

<b>Master Data of Organisation</b>			
Name of Organisation	NIRMALA MEMORIAL FOUNDATION COLLEGE OF COMMERCE AND SCIENCE		
Name of corporate group (in case of multi site organization only)	-		
Street	90 FEET ROAD, ASHA NAGAR, THAKUR COMPLEX, KANDIVALI (EAST)		
Postcode / Town / Country	400101 / Mumbai / India		
Contact	SWIDDLE D'CUNHA		
E-Mail	principalnirmalacollege@gmail.com		
Phone	022 69436400		
System documentation: (Revision / Issue)	Quality Manual – Documented Information – DI Issue no. 00 dt. 18.11.2019 Rev 07 dt 20.02.2024		
Shift operation	no shift operation		
Language	English		
Peculiarities	None		
<b>Multi Site Organisation</b>			
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.	
<b>Audit profile</b>			
Contract ID (ZE):	Q 10639/2021		
Standards under contract / Audit type	ISO 9001:2015 Re-Certification <input type="checkbox"/> Transition audit	---	<input type="checkbox"/> Transition audit
	---	---	<input type="checkbox"/> Transition audit
Surveillance mode	Yearly surveillance		
Audit team leader	Kiran Dhavale		
E-Mail Audit team leader	dhavalek@tuv-nord.com		
Audit team	Pravin Patil		
Technical expert	N.A.		
Trainee	N.A.		
Observer	N.A.		

Audited Standards	
<b>ISO 9001:2015</b>	<b>Re-Certification</b>
Certificate ID (TP): QM 01 00964	Valid until: 23.04.2024
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, ...) 37.0	
Non-applicability of chapters: 8.3	
No. of considered persons: 99	No. of sites (incl. HQ): One
Lead auditor: Kiran Dhavale	Audit ID (ZA): Q 10639/2021

Definition of unit for duration and time		
Applied unit	Days	One audit day covers 8 audit hours
Audit Details		
Sites	Kandivali, Mumbai	
Audit date	14.03.2024 and 15.03.2024	
Audit duration	2.50 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 <b>In this case, client takes over the responsibility for any required activity in information security.</b>		

**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	2						
4.3	1						
4.4	1						
5.1	1						
5.2	1						
5.3	1						
6.1	1						
6.2	2						
6.3	1						
7.1	1						
7.2	3						
7.3	1						
7.4	1						
7.5	1						
8.1	1						
8.2	1						
8.3	1						
8.4	1						
8.5	1						
8.6	1						
8.7	1						
9.1	2						
9.2	2						
9.3	1						
10.1	1						
10.2	2						
10.3	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 : No NC in SA2 audit in March 2023							1
▪ responsiveness to complaints							1
▪ effectiveness of the management system with regard to fulfilment of objectives							2
▪ 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							1
▪ review of any changes including the management system documentation							1
▪ use of marks and/or any other reference to certification							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**

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“ That can become applicable as well for some or all the listed objectives in special audits, e.g. for extensions or after transferring sites.

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.

Title/Content	Edition	Attached
Entry in professional or commercial register (or comparable evidence) - if applicable ( Certificate from Ministry of Education)	06.02.2024	<input checked="" type="checkbox"/>
Organization chart/evidence of organization	10.10.2023	<input checked="" type="checkbox"/>
Company policy for audited management systems	25.02.2021	<input checked="" type="checkbox"/>
Overview of management system documentation (e.g. table of contents or presentation of the structure of the management system documentation, process map)	20.02.2024	<input checked="" type="checkbox"/>
Result of management review (e.g. cover sheet or table of contents with date and signature)	09.03.2024	<input checked="" type="checkbox"/>
Current annual planning of internal audits and evidence of audit report(s) (e.g.: cover sheet with date and signature)	21.02.2024	<input checked="" type="checkbox"/>
Standard-specific evidence, as applicable (e.g. ISO 14001: extract of environmental permit register; ISO 27001: statement of applicability, ISO 45001: accident statistics; ISO 50001: energy report as cover sheet with date and signature or evidence of continual energy performance improvement)	N.A.	<input type="checkbox"/>

Confidential information in the attached evidences may be blacked.

**Standard specific results**

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)

**Organisations profile****COMPANIES PROFILE CONTAINING FOLLOWING INFORMATION**

- INFORMATION IF MULTI-SITE SCHEME IS APPLIED : NO
- IF YES, LIST OF AUDITED SITES (E.G. IN AUDIT PROGRAM) : NOT APPLICABLE  
AND LIST OF CERTIFIED SITES BY THIS AUDIT AS ENCLOSURES
- 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 Commence ( B Com / M  
Com ) , B. Com ( A&F ) , BMS , BMM, BSc ( IT ) , BSc ( CS ) , MSc ( IT )
- CLIENTS / TOP CLIENTS / MAJOR CLIENTS : All students enrolled in the college
- IMPORTANT PROCESSES : TEACHING AND LEARNING, ADMISSION PROCESS , EXAMINATION PROCESS, EXTRA  
CURRICULAR ACTIVITIES OF STUDENTS, PLACEMENT SERVICE 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, affiliated to the University of Mumbai was established in 2003, through the vision and guidance of Mr. Thakurbhai Desai.

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 courses that are 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

Nirmala 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.
- Air-conditioned auditorium hall.
- The students' comfort common rooms for girls and boys.
- State – of- art technology in its teaching process making use of mike 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) : INTERNAL / EXTERNAL ISSUES AND STAKEHOLDERS REQUIREMENTS ARE CAPTURED IN DOCUMENTATION . NEEDS IMPROVEMENT IN TERMS OF ITS LINKAGE TO INTERESTED PARTIES AND RISKS/OPPORTUNITIES**
  - **RISK-BASED APPROACH (ANALYSIS OF RISKS AND OPPORTUNITIES) : RISK/OPPORTUNITIES ANALYSIS IS EVIDENT THRO A RATING SYSTEM AND ACTIONS ARE ADDRESSED.**
  - **CONTROL OF EXTERNALLY PROVIDED PROCESSES : A DOCUMENTED PROCESS EXISTS WHICH NEEDS IMPROVEMENT AND NECESSARY IMPLEMENTATION CONTROLS ARE EVIDENT HOWEVER FURTHER IMPROVEMENT NEEDED.**
  - **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 : LEGAL/STATUTORY REQUIREMENTS VERIFIED AND FULFILMENT IS EVIDENT SUCH AS UNIVERSITY AND UGC GUIDELINES DURING ADMISSION AND EXAMINATION PROCESS.**
  - **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 QMS PERFORMANCE : KEY PROCESSES ARE MAPPED WITH PERFORMANCE MEASURE AND PERIODIC TRACKING WITH ASSIGNED RESPONSIBILITIES. IMPROVEMENT POTETIAL IN THIS EXISTS WHICH IS DISCUSSED AND IDENTIFIED.**

**STATEMENT ON THE****AUDIT PARTICIPATION DURING CLOSING MEETING (MANDATORY DETAILS TO BE FILLED AS BELOW) -**

1. **THE MANAGEMENT LEGALLY RESPONSIBLE FOR OCCUPATIONAL HEALTH AND SAFETY :  
PRINCIPAL**
2. **PERSONNEL RESPONSIBLE FOR MONITORING EMPLOYEES' HEALTH : PRINCIPAL**
3. **THE EMPLOYEES' REPRESENTATIVE(S) WITH RESPONSIBILITY FOR OCCUPATIONAL HEALTH  
AND SAFETY; IF NECESSARY: DOCUMENTATION OF JUSTIFICATION IN CASE OF ABSENCE OF  
SINGLE AUDIT PARTICIPANTS DURING CLOSING MEETING : YES . PRESENT IN CLOSING  
MEETING.**

This audit was performed as Re-certification audit as per the requirements of ISO 9001:2015 (e. g.: context of an organization, understanding the needs and expectations of interested parties, assessment of QMS risks and opportunities actions, management of change, contractors, outsourcing, operational controls , internal audits and management reviews) were assessed in this audit.

The Re-certification audit was performed on site by Team on 14.03.2024 and on 15.03.2024 on-site at various locations as per audit plan.

The audit findings are summarised as : 4 no GP , 4 – OFI , 2 – CM, 1 no. - NC B and Nil - NC A.

The scope of Management System as per ISO 9001:2015 from the last surveillance audit remains same, however as per organisation request the entity name in certification is being changed from “Nirmala Memorial Foundation” to “Nirmala Memorial Foundation College of Commerce and Science. This was verified through statutory documentation and thro renewed questionnaire sent by organisation. All requirements of ISO 9001:2015 are applied except clause 8.3 – Design and Development of products and services as curriculum design is taken from Mumbai University. Due justification is provided in Organisation Quality Manual documented. There are no major customer complaints and all complaints are addressed for its closure.

The Re-certification 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 (NC B) was observed in audit; and there are other improvement opportunities identified. The audit findings have been conveyed to concerned auditees, Functional heads, MR & 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 renewal** of the certificate as per ISO 9001:2015 subject to timely closure of one minor non-conformity identified by submitting action plans and evidences of actions for closure of the 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.

<b>Audit findings</b>		
<b>Notes for the findings</b>		
The evaluation of the audit findings basically follows the scheme shown below:		
<b>Stage</b>	<b>Classification</b>	<b>Meaning</b>
<b>NC A</b>	<b>Major Nonconformity</b> (Nonconformity A "major")	Nonconformities could be classified as major in the following circumstances: <ul style="list-style-type: none"> <li>• if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements,</li> <li>• a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.</li> </ul>
<b>NC B</b>	<b>Minor Nonconformity</b> (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.
<b>OFI</b>	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.
<b>GP</b>	Positive aspects / Good Practice	Positive aspects of the management system worthy of special mention (see also point 4.3 if applicable).
<b>CM</b>	Comments	Special situation and information to be traced in next audit.

**If applicable: Guidance for management of nonconformities**

Identified nonconformities are each documented in a nonconformity report ("Management of a nonconformity"), which are part of this audit report as annexes.

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.

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 evidences 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.

The auditee organisation shall implement the corrective actions as defined in the approved action plan and review the effectiveness of implemented actions.

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).

For minor nonconformities (NC B) it can be agreed to perform the verification of effective implementation of action plan in the next regular audit.

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.

**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.	One of the Quality objectives is „10% increase in passing students“; however for academic excellence; a specific objective such as increase in number of students in A+ or O grade may be taken up in future for Teaching and Learning process at UG/PG level.	Teaching and Learning Process – UG/PG - Objectives	ISO 9001:2015 CI 6.2
2.	While students feedback is taken for each faculty about their course satisfaction on five parameters such as , Subject Knowledge of teacher, class control etc for each semester; the process of analysis of this data may be	Teaching and Learning Process – UG/PG – Analysis of students feedback	ISO 9001:2015 CI 9.1.2 / 9.1.3

	improved to identify the improvement opportunities of staff members.		
3.	While the overall requirements of interested parties are identified; the needs and expectations may be segregated in document D/CONT/N&E/05 dt 10.10.2023	System Coordinator / DR/ MR.	ISO 9001:2015 CI 4.2
4.	The internal audits for core processes are scheduled and conducted periodically by independent trained auditors; however sub-processes such as students extra curricular activities such as cultural / sports activities may be also scheduled in periodic internal audits.	System Coordinator / DR/ MR. – Internal Audit	ISO 9001:2015 CI 9.2


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 ;and in various course offered. Staff facilities includes staff rooms , teaching aids , library reference material and locker facilities.	Infrastructure	ISO 9001:2015 CI 7.1
2.	Top management commitment is visible towards system improvement and overall growth/ progress of the institution.	Top Management / Leadership	ISO 9001:2015 CI 5.1
3.	Improvement in implementation of National Education Policy at PG level and being implemented at UG level too. College is progressing for NAAC accreditation / assessment. PhD programs taken up with renowned faculty with approvals on rise.	Continual Improvement	ISO 9001:2015 CI 10.3
4.	Availability of competent teaching/non teaching staff including visiting/empanelled faculties	Competent Staff	ISO 9001:2015 CI 7.1.2

No	CM (Comment)	Area / Process	Standard: clause
1.	Students / parents satisfaction is monotored though surveys and feedback for UG/PG courses. Similary students satisfaction for PhD programs may also be initiated now that the number of PhD students are on rise.	Teaching and Learning Process – PhD – Customer satisfaction	ISO 9001:2015 CI 9.1.2
2.	The re-evaluation exam papers is done based on students appliactions and there had been chages in issued marksheets; whenever significant change appears in marks in re-evaluation, the necessary corrective actions mau be initiated after due analysis to ensure minimising such instances.	Exam Process / Teaching & Learning process	ISO 9001:2015 CI 10.2

<b>Closure and recommendations</b>				
<b>Closure result</b>	<b>ISO 9001:2015</b>	<b>---</b>	<b>---</b>	<b>---</b>
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"/>
<b>Recommendations of audit team</b>	<b>ISO 9001:2015</b>	<b>---</b>	<b>---</b>	<b>---</b>
Grant*/ Extension*/ Renewing*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance*	<input 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"/>

**\*) Grant / Extension / Renewing / Maintenance in the case of open nonconformities assumes that the nonconformities will be cleared as agreed**  
**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.

<b>Comments for next audit</b>
<p>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.</p> <p>The comments and opportunities for improvement will be taken up again.</p> <p>The next audit is preliminarily scheduled for: 15.03.2025</p>

<b>Responsible for content</b>	
Name: Kiran Dhavale	Date: 15.03.2024
 Signature audit team leader	