



Government of India
Ministry of Communications
Department of Telecommunications
Telecommunication Engineering Centre
K.L. Bhawan, Janpath, New Delhi

No. TEC/10/2018-TC (Pt.)

Dated: 03/09/2019

OFFICE MEMORANDUM

Subject: Non-applicability of parameters of ER for applications on MTCTE portal

Applicants are required to submit the compliance against each parameter on MTCTE portal for certification of their telecom equipment under MTCTE. There may be few parameters that are not applicable for the telecom equipment under certification viz. for telecom equipments operating on DC power supply, tests like "Immunity to AC voltage dips and short interruptions" are not applicable. In such cases, applicant shall select "Not Applicable" option from the drop down of "Compliance" field in test report upload section on MTCTE portal and upload a duly filled and signed Proforma attached as Annexure-I against the respective parameters. It must be ensured that "Not Applicable" option is selected only if that parameter is not applicable against the telecom equipment under certification, so that the rejection of application at a later stage can be avoided.



(P. K. Misra)

Dir (TC-1)

Copy to:

1. Advisor, TEC
2. All DDGs, TEC
3. DDG RTECs

Letter No:

Proforma for non-applicability of a parameter

(To be uploaded against the parameter(s) for which non-applicability is sought)

To,
Telecom Certification Division
TEC, New Delhi

This parameter(Name of parameter) is not applicable for testing and certification of Telecommunication equipment..... (Name of product) and its variant..... (Name of product variant) with (Model Number of equipment) for the following reasons:
(Please tick whichever is applicable)

1. Telecom equipment does not operate on AC.
2. Telecom equipment does not operate on DC.
3. Telecom equipment operating in 2.4 GHz band.
4. Telecom equipment operating in 5 GHz band.
5. Other (please specify reason)

Declaration: I declare that the information provided by me on the above form is true and correct to the best of my knowledge.

Date:

Place:

(Signature)

(Name of Authorised representative of Applicant Company)

(Designation)

Seal