

Master Data of Organisation			
Name of organisation	NIRMALA MEMORIAL FOUNDATION COLLEGE OF COMMERCE AND SCIENCE		
Name of corporate group <small>(in case of multi site organization only)</small>	-		
Street	90 FEET ROAD, ASHA NAGAR, THAKUR COMPLEX, KANDIVALI (EAST)		
Postcode / Town / Country	400101 / Mumbai / India		
Contact	Ms Zeal Kanani		
E-Mail	principalnirmalacollege@gmail.com;nmfciso@gmail.com		
Phone	022-28549303; 9820168998		
System documentation: <small>(Revision / Issue)</small>	Quality Manual – Documented Information – DI Issue no. 01, Rev. 00 dated 31.07.2025		
Shift operation	no shift operation		
Language	English		
Peculiarities	None		
Multi Site Organisation			
Selection of sites to be audited by sampling procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> n.a.
An adequate listing of all sites in the scope(s) including all valid and relevant information in each case is part of the audit file	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> n.a.	
Audit Profile			
Contract ID (ZE):	MUM/AUD/26-27/00232		
Standards under contract / Audit type	ISO 9001:2015 Surveillance 2 <input type="checkbox"/> Transition audit	--- : --- ---	<input type="checkbox"/> Transition audit
	--- : --- --- <input type="checkbox"/> Transition audit	--- : --- ---	<input type="checkbox"/> Transition audit
Audit cycle	12 months		
Audit team leader	Kiran Dhavale		
E-Mail audit team leader	dhavalek@tuv-nord.com		
Audit team	Rajesh Dhanorkar		
Technical expert	N.A.		
Trainee	N.A.		
Observer	N.A.		

Audit Report (Surveillance 2)

Organisation: NIRMALA MEMORIAL FOUNDATION COLLEGE OF
 COMMERCE AND SCIENCE
 Audits(ZA) : MUM/AUD/26-27/00232

Audited Standards	
ISO 9001:2015	Surveillance 2
Certificate ID (TP): QM 01 00964	Valid until: 23.04.2027
Scope: Offering Degree college courses for Commerce, Management, Mass Media, Information technology and Computer Science meeting requirements of University of Mumbai. Offering Post Graduate courses M.Com, M.Sc. IT meeting requirements of University of Mumbai	
Industry / Sector (EA, TB, ...) 37.1	
Non-applicability of chapters: None	
No. of considered persons: 99	No. of sites (incl. HQ): One
Lead auditor: Kiran Dhavale	Audit ID (ZA): MUM/AUD/26-27/00232

Definition of Unit for Duration and Time		
Applied unit	Days	One audit day covers 8 audit hours
Audit Details		
Sites	Kandivali, Mumbai	
Audit date	13.04.2026	
Audit duration	1.50 person Days on site (incl. remote locations as applicable) inclusive 0.00 person Days on site for audit stage 1 (separate report)	

Application of Methods and Tools in remote Auditing			
Conducted as a remote audit	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Partly	<input type="checkbox"/> Total
Technologies used for the remote audit	<input type="checkbox"/> MS Teams	<input type="checkbox"/> Cisco WebEx	<input type="checkbox"/> Zoom
	<input type="checkbox"/> Other on request of client: Not Applicable In this case, client takes over the responsibility for any required activity in information security.		

Details about the remote Audit (if applicable) (Not Applicable)

The audit was performed applying technology for information and communication (“remote”) at 0%.

Effectiveness and efficiency of the remote-part was ensured by

- experienced application of engaged technology;
- the consecutive processing of the single sessions with the individual units;
- the online interviews with different people from diverse units and various hierarchical levels;
- the separation of the audit team in individual online sessions;
- reviewing an adequate sample of documented processes and/or information;
- the discussion of appropriate charts, diagrams, slides or any other relevant information;
- the presentation and discussion of photos, videos and audios of issues, being prepared on detailed guidance and governance of the audit team.

Details about reviewed information or documents, interviewed persons, content of videos & photos etc. are recorded in the report or (handwritten) notes.

If the audit was performed partly remote, the corresponding sessions are identified unambiguously in the audit plan.

Distribution/Confidentiality/Rights of Ownership/Limitations/Responsibilities

This report is sent to the certification body or bodies, the members of the audit team and the audit representative of the organisation. All documents (such as this report) regarding the certification procedure are treated confidentially by the audit team and the certification body. This audit report remains the property of the certification body.

An audit is a procedure based on the principle of random sampling and cannot cover each detail of the management system. Therefore nonconformities of weaknesses may still exist which were not expressly mentioned by the auditors in the final meeting or in the audit report.

The responsibility for continuous effective operation of the management system always rests solely with the audited and certified organisation.

Salvo clause:

The audit report will be left to the organisation at the end of the audit - subject to approval by the certification body. The independent veto process may cause modifications or additions. In these cases a modified revision will be sent to the audited organisation.

Annex/Enclosures

Annex/
corresponding audit documentation

- Questionnaire(s) / Checklist(s)
- Additional annexes, number

Audit Results							
ISO 9001:2015		---		---		---	
Clause	Rslt.*	Clause	Rslt.*	Clause	Rslt.*	Clause	Rslt.*
4.1	1						
4.2	1						
4.3	2						
4.4	1						
5.1	1						
5.2	1						
5.3	1						
6.1	2						
6.2	2						
6.3	2						
7.1	1						
7.2	1						
7.3	1						
7.4	1						
7.5	2						
8.1	2						
8.2	1						
8.3	3						
8.4	2						
8.5	2						
8.6	1						
8.7	1						
9.1	1						
9.2	2						
9.3	1						
10.1	1						
10.2	1						
10.3	1						
Addition of climate change consideration to management system standards							Rslt.*
▪ consideration of climate change issues (clauses 4.1 and 4.2) – mandatory, if applicable							1
Additional requirements in accordance to ISO 17021:2015							Rslt.*
▪ internal audits and management review							2
▪ review of actions taken on nonconformities identified in previous audit (SA1 audit dt 09.04.2025 - No NC, 3 OFI and 7 CM. Effectiveness of CA verified for CM.							1
▪ responsiveness to complaints							1
▪ effectiveness of the management system with regard to fulfilment of objectives							1
▪ progress of planned activities aimed at continual improvement							1
▪ the client's management system ability and its performance regarding meeting of applicable requirements							1
▪ operational control of the client's processes							2
▪ review of any changes including the management system documentation							2
▪ use of marks and/or any other reference to certification: No TuV logo used on any stationary soft / hard copies.							1
Rslt.* (Result): 0 = not audited; 1 = fulfilled; 2 = basically fulfilled/ potential for improvement; 3 = not fulfilled/ nonconformity; - = not applicable/ excluded. Details: see section „Audit findings“							

Mandatory Elements from A00VA02		
Temporary sites		
a) Are temporary sites (i.e. installation sites, project locations etc.) available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b) If yes: which one are visited?	Not Applicable	
Objective evidences		
<p>In any regular audit the audit team shall see and review the following objective evidences. To confirm, the corresponding revision information is registered in column „Edition“</p> <p>That can become applicable as well for some or all the listed objectives in special audits, e.g. for extensions or after transferring sites.</p> <p>At least in initial/recertification or extension audits (or when necessary) these objective evidences/documents are attached adequately to the audit file and uploaded into the release workflow. In any other audit it is accepted to record the revision information only.</p>		
Title/content	Edition	Attached
Entry in professional or commercial register (or comparable evidence) - if applicable (UGC Grant as Autonomous status – F-2-10/2023 (AC/Policy)	25.04.2025	<input type="checkbox"/>
Organization chart/evidence of organization	31.07.2025	<input type="checkbox"/>
Company policy for audited management systems	22.07.2025	<input type="checkbox"/>
Overview of management system documentation (e.g. table of contents or presentation of the structure of the management system documentation, process map)	31.07.2025	<input type="checkbox"/>
Result of management review (e.g. cover sheet or table of contents with date and signature)	12.03.2026	<input type="checkbox"/>
Current annual planning of internal audits	20.02.2026	<input type="checkbox"/>
Evidence of internal audit report(s) (e.g.: cover sheet with date and signature)	28.02.2026	<input type="checkbox"/>
Standard-specific evidence, as applicable		
ISO 14001: extract of environmental permit register;	N.A.	<input type="checkbox"/>
ISO 27001: statement of applicability;	N.A.	<input type="checkbox"/>
ISO 45001: accident statistics;	N.A.	<input type="checkbox"/>
ISO 50001: energy report as cover sheet with date and signature	N.A.	<input type="checkbox"/>
Others:	N.A.	<input type="checkbox"/>
Confidential information in the attached evidences may be blacked.		

Standard specific Results
<input type="checkbox"/> Additional standard specific audit results and/or information are recorded in corresponding „Supplemental audit reports“ (e.g. for ISO 27001 or ISO 50001) (Not Applicable).

ORGANISATION PROFILE**COMPANIES PROFILE CONTAINING FOLLOWING INFORMATION**

- INFORMATION IF MULTI-SITE SCHEME IS APPLIED : NO. N.A.
- IF YES, LIST OF AUDITED SITES (E.G. IN AUDIT PROGRAM) : N.A.
- NUMBER OF EMPLOYEES (NUMBER OF EFFECTIVE EMPLOYEES) INCLUDING LOANED EMPLOYEES AND SUBCONTRACTORS (FULL TIME EQUIVALENTS) AS PER EACH LOCATION : 99
- RANGE OF PRODUCTS : Degree and Post Graduate Programs offered in Commerce (B Com / M Com) , B. Com (A&F) , BAMB , BFM, BSc (IT & DS) , BSc (CS) , BSc. (AIML).
- CLIENTS / TOP CLIENTS / MAJOR CLIENTS : All students enrolled in the college
- IMPORTANT PROCESSES : TEACHING AND LEARNING INCLUDING CURRICULUM DESIGN, ADMISSION PROCESS , EXAMINATION PROCESS, EXTRA CURRICULAR ACTIVITIES OF STUDENTS, PLACEMENT SERVICE, LIBRARY PROCESS ETC..
- IMPORTANT ENVIRONMENTAL ASPECTS (ISO 14001) : NOT APPLICABLE
- IMPORTANT OCCUPATIONAL HEALTH & SAFETY RISKS : NOT APPLICABLE
- CERTIFIED SINCE : 2021

Nirmala Memorial Foundation College of Commerce and Science, was established in 2003, through the vision and guidance of Mr. Thakurbhai Desai. It has acquired autonomous status by UGC in April 2025.

As an institution its purpose is to impart quality education to students of all creeds in general and the Gujarati Linguistic Minority in particular. The college strives to develop the intellectual powers of students and all concerned, continuously and consistently through methods that are participative, interactive and facilitative in a measurable manner. Also to train them to be responsible and worthy citizens by adopting change in its path.

The college offers a number of traditional and self financing under graduate and post graduate and doctorate courses / programs that are run as autonomous college and few affiliated to University of Mumbai, imparting education to about 3200 students. Management and committed Teaching and Non Teaching Staff have ensured that the college is on the right trend and have steered it in the right direction.

The strength of the college is that it is managed by academicians, who understand and respect the value of education and educationists. Infrastructure on the campus

The college provides excellent infrastructure to facilitate the education process and enhance the learning ability of the students through availing amenities like:

- The eight storied building includes modern air-conditioned office blocks, well equipped airconditioned classrooms, well planned corridors and 2 elevators.

- Fully furnished library with large collection of books, periodicals and journals (both Indian & Foreign) and spacious reading rooms.
- Air-conditioned computer labs with 150 advanced machines and licensed software.
- Well organized and spacious gymkhana and multiple cultural activities
- Air-conditioned auditorium hall.
- The students' comfort common rooms for girls and boys.
- State – of- art technology in its teaching process making use of mic systems, LCD projectors.
- Hygienic and nutritious canteen facility.

The college has adopted all necessary practices to impart the education to students thro remote learnings also thro net based classes etc and provides students welfafre and placement services also.

SUMMARY OF RESULTS

- **ASPECTS OF THE COMPANY AND/OR THE AUDIT TO BE HIGHLIGHTED :**
- **ISO 9001 /~~ISO 14001~~ – STATEMENT ON THE IMPLEMENTATION OF THE STANDARD REQUIREMENTS**
 - **STRATEGICAL DIRECTION OF THE ORGANISATION (CONTEXT, STAKEHOLDER ANALYSIS) :** Context of organization i.e. Internal & external issues along with needs & expectations of various interested parties are documented in the system documentation manual in section 4.1 and 4.2. Ex.: Climate Change related issues, Autonomous status, Use of technology etc. are few external issues. Interested parties such as Staff, students, suppliers / service providers etc. identified with their needs & expectations.
 - **RISK-BASED APPROACH (ANALYSIS OF RISKS AND OPPORTUNITIES) :** Risk-based approach verified through risk assessment done w.r.t. Context of organization & process level. Ex.: Risk Log DI/PLNG/Risk/07 and Opportunity log DI/PLNG/Opp/06 are evident. Risk The relevant action plans are mentioned in Risk / Opportunity log..
 - **CONTROL OF EXTERNALLY PROVIDED PROCESSES :** Control on vendors / service providers is evident through the system from vendor selection, approval & evaluation process (However, needs improvement in periodic evaluation criteria needs.
 - **SYSTEMATICAL KNOWLEDGE MANAGEMENT :** LIBRARY AND PORTALPROVISION IS MADE with knowledge repository on various topics in ACADEMICS fields such as SUBJECT READING BOOKS , standards ,articles, RESEARCH PAPERS etc. and accessibility to employees provided.
 - **FULFILMENT OF COMPLIANCE OBLIGATIONS :** UGC Grant as Autonomous status – F-2-10/2023 (AC/Policy dt 25.04.2025 and Letter from University of Mumbai AFF/ICD/25-26/147 dt03.05.2025 with acknowledgement as Autonomous status of college and other compliances such as Admission guidelines of UGC, Elevator management, Building Insurance etc. complied.
 - **LEGAL AND OTHER OBLIGATIONS :** Same as above
 - **CONSIDERING THE LIFE CYCLE PERSPECTIVE WHEN DETERMINING THE SIGNIFICANT ENVIRONMENTAL ASPECTS : NOT APPLICABLE**
 - **MEASUREMENT AND CONTINUAL IMPROVEMENT OF THE PERFORMANCE :** The overall performance of organisation and its tracking is evident through the objective monitoring sheet and management review dt 12.03.2026.

☒ This audit was performed for the surveillance purpose in accordance to ISO 9001:2015 , Quality Management System. The requirements (e. g.: context of an organization, understanding the needs and expectations of interested parties, actions to address risks and opportunities, management of change, contractors, outsourcing , Operations control , Internal Audit , Management Reviews and improvements) were assessed in this audit.

The surveillance audit was performed on site on 13.04.2026 at Kandivali, college premises on site.

The audit findings are summarised as : 5 no GP , 7 – OFI , 2 – CM, 1 - NC B and Nil - NC A.

There are no changes to the scope of Quality Management System (QMS) as per ISO 9001:2015, from the last surveillance audit. All requirements of ISO 9001:2015 are applied now , except CL 7.1.5 Monitoring and measuring resources / calibration. Scope non applicability justification is required to be documented in Quality Manual /DI. There are no major customer complaints and all complaints are addressed for its closure.

The surveillance audit was performed to verify the adherence of the Quality Management System in accordance with ISO 9001: 2015, as per the schedule. One Minor Non Conformity was observed in audit, and there are improvement opportunities also identified. The audit findings have been conveyed to concerned auditees, MR/DR & company top management during audit & closing meeting held at the end of this audit. Based on the findings, it is ascertained that the documented system, Process & the practices were at overall level meeting the requirements of ISO 9001: 2015 standard.

Based on audit findings , the audit **team recommends** maintenance of the certificate, subject to closure of the identified one minor non conformity.

Conclusion

Taking into account the audit findings documented below, the organisation's size and structure, objectives, scope of the management system, processes and results achieved, the organisation has demonstrated that it operates its management system to ensure conformity with its own requirements, the requirements of interested parties, applicable legal requirements and appropriate requirements from the management system standards.

This includes in particular:the objective evidences,

- the policies and objectives and their implementation in the organisation,
- the processes existing in the management system and their interactions,
- the resource management,
- the measuring and analysis (incl. sample of indicators),
- the continual improvement process as well as
- the recording system (p.r.n. including standard specific objective evidences).

The implementation and the effectiveness of the management system and the processes for providing services/product realisation or to realize the objectives were assessed by the audit team by means of on-site inspection and examination of documented information on a random sample basis.

Audit Findings		
Notes for the findings		
The evaluation of the audit findings basically follows the scheme shown below:		
Stage	Classification	Meaning
NC A	Major Nonconformity (Nonconformity A "major")	Nonconformities could be classified as major in the following circumstances: <ul style="list-style-type: none"> • if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements, • a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.
NC B	Minor Nonconformity (Nonconformity B "minor")	Nonconformities could be classified as minor, if these do not affect the capability of the management system to achieve the intended results.
OFI	Opportunity for improvement	Items which would allow optimisation of the management system in relation to the requirements of the relevant standard. It is recommended that the company implements these items.
GP	Positive aspects / Good Practice	Positive aspects of the management system worthy of special mention (see also point 4.3 if applicable).
CM	Comments	Special situation and information to be traced in next audit.
If applicable: Guidance for management of nonconformities		
<p>Identified nonconformities are each documented in a nonconformity report ("Management of a nonconformity"), which are part of this audit report as annexes.</p> <p>The audit team uses the nonconformity reports after the audit to track the processing status and also documents in them the final assessment results for the nonconformities concerned.</p> <p>The organization shall perform a root cause analysis for any nonconformity and define adequate corrective actions. Root cause analysis, corrective actions including action plan for implementation and - if applicable - objective evidence for performed corrections or containment actions shall be submitted electronically to nominated lead auditor in charge on time to agreed deadline (latest six weeks after last day of the audit). The lead auditor will review these documents and shall inform organisation about the result.</p> <p>The auditee organisation shall implement the corrective actions as defined in the approved action plan and review the effectiveness of implemented actions.</p> <p>In the case of major nonconformities (NC A) the lead auditor shall verify the complete and effective implementation of action plan until agreed date (latest three months after last day of the audit). On decision of the auditor depending on type and extent of identified nonconformity, this can be done in a follow up audit on site or in a desktop-review of submitted documentation (objective evidence).</p> <p>For minor nonconformities (NC B) it can be agreed to perform the verification of effective implementation of action plan in the next regular audit.</p> <p>If any nonconformity applies to more than one of the audited standards, it may be recorded in a common nonconformity report, but shall be counted in the audit report for each applicable standard. The number of nonconformity reports may therefore be less than the number of nonconformities.</p>		

Audit Report (Surveillance 2)

Organisation: NIRMALA MEMORIAL FOUNDATION COLLEGE OF
COMMERCE AND SCIENCE

Audits(ZA) : MUM/AUD/26-27/00232

Summary for nonconformities			
Standard	Raised in this audit		To be verified from previous audit
	Number NC A	Number NC B	Number NC
ISO 9001:2015	0	1	0
Total	0	1	0
Total number of nonconformity-reports raised in this audit:			1
<input type="checkbox"/> At least one of the nonconformities is graded as „generic“ and is counted in more than one corresponding audited standard.			
<input checked="" type="checkbox"/> During this audit the implementation of corrective actions and effectiveness of nonconformities of previous audit was verified. The records are attached to this audit file.			

No	OFI (Opportunity for Improvement)	Area / Process	Standard: clause
1.	Change register is maintained to indicate the changes made in management system such as Data control, autonomous status etc. however, planning of changes with proper pre-empted actions recording may further be improved.	QMS System coordination / D.R.	ISO 9001:2015 CI 6.3
2.	Documented Information is maintained through DI, Operating procedures, process sequence and various forms and records etc. However, the updation of documents with mention of issue no. and rev no.; updation of maser list of documents and cross-references in DI may further be improved.	QMS System coordination / D.R.	ISO 9001:2015 CI 7.5.2 / 7.5.3
3.	While Monitoring measurement records of lectures are practices are updated by individual faculties on mobile apps ; however in the absence of any software issue in apps, contingency MMR sheet updation may be ensured by respective coordinators. Overall recording of MMR and controls may be improved.	Operational controls / Teaching & Learning process	ISO 9001:2015 CI 8.1
4.	Risk and opportunity log is evident with related actions; however, the same may further be improved by adding the risks of admission to non-eligible students and non - receipt of timely payment of fees by student. Similarly, risk of non-availability of enrolment documents for MOS students may also be considered.	Admission process / Registrar	ISO 9001:2015 CI 6.1
5.	Vendor selection and approval process like new vendor searched through Online media and communicated to the management for approval of the new vendor registration; however, documentation of the same may be improved.	Administration / Purchase Process	ISO 9001:2015 CI 8.4.1
6.	While system of books and periodicals issue and receipt exists in Library, the same may be further strengthened by periodic reviews to ensure system stock and physical stock matches.	Library / Stock of books and periodicals	ISO 9001:2015 CI 8.5.4
7.	The scope of Quality Management System is documented in Quality Manual DI dt 31.07.2025, however, no-applicability of cl 7.1.5 – monitoring and measuring resources (Calibration) needs to be mentioned in this section in DI with due justification as college does not have any monitoring and measuring equipment / instrument / gauge.	QMS System coordination / D.R.	ISO 9001:2015 CI 4.3


No	GP (Good Practice)	Area / Process	Standard: clause
1.	Good infrastructure for education to students including spacious / airconditioned classrooms with AV facilities, Computer / IT and other laboratories , well equipped Library with books/journals and internet facilities, student’s and staff facilities such as gymkhana, canteen, wellness centre. Staff facilities includes staff rooms , teaching aids , library reference material and locker facilities. The facility also include auditorium.	Infrastructure	ISO 9001:2015 CI 7.1.3

2.	Top management focus on growth and improvement is evident, as college has acquired 'Autonomous' status from UGC in April 2025 and received B++ NAAC certificate.	Top Management / Continual Improvement	ISO 9001:2015 CI 5.1 / 10.3
3.	Society / industry need based and value added education programs are introduced and run such as BSc (Data Science) and BSc AIML) etc.	Customer Focus	ISO 9001:2015 CI 5.1.2 / 8.2
4.	Well laid process for BoS approval for new / modified program / curriculum.	QMS Processes	ISO 9001:2015 CI 4.4
5.	Availability of competent staff for Teaching & Learning both internal / external faculty and back office non-teaching support staff.	Staff competency	ISO 9001:2015 CI 7.2

No	CM (Comment)	Area / Process	Standard: clause
1.	Quality objectives are established at process level and periodic monitoring done; however with few objectives clarity for monitoring may further be improved such as for exam process objective " Completion of evaluation of exam papers within 10 working days" (10 days from which day is unclear ?). Similarly clear objective related to new curriculum design / modification of program design may be taken up and be further monitored for Teaching & Learning process by respective coordinators.	Teaching & Learning / Examination process – Quality objectives	ISO 9001:2015 CI 6.2
2.	After acquiring autonomous status in April 2025, the college initiated designing and development of curriculum for own programs which was not the process earlier. Hence while TLP process internal audits are periodically conducted and audit records made, the coverage of cl 8.3 in internal audit and recording evidences needs improvement.	QMS System coordination / D.R. / Internal audit	ISO 9001:2015 CI 9.2

Closure and Recommendations				
Closure result	ISO 9001:2015	---	---	---
Fulfilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open nonconformities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not fulfilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations of audit team	ISO 9001:2015	---	---	---
Grant*/ Extension*/ Renewing*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>*) Grant / Extension / Renewing / Maintenance in the case of open nonconformities assumes that the nonconformities will be cleared as agreed</p> <p>Explanation of the terms: Renewing: New issue of the certificate for the re-certification. Restoring: End of the temporary invalidity of certificate after the suspension or after delayed re-certification.</p>				

Comments for next Audit
If applicable, the final evidence of effectiveness and implementation of corrections and corrective actions for the nonconformities from this audit will be verified in the next audit. The comments and opportunities for improvement will be taken up again. The next audit is preliminarily scheduled for: 23.02.2027

Responsible for Content	
Name: Kiran Dhavale	Date: 13.04.2026
	
Signature audit team leader	