

F.No. 6-6/2024-TC/TEC
Government of India
Ministry of Communications
Department of Telecommunications
Telecommunication Engineering Centre
Khursid Lal Bhawan, Janpath, New Delhi-110001
(Telecom Certification Division)

Dated: 22.07.2024

Notification

Subject: MTCTE Certification of 5G Core Nodes- reg.

Approval of the Competent Authority is hereby conveyed for the issuance of Provisional MTCTE Certificates, valid for two years, for the completely Virtualized/ Software based 5G Core Nodes as per below mentioned documents, until further order:

- i. Applicant needs to upload Self-Declaration for Conformity (Annexure-I) against the applicable parameters of Essential Requirement (ER) on the MTCTE Portal. The said parameters shall be treated as Exempted.
- ii. Applicant is required to mention in the Remarks column of the BoM (Bill of Materials) file that these are the completely Virtualized/ Software based applications/ products.

Signed by Arjun Singh

Date: 22-07-2024 15:05:00

(Arjun Singh)

ADET (TC)

adettc-tec-dot@gov.in

Encl: As above

Copy to:

- i. Sr. DDG, TEC/ Sr. DDG, NCCS- for kind information pl
- ii. All DDGs, RTEC- for kind information pl
- iii. AD(IT)/AD(TC)- for uploading on TEC/MTCTE website
- iv. Office copy.

Annexure-I

Proforma for Self Declaration of Conformity

(to be provided on Applicant's letterhead)

(To be uploaded against the parameter (s) for which self-declaration is submitted)

To,
Telecom Certification Division,
TEC, New Delhi.

The 5G Core Network Function/Element.....(Name of Network function) having Model No..... (Model No. of Network function) of M/s..... (OEM Name) do comply to the standards mentioned against the parameters in the variant..... (Name of ER variant) of TEC Essential Requirement (ER)..... (Name of ER). The parameter wise compliance of the same is given below:

S.No.	ER Clause No.	ER Parameter Name	Standards Name as per ER	Compliance Result (Pass/Fail)

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)