CERTIFICATEOF REGISTRATION



This is to certify that:

COMPANY NAME

ADDRESS

Has been assessed by BCIMS and found to comply with the requirements of the management system standards detailed below

ISO 9001:2015

Quality Management System

For the following activities:

SCOPE OF ORGANISATION

Certificate Number: IN/U/9/001

Client ID:

BCI/ABC/11

Revision No. (if any)

00

Date of Registration:

XX/XX/XXXX

**Expiry of Certification Cycle:

XX/XX/XXXX

This certificate is valid from **XX/XX/XXXX** to **XX/XX/XXXX**.

Authorised Signatory

BCI MANAGEMENT SYSTEMS PVT. LTD.

Office No.4, C-4/7, Shiva Arcade, Acharya Niketan, Mayur Vihar Phase-I, Delhi-110091 (India) Tel.: +91-11-43601911, Email: info@bcicertification.com, Web: www.bcicertification.com

^{**}Validity of this certificate is subject to successful and timely completion of the annual surveillance audit.

^{*}This certificate remains the property of BCIMS and shall have to be returned back when it has ceased to be valid, for whatsoever reason.

^{*}Information about this certificate can be inquired at the official website of certification (www.bcicertification.com)