



QRO CERTIFICATION LLP

Admin office: 142, 2nd Floor, Avatar Enclave, Paschim Vihar, Delhi - 110063

Phone: +91 9289826567

AUDIT NOTES – REPORT NO. 2415

(ISO 9001:2015, ISO 14001:2015, ISO 45001:2018, ISO 22000:2018, ISO 50001:2018, ISO 37001:2016)

	Clause Text Colour Coding's : Legends Explanations		Applicable for all above standards
	Applicable for ISO 9001:2015 Only		Applicable for ISO 14001:2015 Only
	Applicable for ISO 45001:2018 Only		Applicable for ISO 22000:2018 Only
	Applicable for ISO 50001:2018 Only		Applicable for ISO 37000:2016 Only

Name of the Organization	<i>KHALSA COLLEGE OF ENGINEERING AND TECHNOLOGY</i>		
Address	RANJIT AVENUE, C- BLOCK, AMRITSAR PUNJAB-143001, INDIA.		
Site Address (If any)	www.khalsaengineering.co.in		
E -mail id	kectamritsar@gmail.com		
Unit Head Name	DR.MANJU BALA		
Telephone/Fax	NIL		
Audit Scope	PROVIDING THE COURSES AT THE LEVEL OF GRADUATE AND POSTGRADUATE		
EMS Complexity/ Risk: OHSMS Complexity/ Risk:	LOW		
IAF Code and Audit standard	37, ISO 50001:2018		
No. of Skilled Teachers	111		
No. of Non-Teaching	22		
No. of Contract Teachers	NIL		
No. of Part Time Teachers	NIL		
Shift details	SINGLE		
Director Name	Dr. MANJU BALA		
Location	Amritsar, KCET.		
Audit Team	Audit Team Leader: Mr. Anjani Vikram Gupta	Audit Duration: Man day(s):	1
Date of Audit	03-01-2024		
Audit Criteria	<i>Organization's guidelines, and applicable legal & other requirements related to Applicable Standard.</i>		
Purpose of Audit	<ol style="list-style-type: none"> 1. To assess the conformity of the applicable standard, with reference and applicable legal & other requirements. 2. To identify opportunities of improvement. 		

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	3 To submit audit report along with decision regarding client's certification status.
This report is based on random samples and therefore not every aspect of the organization's activities has necessarily been assessed. Hence where no non-conformities are reported it does not follow that none exist.	
Legal, Statutory & Regulatory Requirements	Applicability of Waste Management Policy, Environment Pollution Act, Water Pollution Act

Summary of Audit & Observations

Stage-1 audit Observations and status found after during stage-2 audit	
	NIL

Non-Conformities Raised during stage-2 audit

1 Minor Non-conformance identified in the Stage 2 audit, details of Non-Conformance in CAR from (Note: the detailed NC is to be submitted and accepted by the client. Please respond by submitting RCA, corrective action plan, and where specified by the auditor, the Corrective action evidence. Failure to submit appropriate CA evidence within 60 days, may lead to cancellation of audit & certification contract.

<u>Opening meeting and audit proceedings</u>
<i>Opening meeting conducted as per procedure</i>
<u>Comments on Internal audit:</u>
<i>The organization conducts internal audit in 12 months as per documented procedure. The non-conformities are noted in NC forms. Records show that last internal audit was conducted on 24-01-2023,</i>
<u>Comments on MRM:</u>
Once in 12 months (as defined in QM section/ Procedure) 25-12-2023
<u>Is there any deviation from the audit plan?</u>
No
<u>Is there any significant issue that impacts the audit program?</u>
No
<u>Is there any Significant change, that took place since last audit, and affects?</u>
NIL
<u>Type of audit (single, combined, joint or integrated)</u>
Single
<u>Is the certification scope appropriate as per the organizational activities?</u>
Yes

Closing meeting:

Sl. No.	Corrective actions requested	Category	Clause reference	Mode of closure	Agreed time frame
1	Training effectiveness monitoring record not done last training.	Minor	7.3		30 days

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Interviews with OHSM responsible Persons

Management People with legal responsibility of OHSM	N/A
Employees' representatives with legal responsibility of OHSM	N/A
Personnel responsible for monitoring employees' health, for example, doctors and nurses. Justifications in case of interviews conducted remotely shall be recorded.	N/A
Managers and permanent and temporary employees performing activities related to OHSM	N/A
Contractors' Management and employees	N/A

Clause No.	Clause Description	Stage II / SA / RA / Other - Audit Notes (Evidences, Observation & Findings)
4.1.	Context of the organization	<p>ORGANISATION ESTABLISHED AND MAINTAIN DOCUMENT SEEN AND VERIFIED FOUND SATISFACTORY. REFERENCE DOCUMENT DOC. NO. VUNI/QM/01 ISSUE NO. 01 REV NO. 00 DATE. 05/08/2023 EXAMPLE: - ORGANISATION CONTEXT (INTERNAL) Issue Competence Status Top Level Management is competent, Middle Level Management is competent, Skilled worker Positive Negative No Recommendation Action Risk analysis ORGANISATION CONTEXT (EXTERNAL) Issue Students Status Proper Specification Positive Negative No Recommendation Action Risk analysis Seen and verified In Manual Page No. 10 <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Routine review of system performance is done, discussion with merchandiser/ marketing team, review of customer orders/ satisfaction/complaints, growth of business etc.</p>
4.2.	Understanding the needs and expectations of interested parties / Stakeholders under ABMS (Including Workers for OHSMS)	<p>Defined in Clause 4.2.1 of QM <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory SEEN AND VERIFIED FOUND SATISFACTORY EXAMPLE LIST OF INTRESTED PARTIES Interested parties External Providers Requirements 1) Specification communication 2) Payment as agreed 3) On time Supply of Input material (if any)</p>

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		<p>4) Technology support Monitoring & Review mechanism 1) Defined in Documented information of External providers control</p> <p>2) Review in Management review meetings</p> <p>Interested parties Students Requirements 1) Quality of product & Service</p> <p>2) Delivery of product on time</p> <p>3) Response to complaint</p> <p>4) Proper Communication channel</p> <p>Monitoring & Review mechanism 1) Defined in documented information of Marketing & Sales process 2) Review in Management review meetings</p> <p>Define page no 11</p> <p>Verified-interested Parties List need and Expectations of Interested parties are determined by the organization</p>
4.3.	Determining the scope in which MS is implemented	<p><i>Please fill Details in Annexure.</i></p> <p>SCOPE DEFINE SEEN AND VERIFIED FOUND SATISFACTORY</p> <p>PROVIDING THE COURSES AT THE LEVEL OF GRADUATION AND POSTGRADUATE,</p>
4.4.	Management system and its processes	<p>Institute developed, implemented, maintains, and continually improves energy performance</p> <p>EnMS processes include:</p> <ul style="list-style-type: none"> a) Actions to address risks and opportunities b) Energy planning c) Control of personnel d) Control of monitoring and measuring resources e) Communication f) Control of documented information g) Operational planning and control h) Design i) Procurement j) Evaluation of compliance with legal requirements and other requirements k) Internal audit l) Management review m) Corrective action <p>ORGANISATION ESTABLISHED AND MAINTAIN DOCUMENT SEEN AND VERIFIED FOUND SATISFACTORY</p> <p><input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p> <p>Authority and Responsibility checked on interview of</p> <ul style="list-style-type: none"> 1. DR. MANJU BALA Designation: DIRECTOR 2. DR.MALTI PURI Designation: IQAC COORDINATOR
4.5.	Bribery risk assessment (ABMS)	(NA)

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5.1.	<p>Leadership and commitment (Worker Participation for OHSMS) Governing body (ABMS) Top management (ABMS)</p>	<p>Top management take a responsibility for promoting an EnMS culture to ensure that the management system achieves its intended outcome. Maintain a documented information in Manual</p> <p>f. <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory - based on interview of</p> <p>DR. MANJU BALA(DIRECTOR), DR MALTI PURI (IQAC COORDINATOR), DR JUGRAJ SINGH RANDHAWA</p> <p>a. The director demonstrated efforts he had made towards achieving objectives of the EnMS b. The director has recruited, and assigned responsibilities to different personnel and promotes improvement in performance. Verified: List of key process owners and their responsibilities:</p> <p>Verified- EnMS Policy is framed in the organization as per the standard ISO 50001:2018 Requirements and documented in the manual</p> <p>Verified- EnMS Objectives set by the organization addressed.</p>
5.2.	Policy	<p>Yes, Institute maintain a policy and display Reception and Class Room Interview</p> <p>DR. MANJU BALA, DR MALTI PURI, DR. JUGRAJ SINGH RANDHAWA</p> <p>Found aware about Policy. Policy Review during MRM. Ref ANNEX-VI: ENMS POLICY EnMS policy available as documented information</p> <p><input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory</p>
5.3.	<p>Roles, Responsibilities and authorities Anti-bribery compliance function (ABMS) Delegated decision-making (ABMS)</p>	<p>Role and responsibilities define in manual Interview Dr. Manju Bala director well aware about own role and responsibilities. responsibilities, accountabilities, and authorities for relevant roles are maintained as documented information REFERENCE DOCUMENTS: ANNEX-IV: RESPONSIBILITY MATRIX Authority and Responsibility checked on interview of DR. MANJU BALA, DR. MALTI PURI, DR. JUGRAJ SINGH RANDHAWA found ok.</p>
5.4.	Consultation and participation of Workers (OHSMS)	N/A
6.1.	<p>Actions to address risk and opportunities Environmental aspects (EMS) Hazards identification and its assessment, Assessment of OH&S opportunities, Legal and other Requirements (OHSMS)</p>	<p>The organization has established a Risk & Opportunity management plan wherein key processes and associated risks, contingency plans and opportunities have been documented. Verified: found ok.</p> <p>Yes, Define in manual Risk and Opportunities not cover all activities.</p>

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		<p>During audit found Risk identified All department risk. Interview DR. JUGRAJ SINGH RANDHAWA Qualification., Ph.D. BOYCAST Fellow, aware about OWN RISK Procedure for identification and evaluation of EnMS management system risks and opportunities Example ISSUES (INTERNAL/EXTERNAL) POWER GENERATION EXPECTED RESULT CONSTANT SUPPLY OF POWER UNCERTAINTY REVENUE LOSS, ENVIRONMENT CONCERN AND SOUND POLLUTION RISK (H/M/L) OPPORTUNITY TIMELY MAINTAINS AND NOC FROM POLLUTION CONTROL BOARD AND SOUND PROOF GENERATOR CONTROL POINT(S) REGULAR FOLLOW UP Reference Documents: Annex-X Risk Analysis</p>
6.2.	Objectives (Energy targets for EnMS) and planning to achieve them	<p>Yes, Institute established SMART Objective Verified Quality and Environment Objective found full fill-up the standard requirements. Like as Reduction in Energy Consumption in year 2023-24 5% improvement on previous year energy consumption Training and awareness on Energy conservation 5 Man-days per person REFERENCE DOCUMENTS: ENMS MANUAL PAGE NO. 16</p>
6.3.	IMS/FSMS : Planning of changes Energy review (EnMS)	<p>Institute develop and conduct an energy review The energy review updated at defined intervals, as well as in response to major changes in facilities, equipment, systems or energy-using processes Ref: Identification and review of energy saving opportunities En-P-01 format Energy Saving Opportunity En-MR-F-03 analyses the overall performance of a particular plant aformat En-FR-01 Seen and verified found satisfactory</p>
6.4.	Energy Performance Indicators (EnMS)	
6.5.	Energy Baseline (EnMS)	<p>Institute has established Energy Baseline (EnB) using the information from the energy review, taking into account a suitable period of time, indicating that relevant variables significantly affect energy performance and retains information of EnB, relevant variable data and modifications to EnB as documented information.</p>
6.6.	Planning for collection of energy data (EnMS)	<p>Institute define and implement an energy data collection plan appropriate to its size, its complexity, its resources and its measurement and monitoring equipment. Ref: Identification and review of energy saving opportunities En-P-01 format Energy Saving Opportunity En-MR-F-03 analyses the overall performance of a particular plant aformat En-FR-01 Seen and verified found satisfactory</p>

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7.1.	Resources	<p>Institute have well educated and competent employees for all operation, Institute provides the resources needed for the establishment, implementation, maintenance and continual improvement of energy performance and the EnMS It confirmed by a formal interview that the management representative is fully aware of his Responsibilities, Duties & Authorities.</p> <p>Necessary manpower provided for each of the processes. (Spacious floor, well ventilation, Light etc)</p> <p>REFERENCE DOCUMENTS: LIST OF EQUIPMENT CALIBRATION OF MEASURING EQUIPMENT'S VUNI/SOP/15</p>		
7.2.	Competence Employment process (ABMS)	Refer to the table below:		
		Employee name & Position	Competency Criteria	Competency record
		DR. Ripin Kholi Designation-Associate professor	Ph.D.+ 05 years similar experience.	Ph.D. + 05 years similar experience.
		DR. Jugraj Singh Randhawa Designation: Associate Professor	Ph.D. + 05 years experience	Ph.D + 05 years experience
		Training given to:	Faculty	All Staff
		Subject of Training:	Communication and excellence	First Aid Training
		Date of training –	04-09-2023	05-09-2023
		Evaluation of training's effectiveness	<input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced	<input checked="" type="checkbox"/> Evidenced <input type="checkbox"/> Not Evidenced
7.3.	Awareness and training	<p>Training effectiveness monitoring record not done last training. NC</p> <p><input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory</p>		
7.4.	Communication (Internal & External)	<p>Institute established and implemented a process by which any person doing work under the Khalsa college of engineering college of technology's control can make comments or suggest improvements to the EnMS and to energy performance. Khalsa college of engineering college of technology considers retaining documented information of the suggested improvements.</p> <p>Internal communication energy policy and objectives to all employees/ contractors/ visitors by means of displaying energy policy at prominent locations within the office and Storage area, conducting discussions/ training/ awareness programmer. legal obligations and other requirements are communicated to the concerned HOD/ Sectional Head by Officer</p> <p>External communication</p> <p>i) Bureau of Energy Efficiency (BEE) ii) Vendors/ Suppliers</p>		

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		iii) Local bodies, community
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		<p>iv) Other Legal/ Regulatory bodies v) Certification body</p> <p>Ref: PROCEDURE FOR COMMUNICATIONS En-P-05</p>
7.5.	Documented information	<p>Master list of records and documents evidenced with retention period.</p> <p>The Institute has controlled documents which has identified as per procedure and its MR are authorities for creating and updating of document and communicated throughout the Institute.</p> <p>Documents of Institute were up to date and change according to Institute requirement, Principle approves the revision and updating of documents.</p> <p>Relevant versions of document were also available in Institute.</p> <p>Original documents were in the custody of MR and he is responsible for control and issue of copies.</p> <p>Seen and verified found satisfactory.</p> <p>Ref: Documentation & Control of Documents: En-P-06 Ref: Control of Records: En-P-08</p>
8.1.	<p>Operational planning and control Management of Change Procurement (OHSMS) What are the identified situations requiring documented information to have confidence that the processes will be carried out as planned (and to ensure compliance with policy and attainment of objectives and targets?) During the audit were the operations and activities witnessed planned in such a way as to ensure they are carried out under specified conditions? how has the company adapted work to the workers needs What were the activities witnessed? Have documented procedures been established for goods and services used by the organisation that are related to the significant Environmental Aspects, consistent with the lifecycle perspective Which procedures have been communicated to relevant suppliers and subcontractors? how has transportation, end of life treatment and disposal been considered for the organisation's products/services What has been communicated to relevant suppliers and contractors How does the company coordinate with other employers at multi-employer workplaces</p>	<p>Institute has plan and develop process needed for the product realization, in planning product realization, the following are to be determined:</p> <p>Required verification, validation, monitoring inspection and test activities and criteria for acceptance Records needed to show that the resulting product meeting requirements. processes, including the effective operation and maintenance of facilities, equipment, systems and energy-using processes, where their absence can lead to a significant deviation from intended energy performance controls planned changes and reviews the consequences of unintended changes, taking actions to mitigate any adverse effects, as necessary</p>

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8.2.	Requirements for products and services (IMS) Emergency preparedness and response (EMS & OHSMS) PRPs (FSMS) Design (EnMS) Due Diligence (ABMS)	design of new, modified and renovated facilities, equipment, systems and energy-using processes that can have a significant impact on its energy performance over the planned or expected operating lifetime Institute retains documented information of the design activities related to energy performance										
8.3.	Design and development planning (IMS) Traceability Systems (FSMS) Procurement (EnMS) Financial Control (ABMS)	Institute established and implemented criteria for evaluating energy performance over the planned or expected operating lifetime, when procuring energy using products, equipment and services which are expected to have a significant impact on Khalsa college of engineering college of technology. 's energy performance. Ref: Procedure for Purchase, Design, Modification. En-P-11										
9.1.	Monitoring, measurement, analysis and evaluation	Monitoring of Processes related to Service/students/ Employees done properly and all relevant data are collected and analyzed, all the documents are identified and controlled, docs are Reviewed and verified by Registrar. Reference Documents: Procedure for legal and other requirement VUNI/SOP/05 Energy measurements plan Procedure for Identification and compliance of legal obligations & other requirements En-P-02										
9.2.	Internal audit	Institute maintain a documented information Internal audit conducted once a year last conducted as on dated 27-11-2023 total 2 Nc Founded as on recorded All NC closed as on dated 14-01-2023 Dr.Manju Bala, Dr.Malti Puri, Dr.Jugraj Singh Randhawa, Dr. Ripin Kohli are competent to conduct IA. IA certificate seen & verified found satisfactory. REFERENCE DOCUMENTS: INTERNAL AUDIT PROCEDURE VUNI/SOP/13 ANNUAL AUDIT PLAN AUDIT SCHEDULE AUDIT REPORT SUMMARY NON-CONFORMITY REGISTER LIST OF INTERNAL AUDITORS PROCEDURE FOR INTERNAL ENMS AUDIT EN-P-09. See Note 5 below										
Note 5 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 40%; padding: 5px;">Planning of internal audits</td> <td style="padding: 5px;">Once in 12 months as per procedure</td> </tr> <tr> <td style="padding: 5px;">Date of last audit</td> <td style="padding: 5px;">24-01-2023</td> </tr> <tr> <td style="padding: 5px;">No. of NCs</td> <td style="padding: 5px;">2</td> </tr> <tr> <td style="padding: 5px;">Status/result of NCs</td> <td style="padding: 5px;"><input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed</td> </tr> <tr> <td style="padding: 5px;">Record No.</td> <td style="padding: 5px;">VUNI/SOP/13</td> </tr> </table>			Planning of internal audits	Once in 12 months as per procedure	Date of last audit	24-01-2023	No. of NCs	2	Status/result of NCs	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed	Record No.	VUNI/SOP/13
Planning of internal audits	Once in 12 months as per procedure											
Date of last audit	24-01-2023											
No. of NCs	2											
Status/result of NCs	<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Not Closed											
Record No.	VUNI/SOP/13											

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	Audit Conducted by	External Qualified Auditor						
9.3.	<p>Management review Top management review - (ABMS) Governing body review (ABMS)</p>	<p>Institute maintain a documented information MRM conducted once a year last conducted as on dated 05-04-2024 Cover all agenda point as per requirements Seen & verified found satisfactory REFERENCE DOCUMENTS: MANAGEMENT REVIEW MEETING PROCEDURE VUNI/SOP/22 MRM NOTIFICATION MRM AGENDA MRM MINUTES PROCEDURE FOR MANAGEMENT REVIEW EN-P-10</p> <p>See Note 6 below</p>						
	<p>Note 6</p> <table border="1"> <tr> <td>Planning of Management Review</td> <td>Once in 12 months (as defined in QM section/ Procedure)</td> </tr> <tr> <td>Date of Last MRM</td> <td>27-02-2023</td> </tr> <tr> <td>Status of MRM</td> <td> Management Review was: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory </td> </tr> </table>		Planning of Management Review	Once in 12 months (as defined in QM section/ Procedure)	Date of Last MRM	27-02-2023	Status of MRM	Management Review was: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Planning of Management Review	Once in 12 months (as defined in QM section/ Procedure)							
Date of Last MRM	27-02-2023							
Status of MRM	Management Review was: <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory							
10	Improvement	<p>Monthly review meetings and each process Director has to perform with departmental process performance for Improving quality of education services. Organization follows proper process to control nonconforming services To reduce non conformity the organizations check the services at various stages.</p> <p>Continual improvement in organization and its EnMS was evidenced through - Business growth trends, No. of Student/Parent complaints Record of non-conformities and Internal Audit NCs, training records etc.</p>						

As per MD 22:2019 Clause A.2.5

Statement On The Conformity:-
Summary Of The Evidence:-

Summary of the Audit Team

A. Stage of audit:

<input checked="" type="checkbox"/>	Initial Certification
<input type="checkbox"/>	Follow Up Audit
<input type="checkbox"/>	Surveillance Cum Transfer
<input type="checkbox"/>	Modification
<input type="checkbox"/>	Renewal
<input type="checkbox"/>	Upgrade From
<input type="checkbox"/>	Other

B. Recommendation:

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<input checked="" type="checkbox"/>	Issuance of Certificate
<input type="checkbox"/>	Refusal of the Certificate
<input type="checkbox"/>	Follow Up audit
<input type="checkbox"/>	modification of the current certificate (registration no. and expiration date remain unchanged)
<input type="checkbox"/>	other : Recommended with condition

AUDIT RESULT

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Date : 03-02-2024	
Report Submitted	Acceptance from
Name of Auditor : Mr. Anjani Vikram Gupta	Name: DR.MANJU BALA Designation: DIRECTOR



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