                 |           | ✓             |
| Scope Applied Section   |                 |           | ✓             |
| Document uploads<br><b>Pendencies:</b><br>• image of the equipment not uploaded via Mobile App. |                 |           | ✗             |
| Checklist Section<br><b>Pendencies:</b> All Checklist Status not Filled by Mobile App.          |                 |           | ✗             |

[Back](#)

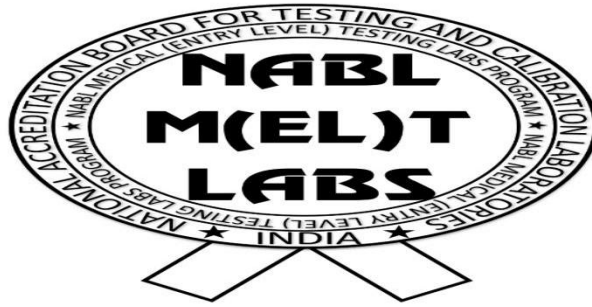
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- You can see the list of Enclosure first two fields updated and the last two details shown cross now we can download the mobile app NABL MELT APP (its available on the playstore) and continue the process.
- After this we will open the app and fill the User Name and Password and click on the Sign In.(allow the permissions and instructions) and click on the proceed button.

## APP Process :

First we will open the app and fill the Username and password and click on the sign in button .





**Evidence Collection System under NABL  
M(EL)T Labs Program**

User Name

Password

➔ Sign In

Sign In Username and password are same  
as of your web application.



After the sign in process we will directly to the next page . Please fill data in below section.you may proceed in web and submit your application once all sections are marked as green.

5:35

VoLTE

4G

45

n System

NABL M(EL)T Labs

Welcome UserName : NABLBCL002054

Please fill data in below section. You may proceed in web and submit your application once all sections are marked as green.

1

SIGNAGE

2

HYGIENE AND SAFETY (WHEREVER APPLICABLE)

3

SPACE REQUIREMENT

4

EQUIPMENT

5

LEGAL OR STATUTORY REQUIREMENTS AS APPLICABLE

6

RECORD MAINTENANCE AND REPORTING

7


STANDARDS ON BASIC PROCESSES

8

QUALITY CHECKS


First we can click on the checkbox of the SIGNAGE and click on the choice ( Yes / No),Capture evidence then click on the photo and then save the photo .

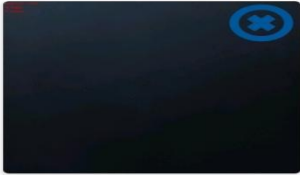
5:37 VoLTE 4G 43


 **SIGNAGE**

1 Laboratory Display Board (Outside or on laboratory entrance)

☒ Yes ☐ No


 Capture Evidence

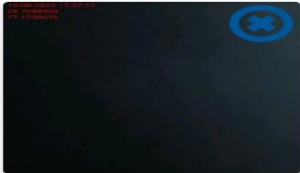






2 Name of the person-in-charge with qualification

☒ Yes ☐ No

 Capture Evidence







Second we can click on the checkbox of the HYGIENE AND SAFETY (WHEREVER APPLICABLE) and click on the choice ( Yes / No),Capture evidence then click on the photo and then save the photo .

5:38

VoLTE 4G 43



NE AND SAFETY (WHEREVER APPLICABLE)

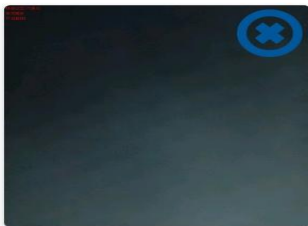
1

General Cleanliness (Dust free and Good Housekeeping)

☒ Yes ☐ No



Capture Evidence



Save

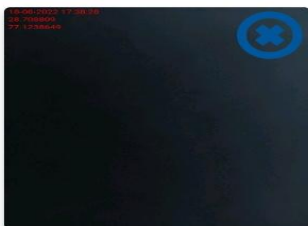
2

Universal standard safety precautions

☒ Yes ☐ No



Capture Evidence



Save

« Back

Next »



Third we can click on the checkbox of the SPACE REQUIREMENTS and click on the choice ( Yes / No),Capture evidence then click on the photo and then save the photo .


The screenshot shows a mobile application interface with a dark blue header bar at the top. The header bar contains a white back arrow icon on the left and the text 'SPACE REQUIREMENT' in white. Below the header bar, the screen is divided into two main sections, each with a numbered title in a colored circle. The first section is titled '1 Registration, waiting space, public utilities, safe drinking water etc.' in a pink circle. It contains two radio buttons: 'Yes' (selected) and 'No'. Below the radio buttons is a 'Capture Evidence' button with a camera icon. Underneath is a black rectangular area representing a photo, with a blue circular icon in the top right corner. At the bottom of this section is a green 'Save' button. The second section is titled '2 Sample collection area' in a brown circle. It also contains two radio buttons: 'Yes' (selected) and 'No'. Below the radio buttons is a 'Capture Evidence' button with a camera icon. Underneath is a black rectangular area representing a photo, with a blue circular icon in the top right corner. At the bottom of this section is a green 'Save' button. At the very bottom of the screen, there is a white bar with two blue buttons: '<< Back' on the left and 'Next >>' on the right. The status bar at the top of the phone shows the time '5:40', signal strength, and battery level '42'.

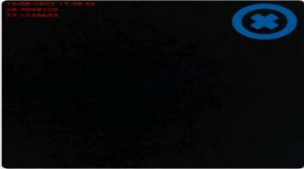
5:40

← SPACE REQUIREMENT

1 Registration, waiting space, public utilities, safe drinking water etc.

☒ Yes ☐ No


 Capture Evidence

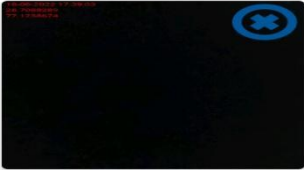


Save

2 Sample collection area

☒ Yes ☐ No

 Capture Evidence



Save

<< Back Next >>

Fourth we can click on the checkbox of the EQUIPMENTS and click on the choice ( Yes / No),Capture evidence then click on the photo and then save the photo .

5:40

VoLTE 4G 42



## EQUIPMENT

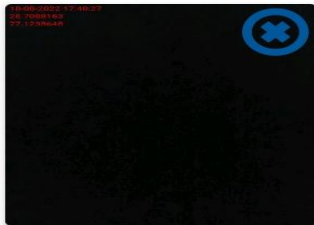
Sr.No. : 1

Discipline Name : Medical Microbiology And Immunology

Equipment Name : Testing



Capture Evidence



Save

Data Upload successfully

« Back

Next »


Fiveth we can click on the checkbox of the LEGAL OR STATUTORY REQUIREMENTS AS APPLICABLE and click on the choice ( Yes / No),Capture evidence then click on the photo and then save the photo .

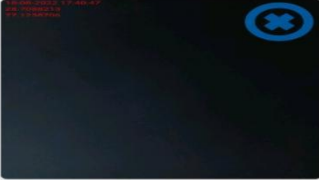
5:40

← R STATUTORY REQUIREMENTS AS APPLIC

1 Valid Registration Certificate for under the provisions of Biomedical Waste Management Attachment

☒ Yes ☐ No


 Capture Evidence

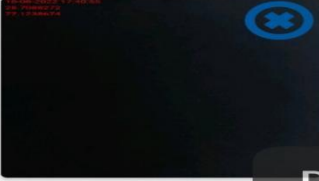


Save

2 Valid Pollution Control Board registration certificate

☒ Yes ☐ No

 Capture Evidence



Data Upload successfully

Save

« Back

Next »

Sixth we can click on the checkbox of the RECORD MAINTANCE AND REPORTING and click on the choice ( Yes / No),Capture evidence then click on the photo and then save the photo .



5:41

VoLTE 4G 42



## RD MAINTENANCE AND REPORTING

1

Reports of all patient date wise as per regulatory requirement or till next audit, whichever is later.

☒ Yes ☐ No



Capture Evidence



Save

2

Medico legal records, if applicable (as per relevant law).

☒ Yes ☐ No



Capture Evidence



Save

« Back

Next »




Seventh we can click on the checkbox of the STANDARDS ON BASIC PROCESSES and click on the choice ( Yes / No),Capture evidence then click on the photo and then save the photo .


5:42 Vo LTE 4G 42

← STANDARDS ON BASIC PROCESSES

1 Infection Control practices - as per Bio Medical Waste Management Rules

☒ Yes ☐ No


 Capture Evidence

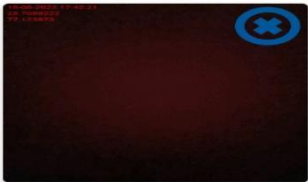


Save

2 Patient Information

☒ Yes ☐ No

 Capture Evidence



Save

« Back Next »

Eight the last point we can click on the checkbox of the QUALITY CHECKS and click on the choice ( Yes / No),Capture evidence then click on the photo and then save the photo .

5:43

VoLTE

4G

42

←


QUALITY CHECKS

1

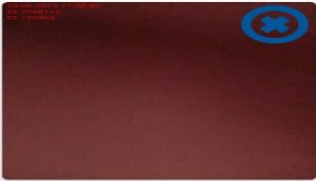
Performing internal quality control

☒ Yes

☐ No



Capture Evidence




Save

2

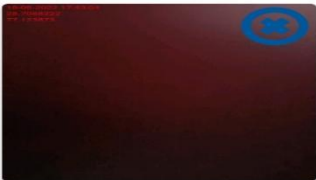
Participating in proficiency testing programs in every six months

☒ Yes

☐ No



Capture Evidence



Save

« Back

Home

After fill data in below section.you may proceed in web and submit your application once all sections are marked as green.



**Welcome UserName : NABLBCL002054**

Your checklist information is completed. You may login to your web login at [nablmelt.qci.org.in](http://nablmelt.qci.org.in) for further processing.

Please fill data in below section. You may proceed in web and submit your application once all sections are marked as green.

- |   |   |                                     |
|---|---|-------------------------------------|
| 1 | SIGNAGE                                       | <input checked="" type="checkbox"/> |
| 2 | HYGIENE AND SAFETY (WHEREVER APPLICABLE)      | <input checked="" type="checkbox"/> |
| 3 | SPACE REQUIREMENT                             | <input checked="" type="checkbox"/> |
| 4 | EQUIPMENT                                     | <input checked="" type="checkbox"/> |
| 5 | LEGAL OR STATUTORY REQUIREMENTS AS APPLICABLE | <input checked="" type="checkbox"/> |
| 6 | RECORD MAINTENANCE AND REPORTING              | <input checked="" type="checkbox"/> |
| 7 | STANDARDS ON BASIC PROCESSES                  | <input checked="" type="checkbox"/> |
| 8 | QUALITY CHECKS                                | <input checked="" type="checkbox"/> |

Now the App process is complete .

Link : <https://nablmelt.qci.org.in/Laboratory/new-scheme/checklist.php>

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Checklist

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**Checklist**

Laboratory Details Document Upload Checklist Declaration



**Laboratory location**










**Infrastructure**

|     |  |   |  |
|-----|--|---|--|
| (1) | Laboratory Display Board (Outside or on laboratory entrance)   |  | <input type="radio"/> Yes <input type="radio"/> No |
| (2) | Name of the person-in-charge with qualification  |  | <input type="radio"/> Yes <input type="radio"/> No |
| (3) | Fee structure: To be displayed separately including type of investigation and charges for all routine tests. |  | <input type="radio"/> Yes <input type="radio"/> No |



**HYGIENE AND SAFETY (wherever applicable)**

|     |   |   |  |
|-----|---|---|--|
| (1) | General Cleanliness (Dust free and Good Housekeeping) |  | <input type="radio"/> Yes <input type="radio"/> No |
| (2) | Universal standard safety precautions                 |  | <input type="radio"/> Yes <input type="radio"/> No |




**SPACE REQUIREMENT**

|     |   |   |  |
|-----|---|---|--|
| (1) | Registration, waiting space, public utilities, safe drinking water etc. |    | <input type="radio"/> Yes <input type="radio"/> No |
| (2) | Sample collection area  |    | <input type="radio"/> Yes <input type="radio"/> No |
| (3) | Washing area  |   | <input type="radio"/> Yes <input type="radio"/> No |
| (4) | Preservation of the specimen and slides                                 |  | <input type="radio"/> Yes <input type="radio"/> No |
| (5) | Temperature control for specialized equipment etc.                      |  | <input type="radio"/> Yes <input type="radio"/> No |
| (6) | Counselling room for HIV (if HIV test is done)                          |  | <input type="radio"/> Yes <input type="radio"/> No |
| (7) | Basins  |  | <input type="radio"/> Yes <input type="radio"/> No |





**LEGAL OR STATUTORY REQUIREMENTS AS APPLICABLE**

|     |   |   |  |
|-----|---|---|--|
| (1) | Valid Registration Certificate for under the provisions of Biomedical Waste Management Attachment |  | <input type="radio"/> Yes <input type="radio"/> No |
| (2) | Valid Pollution Control Board registration certificate  |  | <input type="radio"/> Yes <input type="radio"/> No |



**RECORD MAINTENANCE AND REPORTING**

|     |  |   |  |
|-----|--|---|--|
| (1) | Reports of all patient date wise as per regulatory requirement or till next audit, whichever is later. |  | <input type="radio"/> Yes <input type="radio"/> No |
| (2) | Medico legal records, if applicable (as per relevant law).   |  | <input type="radio"/> Yes <input type="radio"/> No |
| (3) | Duration of preservation of record (as applicable from time to time)                                   |  | <input type="radio"/> Yes <input type="radio"/> No |

**STANDARDS ON BASIC PROCESSES**

|     |   |   |  |
|-----|---|---|--|
| (1) | Infection Control practices - as per Bio Medical Waste Management Rules |  | <input type="radio"/> Yes <input type="radio"/> No |
| (2) | Patient Information   |  | <input type="radio"/> Yes <input type="radio"/> No |
| (3) | Kit Inserts used as SOPs  |  | <input type="radio"/> Yes <input type="radio"/> No |
| (4) | Complaints redressal mechanism  |  | <input type="radio"/> Yes <input type="radio"/> No |

**QUALITY CHECKS**

|     |   |   |  |
|-----|---|---|--|
| (1) | Performing internal quality control                               |  | <input type="radio"/> Yes <input type="radio"/> No |
| (2) | Participating in proficiency testing programs in every six months |  | <input type="radio"/> Yes <input type="radio"/> No |


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We will click on the submit button and proceed to further.

Link : <https://nablmelt.qci.org.in/Laboratory/new-scheme/finalsubmit.php>

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### Declaration Section

Laboratory DetailsDocument UploadChecklistDeclaration

#### Declaration

1. We agree to comply with procedure of this scheme, pay charges for assessment irrespective of the result.
2. We agree to co-operate with the assessment team appointed by NABL for examination of all relevant documents by them and their visits to those parts of the laboratory that are part of the applied scope.
3. We satisfy all national, regional and local regulatory requirements for operating a laboratory.
4. We agree to comply with the terms & conditions mentioned in Procedure for **NABL M(EL)T Labs Program**
5. All information provided in this application is true.

**Note : Preview your application and kindly submit for NABL review.**

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The Declaration Section , you can preview your application .(Preview application and kindly submit for nabl review). You can only read your application .

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## National Accreditation Board for Testing and Calibration Laboratories

(A Constituent Board of Quality Council of India)

### NABL M(EL)T Labs Program

#### Laboratory Details

| Details                | Details Data Feeded by Lab |
|------------------------|----------------------------|
| Name of the Laboratory | Muskan Gupta               |
| Country                | India                      |
| State/Province         | Delhi                      |
| District               | NEW DELHI                  |

## We declare that,

1. We agree to comply with procedure of this scheme, pay charges for assessment irrespective of the result.
2. We agree to co-operate with the assessment team appointed by NABL for examination of all relevant documents by them and their visits to those parts of the laboratory that are part of the applied scope.
3. We satisfy all national, regional and local regulatory requirements for operating a laboratory.
4. We agree to comply with the terms & conditions mentioned in Procedure for NABL M(EL)T Labs Program
5. All information provided in this application is true.

☐ I Lab Manager accept the above term & conditions.

**Note : On Submit, Application will be automatically send to NABL for Review.**

Submit this application

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Activate Windows

This is the declaration of the form click on the check box (I Lab Manager accept the above term & conditions) and submit this application.

Link : <https://nablmelt.qci.org.in/Laboratory/new-scheme/dashboard.php>

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### All Application

| Laboratory Name | User Name     | Lab Id       | Submit Date         | Status                        | Application Preview     | Next Action                                       |
|-----------------|---------------|--------------|---------------------|-------------------------------|-------------------------|---|
| Muskan Gupta    | NABLBCL002054 | M(EL)T-00448 | 2022-08-19 11:37:12 | Application submitted to NABL | <a href="#">Preview</a> | Please wait your application is under NABL review |

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After submit this application you can see the Laboratory Name , Username , Lab id , Submit Data , Status , Application Preview and the stage of your application(Please wait your application is under NABL review).