

National Information Security Compliance Framework (NISCF) Penetration Testing Accreditation

PERSONNEL RECORD FORM

[NCSA-NISCF-ACCR-PNT-PRF]

| Organization Name | | |
|--------------------|---|----------------------------|
| | As per the Establishment Card shared in the Accreditation Req | uest Form |
| | | |
| | Personnel Details | |
| | T ersonner betans | |
| Pers | sonal Data will be processed in accordance v | vith NCGAA Privacy Notice. |
| Personnel Name | | |
| i ersonner ivallie | | |
| Position / Role | | Date of Joining |
| | | sate or John 18 |
| Email | Tel No. | Mob No. |
| | | |
| | | |
| | Record of Qualification | ons |
| | | |
| Education Level | | |
| | | |
| Institution Name | | |
| and Location | | |
| | | |
| Major | | |
| | | |
| Minor | | |
| | | |

Public



Professional Certification

| | Professional Certification | Reference No. | Expiry Date |
|----|----------------------------|---------------|-------------|
| 01 | | | |
| 02 | | | |
| 03 | | | |
| 04 | | | |
| 05 | | | |
| 06 | | | |
| 07 | | | |
| 08 | | | |
| 09 | | | |
| 10 | | | |

Only Certification relevant to Penetration Testing need to be declared.

Professional Trainings

| | Trainings | Completion Date |
|----|-----------|------------------------|
| 01 | | |
| 02 | | |
| 03 | | |
| 04 | | |
| 05 | | |
| 06 | | |
| 07 | | |
| 80 | | |
| 09 | | |
| 10 | | |

Only Trainings relevant to Penetration Testing need to be declared.

Publi



Professional Experience

Provide an overview of your professional experience

Experience relevant to Penetration Testing need to be declared.

Professional Experience 01

Name of Employer Position / Title

Duration on Assignment or Position Field of work /business

Professional Experience Summary

Professional Experience 02

Name of Employer Position / Title

Duration on Assignment or Position Field of work /business

Professional Experience Summary

Professional Experience 03

Name of Employer Position / Title

Duration on Assignment or Position Field of work /business

Professional Experience Summary

Publi



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Personal Declaration

| I declare that knowledge. | the information contained herein is both correct and accurate to the best of my |
|--|---|
| | derstood, and shall abide by the NCSA Code of Ethics & Professional Conduct as part ation Standard. |
| Date | |
| | Signature |
| | Organization Declaration |
| Assigned Role for | |
| | SERVICE TYPE |
| Engagemen | t Lead Penetration Tester |
| | Internal External Red Teaming Penetration Testing Penetration Testing |
| Penetration Test that the requiren of international OSEP, OSWE, GXF competencies ga competencies ga We have perform laws and regulat | Independent Contractor Outsourced via: ed the individual's competencies based on the competencies criteria required as detailed in the competency of the concluded based on documented and evidenced assessment ments were met. Competency requirements assessment can be mapped based on the curriculus certifications such as CCT INF/APP, CPSA, CRT, Offsec, ECSA, LPT, GPEN, GWAPT, OSCP, SAN PN etc. We understand that if gaps are identified additional trainings shall be provided to fill the pand the individual shall not perform the assigned role until a reassessment confirms that the power closed. The determinant of the confirmation determinant of the competency of the information is and found it satisfactory. The determinant of the competency of the information provided and verified that the information is |
| -ull Name | Position/Role |
| | |
| ate | |
| | |
| | Signature |
| (To be filled, and s | igned by an Authorized HR staff of the organization. Please complete the form for each individual of the Service Provider's Accreditation Team) |

Public