KERALA STATE COUNCIL FOR CLINICAL ESTABLISHMENTS

2nd FLOOR, HOSTEL BLOCK OF KERALA STATE INSTITUTE OF HEALTH AND FAMILY WELFARE, THYCAUD, THIRUVANANTHAPURAM - 14, PHONE: 0471-2966523, 9188934432 E MAIL: kscce2018@gmail.com
Website: www.clinicalestablishments.kerala.gov.in

No.867/Admin/KSCCE/2023 21.11.2026

Tender invited for the Security Audit of Website by CERT-In Empanelled Organizations

Scope of Work

Kerala State Council for Clinical Establishments (KSCCE) is inviting online bids from CERT-In Empanelled Agencies for the Security audit of the Website www.clinicalestablishments.kerala.gov.in for hosting in the State Data Centre

Technical details of the portal are attached as ***Annexure 1*** for reference.

The selected CERT-In empanelled security auditor should comply the following:

- The applications should be audited as per the CERT-In Guidelines and other industry best Practices.
- The applications should be thoroughly audited and must identify all the security vulnerabilities with the objective of enhancing the security of the applications.
- Provide recommendations to mitigate all identified risks and ensured that it is free of any known vulnerabilities or exploits.
- The Auditor should co-operate and provide all necessary details or evidence, as requested by KSCCE.
- The selected security auditor should provide continuous support to the development team in fixing of the vulnerabilities found during the security audit, if required.
- On successful completion of the security audit, furnish certificate for the applications.

The online bids as to reach on or before 07.12.2026 till 3 PM.
Email ID: kscce2018@gmail.com

FOR SECRETARY I/C

Terms and Conditions

1. Only those Organizations/firms that are currently empanelled with CERT-In are eligible for submitting the bid.
2. Copy of valid CERT-In empaneled certificate must be enclosed.
3. The security audit certificate must be in compliance with the CERT-In standards.
4. The payment will be made only after submitting the final security audit certificate on completion of the Audit.
5. No claim for interest in case of delayed payment will be entertained by the Kerala State Council for Clinical Establishments.
6. Incomplete or conditional tender will not be entertained.
7. The first round of Security Audit report should be submitted within 2 weeks after the work order is issued and consecutive round report if any should be submitted within 7 working days.
8. Kerala State Council for Clinical Establishments can inspect/ review the audit activities being undertaken by the auditor at any point of time.
9. The required access to the website, web portal will be provided to the selected CERT-In Empaneled Security Auditor. The Auditor shall sign a Non-Disclosure Agreement with Kerala State Council for Clinical Establishments.

FOR SECRETARY I/C

Secretary
Kerala State Council for Clinical Establishments
Thiruvananthapuram

SECURITY AUDITING CUSTOMER INTERACTION FORM

KELTRON
Kerala State Electronics Development Corporation Ltd.
(A Govt. of Kerala Undertaking)

Reference Number	

GENERAL DETAILS	
Name of the company	Kerala State Council For Clinical Establishments
Head of the company	SECRETARY
Address with pin code	Kerala State Council For Clinical Establishments 2nd Floor, Hostel Block Of Kerala State Institute Of Health And Family Welfare, Thycaud, Thiruvananthapuram -14
GST Number	GSTIN-32AAAGK1087N1Z9
Phone number	9188934432 / 0471-2966523
Email Id	kscce2018@gmail.com & feedback.kcea@kerala.gov.in
TECHNICAL TEAM DETAILS	
Name of the Department	C-Dit -Web Services Department
Head of the Department	Mr.Aneesh
Phone Number	98955555085
Email Id	sancdit@gmail.com

MOBILE APPLICATION ASSESSMENT DETAILS	
Mobile application platform	☐ Android ☐ IOS
Mobile application name	
Application distribution method	
Application framework & version	
Number of screens/views in mobile application	
Total no. of mobile specific input forms	
Total no. of input fields	
Number of API endpoints accessed from App	
Total no. of parameters in API	
Total no. of user roles such as admin, manager, user	
Has the application been developed following secure design and development practices (Yes/No)	Yes ☐ No ☐
Source code availability for audit. If available, fill in the source code review details	

WEB APPLICATION ASSESSMENT DETAILS	
Web application name	Kerala State Council For Clinical Establishments- KSCCE
Web application description	Wordpress
Web application url	
Credentialed scan required (Yes/No)	Yes ☐ No ☐
If yes, Login details *(*Login details needs to be shared only at the time of auditing)*	Username: Password:
Details of authorization, including the number of roles and the types of privileges associated with each role	
Mention other login details	
Do you need role-based testing performed against this application?	
Number of static pages to access	40
Number of dynamic pages to access	10
Fuzzing is required against the application (Yes/No)	Yes ☐ No ☑
Has the application been developed following secure design and development practices (Yes/No)	Yes ☑ No ☐
Does the application contain or integrate with any Content Management System (CMS)? If yes, please specify the CMS used (e.g., Joomla, Word Press, Drupal, Liferay, etc.).	Wordpress
Operating System details	Ubuntu 24
Application server with version (i.e. IIS 5.0. Apache, Tomcat, etc.)	Apache
Application Type – REST/SOAP based	
Number of web services, if any	
Number of methods in all web services	

Back end database	
Development platform for application: Front-end Tool (Server side scripts) (i.e. ASP, Asp.NET, JSP, PHP, etc.)	Php
Number of input fields	2
Number of input forms	
Number of login modules	1
Does the application has or proposed to have any payment gateway integration? Please specify	NA
Whether staging is done	Yes ☐ No ☑
	If yes, details:

Note:

**If the application has more than one URL, Fill the Web Application assessment details separately for each URL*

SOURCE CODE REVIEW	
Number of lines of Code	
Code Language	
Third Party / Open Source components	
Would the design documents be available?	
Has the application been developed following secure design and development practices (Yes/No)	

Note: Include the details in the above table only if a source code audit is also required.

AUTHORIZED SIGNATORY	
Name	Dr.Sanilkumar.J.G,
Signature with seal	
Date & Place	07.11.2026

