Organizational Quality Policy, Quality System Procedures, Scope of Management System, Roles & Responsibilities.

Quality Management System Manual

Version 1.0

DIGITOUCH TECHNIOLOGIES PVT LTD

BANGALORE

Contents

Introduction & Overview

The Firm

DIGITOUCH TECHNOLOGIES PRIVATE LIMITED established on 20th September 2013 by Shri.A.SARVAGNA BHATTACHAR , Smt.REVATHI, Shri .S.DILIP BHATTACHAR and Shri.S.DISHANTH BHATTACHAR as its Share Holders and Directors.

Services

DIGITOUCH TECHNOLOGIES PRIVATE LIMITED having its Registered office and works at Bangalore, INDIA . DIGITOUCH TECHNOLOGIES PRIVATE LIMITED with its brand name as "9Electric" are the Manufacturer , Importer and Exporters of

* Industrial Plugs

* Industrial Socket

* Industrial Connectors

* Interlock Switch with Socket

* Interlock Switch with Socket along with protection of MCB

* Power Socket Distibution Boards in

  a. Thermoplastic

  b. CRCA Sheet Metal

  C. Stainless Steel 304/304L grade.

The office and manufacturing unit has 4200 Sq.Ft area at No.32, Annappoorneswari Industrial Estate, Doddakallasandra, near Konanakunte Cross, Kanakapura Road, Bangalore-560062, INDIA.

The company has Designed and Developed the Moulds which are required for the producing / manufacturing of Thermoplastic Enclosures , Plugs , Sockets, Connectors as well as all the tools which are required for manufacturing of Enclosure in CRCA Sheet Metal / Stainless Steel .

The company has a belief in excellence and is dedicated to providing Out standing superior and cost effective quality products to its customer as Per IEC Specifications . In regard to the needs of clients special requirements of the Enclosure as per their Specification the same can be implemented or innovation in new ideas with improved designed can be manufactured apart from the Regular Manufacturing.

Scope of Quality Management System

Scope Statement

ISO 9001:2008

Services under Scope of the System:

Under the brand "9Electric" , DIGITOUCH TECHNOLOGIES PVT LTD are the Manufacturer , Importer and Exporters of Industrial Plugs , Industrial Socket, Industrial Connectors , Interlock Switch with Socket , Interlock Switch with Socket along with protection of MCB, Power Socket Distribution Boards in Thermoplastic / CRCA Sheet Metal / Stainless Steel 304/304L grade.

Locations under Scope of the System:

No.32, Annappoorneswari Industrial Estate, Doddakallasandra, near Konanakunte Cross, Kanakapura Road, Bangalore-560062, INDIA.

Quality Policy

DIGITOUCH TECHNOLOGIES PRIVATE LIMITED will constantly strive to achieve total customer satisfaction by ensuring the highest levels of professional quality in all its activities, while diligently conforming to the accepted ethical parameters of conducting business and maintaining an environment of self-evaluation and continuous improvement.

The main Quality Manual is designated as QMS and the other Quality Procedures and manual is divided into sections & each section addresses the ISO 9001:2008 standard requirement. The Quality Policy of the Company is mentioned in the following :

QUALITY POLICY

Manufacturer, Importers and Exporters in the brand

The policy and object of "9Electric" Company to become itself as the industry leader in the field of Electrical by providing superior cost effective quality products to its customers in time . To achieve this we will:

Provide each associate with the training, tools, skills and motivation to produce the high quality products and services which meet or exceed our customer's needs.

Empower the work force so that every one is responsible and accountable for achieving the high quality in a short time of interval.

Main objective is to deliver superior quality and products to customers and the same emphasis as the financial and productivity aspects of the business

"9Electric" quality management system and the continuous improvement philosophy that the system encompasses.

Digitouch Technologies Pvt Ltd , Each and every member and the Staff is aware of the contents of this Quality System relevant to his work processes as per the quality norms of ISO 9001:2008 . All of them must be working as per the procedures laid down without any deviations.

Management

DIGITOUCH TECHNOLOGIES PVT LTD

Sales, Marketing, Business Development

Conduct customer feedback surveys with all customers every business quarter and/or on completion of major project milestone.	Due Date: 31-Sep-2016 Responsibility: Manager - Sales
Increase customer satisfaction by 5%	Due Date: 31-Sep-2016 Responsibility: Manager - Sales
Procure repeat business from existing customers of a value of USD 100,000	Due Date: 31-Sep-2016 Responsibility: Manager - Sales
Add a minimum of 10new clients to existing client base.	Due Date: 31-Sep-2016 Responsibility: Manager – Sales

Delivery

Decrease time to deliver by 3%	Due Date: 31-Sep-2016 Responsibility: Delivery Manager
Record all customer complaints, respond to them within agreed and resolve customer complaints with agreed.	Due Date: 31-Sep-2016 Responsibility: Delivery Manager
Decrease customer complaints by 5%	Due Date: 31-Sep-2016 Responsibility: Delivery Manager
Decrease recurring customer complaints by 20%	Due Date: 31-Sep-2016 Responsibility: Delivery Manager
Decrease service/product rejections by 20%	Due Date: 31-Sep-2016 Responsibility: Delivery Manager
Decrease re-work by 10%	Due Date: 31-Sep-2016 Responsibility: Delivery Manager

HR

Increase number of trainings conducted by 30%	Due Date: 31-Sep-2016 Responsibility: HR Manager
Improve the ratio between number of candidates offered to the number of candidates joining by 20%	Due Date: 31-Sep-2016 Responsibility: HR Manager
Record all exit interview.	Due Date: 31-Sep-2016 Responsibility: HR Manager
Bring attrition down to 8%	Due Date: 31-Sep-2016 Responsibility: HR Manager
Measure employee satisfaction annually and to maintain it at a minimum of 80%	Due Date: 31-Sep-2016 Responsibility: HR Manager

Admin and Facilities

Conduct documented quarterly preventive maintenance checks on electrical and plumbing networks.	Due Date: 31-Sep-2016 Responsibility: Admin Manager
Maintain updated registers on material in-out.	Due Date: 31-Sep-2016 Responsibility: Admin Manager

IT Administration

Maintain updated asset register for all IT and Networking assets.	Due Date: 31-Sep-2016 Responsibility: IT Manager
Record all IT issues, including incidents, service unavailability etc. and respond and resolve within agreed.	Due Date: 31-Sep-2016 Responsibility: IT Manager

Roles & Responsibilities

Clause	Description	Management	MR	Lead Internal Auditor	Quality Manager	HR Manager	Admin and Facilities	Project Manager
4.0	Documentation, Control of Documents and Records	A						
5.0	Management Responsibility		A					
5.1	Management Commitment	A						
5.2	Customer Focus		A					
5.3	QMS Policy	A						
5.4.	QMS Objectives	A						
5.5	QMS Responsibility And Authority		A					
5.6	Management Review		A					
6.0	Resource Management		A					
7.0	Product Realization				A			
7.1	Product Realization Processes				A			
7.2	Customer Related Processes							A
7.3	Design and Development	A						
7.4	Purchasing Process	A						
7.5	Control Of Production Provision				A			
7.6	Control Of Monitoring And Measuring equipments				A			
8.0	Measurement Analysis And Improvement							A
8.1	General						A	
8.2.1	Monitoring Of Customer Satisfaction						A	
8.2.2	Internal Audits		A					
8.2.3	Monitoring And Measurement Of Processes		A					
8.2.4	Monitoring And Measurement Of Product		A					
8.3	Control Of Non Conforming Product		A					
8.4	Analysis Of Data		A					
8.5	ContinualImprovement, Corrective and Preventive Action		A					

A – Authority, P – Primary, S – Secondary, C – Contributory, N – Not applicable.

Management Representative

Executive Management shall appoint a representative who, irrespective of other responsibilities, shall have responsibility and authority that includes:

- Ensuring that processes of the quality management system are established and maintained;
- Reporting to Executive Management on the performance of the quality management system, including needs for improvement;
- Promoting awareness of client requirements throughout the organization.

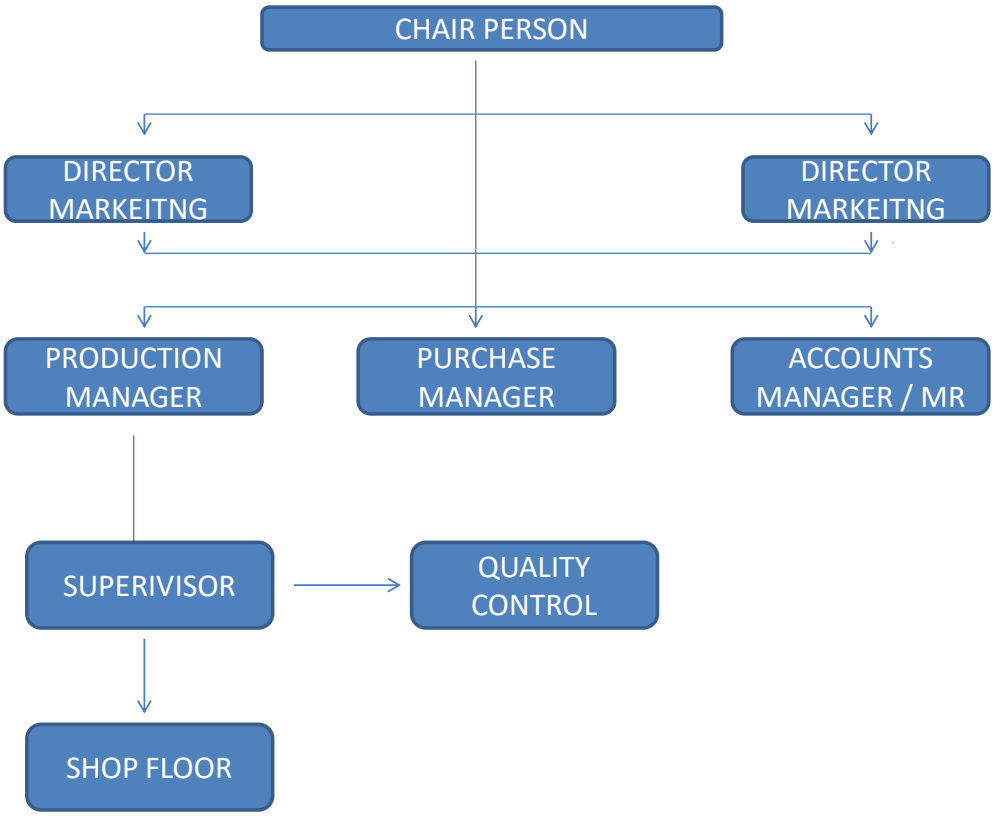
NOTE: The responsibility of these personnel may include liaison with external parties on matters relating to the quality management system.

Methodology and Approach

A Management Representative is appointed within the Company and is identified as having the responsibility for all operating procedures with the prefix QAP. This is in addition to any other assigned duties and Quality System responsibilities.

The duties of the Management Representative are defined in the Job Descriptions mentioned in the HR Policies and procedures.

Organization Chart



Internal & External Communication

Department/Function	Contact Name	Designation	Phone	Mail ID
HR				
Admin				
Public Relations				
Defense and Medical Services				
Trading and Infrastructure Services				
Quality Management (MR)				

Quality System Procedures

Internal Audit Procedure

The purpose of this section is to establish the purpose, authority, responsibility and procedures for the Internal Audit Department.

Internal Auditing is an independent appraisal function established within an organization to examine and evaluate its activities as a service to the organization. The objective of internal auditing is to assist management and the Board in the effective discharge of their duties. It is the Board's responsibility to set policies, and the auditor's role to independently and objectively analyze, review, and evaluate existing procedures and activities, to report on conditions, and to recommend changes for consideration. To this end, internal auditing furnishes analyses, appraisals, recommendations, counsel, and information concerning the activities reviewed.

Charges and responsibilities of internal audit:

1. Develop an audit plan to evaluate the institution's financial & operational controls.
2. Assess the economical and efficient use of resources.
3. Determine the level of compliance with established laws, rules, policies and procedures.
4. Recommend adoption of desirable policies or changes to existing policies.
5. Follow-up on the adequacy of corrective actions.
6. Conduct special projects at the request of the Board.
7. Investigate cases of misappropriation, misconduct, fraud.
8. Establish and maintain professional rapport with external auditors and management.
9. Keep Audit Committee and Board fully informed on a timely basis of the activities of the Internal Auditing Department.
10. Follow the Standards of the Professional Practice of Internal Auditing and Code of Ethics as promulgated by the Institute of Internal Auditors.

Audit procedures

1. The Internal Auditor shall have unrestricted access to all records, personnel, and equipment in carrying out the objectives of an audit.
2. All Board members have unrestricted access to the Internal Auditor. The Internal Auditor has unrestricted access to all Board members. This promotes independence.
3. The Internal Auditor shall develop an audit plan for review and approval by the Audit committee. The audit plan shall be approved annually. The audit plan is

based on audit risk areas identified by Board members, top management, external audit results, and internal auditor experience. The Internal Auditor will develop audit objectives and scopes for each audit on the approved audit plan for the president's review and the Audit Committee's review and approval. The audit plan is sufficiently flexible to cover unanticipated demands on the Internal Auditor given the changing college environment, e.g., unanticipated internal audit areas may surface due to external audit results, or evidence of fraud may surface that requires immediate Internal Auditor attention. The Audit Committee shall review and approve a change in the audit plan.

4. The Internal Auditor shall notify the department being audited of the objective and scope of the audit and the timetable for completion of the audit.

5. The Internal Auditor shall perform audits in accordance with generally accepted auditing standards.

6. The Internal Auditor may perform different types of audits:

   a. Full Audit - Normally, full audits are required when an area has never been audited before, or significant changes have occurred subsequent to the last audit. A full audit requires completion of all of the following phases:

      - Preliminary Survey and Planning
      - System Documentation
      - Internal Control Evaluation
      - Audit Program
      - Audit Testing
      - Reports and Conferences

   b. General Audit - A general audit usually does not require the completion of all the phases of a full audit. The topics are usually conducted year after year and tend to require the same testing. There is no need to fully document the system and consider the impact of internal controls again - it is only necessary to ensure that the system has not drastically changed since the prior audit.

   c. Spot Audit - A spot audit is a periodic audit of a particular transaction at a particular point in time which gives reasonable assurance that controls in place are still working. Results of spot audits may help determine if a full audit should be scheduled. Examples are: an inventory location test, a surprise cash count, or an unannounced payroll distribution.

   d. Situational Audit - A situational audit is narrower in scope than a full audit. It is usually an unanticipated project that may take priority over a planned audit. The focus is usually based on a previously identified specific control weakness, or the likelihood that a weakness not readily

identifiable exists. Examples are: a management or Board requested special project, an integrity or fraud related issue.

e. Follow-up Audit - The focus of a follow-up audit is to contact the audited department to determine if previously agreed to recommendations have been implemented. The follow-up audit may require additional testing to ensure that controls are working and effective as anticipated. An attempt should be made to conduct a timely follow-up audit if a previous audit uncovered serious control issues.

f. Opinion - An opinion may be required regarding a specific issue, procedure, or task. It is part of Internal Audit's responsibilities to provide counsel to management. Providing a professional opinion requires fact-finding research such as reading authoritative texts, holding discussions with key staff, and reviewing results of previous audits as applicable.

7. The Internal Auditor will communicate results of the audit. After the audit field work is completed, the auditor will discuss the results with audited department management. The Internal Auditor will prepare a draft (marked for discussion purposes only) preliminary report to be shared with the audited department management. After discussion and review with the audited department management as to content and wording of the report, the preliminary report is dated, signed by the Internal Auditor and issued to the department management. The president shall receive a copy of the preliminary report. The audited department has two weeks to respond to any recommendations or comments contained in the preliminary report. The president can authorize an extension of the response due date if unanticipated circumstances occur within the audited department. The responses should explain the department's corrective actions, the dates of implementation, or the reasons no corrective action will be taken. The Internal Auditor shall determine the completeness and propriety of the responses. If the responses are deemed not appropriate, the Internal Auditor will meet with the audited department management to recommend an alternative response. The president will receive a copy of the final responses. The Internal Auditor will incorporate the final responses into the preliminary report within two weeks of receipt of the responses. The final report, which includes management's responses will be reviewed by the Audit Chair for completeness. The final report will be dated, signed by the Internal Auditor and issued to the Audit Committee and to the president. The audited department management will receive a copy.

8. In some cases, a preliminary report is not necessary because the Internal Auditor has no recommendations for the audited department management or no response is necessary. In these cases, there is only a final report. The draft final report will be discussed with the audited department management. After discussion and review with the department as to content and wording of the report, the Internal Auditor will forward the president a copy of the draft report. The report will be reviewed by the Audit Chair for completeness. The report will

be dated, signed by the Internal Auditor and issued to the Audit Committee and to the president. The audited department management will receive a copy.

9. Audit reports should be distributed to those who are able to ensure that audit results are given due consideration.

Standards for the professional practice of internal auditing:

The following information is taken directly from the Standards for the Professional Practice of Internal Auditing published by the Institute of Internal Auditors. It is the internal auditor's responsibility to follow the standards. Standards are the criteria by which the operations of an internal auditing department are evaluated and measured. The procedures listed above should reflect the implementation of the standards.

Independence: Internal auditors should be independent of the activities they audit. This isaccomplished through organizational status (the direct reporting relationship to the Board) and objectivity in performing audits.

Professional Proficiency: Internal audits should be performed with proficiency and dueprofessional care. Internal auditors should comply with professional standards of conduct; they should possess the knowledge, skills, and disciplines essential to the performance of internal audits. Internal auditors should be skilled in dealing with people and in communicating effectively; they should maintain their technical competence through continuing education. Internal auditors should exercise due professional care in performing audits. This calls for the application of the care and skill expected of a reasonably prudent and competent internal auditor in the same or similar circumstances; it implies reasonable care and competence, not infallibility or extraordinary performance.

Scope of Work: The scope of the internal audit should encompass the examination andevaluation of the adequacy and effectiveness of the organization's system of internal control and the quality of performance in carrying out assigned responsibilities. The objectives of internal control are:

1. The reliability and integrity of information.
2. Compliance with policies, plans, procedures, laws, and regulations.
3. The safeguarding of assets.
4. The economical and efficient use of resources.
5. The accomplishment of established objectives and goals for operations and programs.

Performance of Audit Work: Audit work should include planning the audit, collecting, analyzing, interpreting, and documenting information to support audit results, communicating results, and following up to ascertain that appropriate action is taken on reported audit findings.

Management of the Internal Audit Department: The Director of Internal Audit (i.e., Internal Auditor) should properly manage the department so that audit work fulfills its approved general purposes and responsibilities and that the audit work conforms to the Standards for the Professional Practice of Internal Auditing.

Control of Records and Documents

The purpose of this procedure is to outline the process for Document Control and Record Management in accordance with QMS and other related system requirements.

This procedure describes the methodology for ensuring that the system documentation is current and suitable for use. This includes the process to be followed for:

- Document creation
- Document review
- Modification and update of documents (where necessary) that ensures the relevant competent personnel or parties are consulted and given a genuine opportunity to provide input prior to approval
- Identification of documents to ensure the most current versions are identifiable, legible and available at points of use
- The prevention of unintended use of obsolete documents
- Document approval prior to issue
- Communication of approved new or modified documents to relevant personnel.

Also described is the process for managing organizational records. Records shall be maintained, archived and disposed of in accordance with system requirements, customer/vendor agreements and legal/regulatory requirements.

Procedures

Document Review

Any controlled documentation requires regular review (at least every 3 years) to ensure currency with internal/external requirements and continuous improvement in the provision of an effective system to meet the business needs.

The review process includes consideration of the following:

- Suitability and relevance to the workplace
- Identified areas requiring improvement
- Effectiveness in achieving desired outcomes, in particular where non-conformance or corrective action is required
- Compliance with legislative requirements.

Obsolete Documents

Obsolete controlled documents are those which are no longer required, replaced or superseded as determined by the needs of the system. Obsolete documents may be identified as part of the review process and shall be removed from the system and

appropriately archived to prevent unintended use. Archived documents must be retained and accessible for system evaluation and legal purposes.

Locally owned or developed QMS documentation identified as obsolete shall be removed from points of issue by the workplace (appointed custodian), archived electronically (where possible) or in hard copy and retained for system evaluation purposes and legal requirements (where relevant).

Document Format

All QMS procedural documentation and associated forms or guidance notes are to use a standard format. Workplaces are encouraged to review system documentation to ensure relevance to their business and where necessary, make modifications to suit identified needs whilst maintaining the standard format.

Exceptions to the standard document format outlined in this procedure include:

- Policy documents that are required to observe the Company Policy standard format;
- Documentation in which QMS content is integrated and another standard format is followed;
- Any other material approved by the Management, ie. Newsletters, brochures, notes, posters, etc.

The following standard format is applicable to all QMS procedures:

- Title
- Purpose
- Definitions
- Roles and responsibilities
- Procedural content
- Performance measures (where applicable)
- Documents/ Forms/Guidance Notes (where applicable)
- References
- Further Assistance (where applicable)

Draft documentation shall be easily identifiable by use of a ‘DRAFT’ watermark along with identification of draft in the footer.

Document Approval Process

New or revised final draft documents are approved by the MR.

The MR will determine the need for referring final draft documents to the Senior Management Group where there is potential for significant impact to business.

Once approved, the final controlled document is released and communication provided to relevant personnel to allow implementation.

Minor changes, including grammar or spelling, are not deemed as content change and are exempt from the approval process.

QMS Document Control Register

A master document control register shall be maintained for all system documentation created or modified.

The Master Document Control Register will include the following:

- Document Title
- Version Number
- Date Created
- Date Reviewed
- Reasons/Comments for creation/review
- Document Custodian

Corrective and Preventive Action Procedure

To ensure that corrective and preventive action is a vital closed loop system of root cause analysis, documented action, verification of effectiveness, and prevention of recurrence.

This procedure applies to identified product, process, system nonconformities and problematic performance with respect to internal quality, service, customer complaints, work safety issues and discrepancies cited during internal audits and external audits at all facilities of the company.

Definition of Terms

Corrective / Preventive Action Notice (CAR Number): A unique number assigned to a Corrective / Preventive Action Notice for easy identification and tracking purposes.

Corrective Action: Action taken to eliminate the root cause(s) and symptom(s) of an existing undesirable deviation or nonconformity to prevent recurrence.

Nonconformity: A departure or deviation of a quality characteristic from its intended level or state that occurs with severity sufficient to cause an associated product, process, system or service not to meet a specified requirement.

Preventive Action: Action taken to eliminate potential nonconformance

Objective Evidence: Verifiable qualitative or quantitative information, observations, records or statements of fact pertaining to the quality of the product, process or system.

Root-Cause:A fundamental deficiency that results in a nonconformance which must be corrected to prevent recurrence of the same or similar nonconformance.

Responsibilities and Requirements

Quality Assurance

- Initiate and/or issue Corrective / Preventive Action Notice(s);
- Review documented root cause and Corrective / Preventive Action Plan for approval;
- Initiate follow-up verification (audit) of completed Corrective / Preventive Actions for effectiveness;
- File and maintain all Corrective / Preventive Action documentation.
- Facilitate the preparation and implementation of Corrective/ Preventive Action Plans

Quality Auditors

- Perform follow-up verification of completed Corrective / Preventive Actions resulting from internal audits

Departmental Manager or Designee

- Participate in review or respond to Corrective / Preventive Action Notice(s) when requested;
- Investigate potential causes of nonconformance(s);
- Assist in the development and implementation of a Corrective / Preventive Action Plan.

Personnel

- Responsible for reporting problems and nonconformance to Quality Assurance on the Corrective/ Preventive Action Notice form.

Procedure

Preventive Action: Quality Assurance will determine the appropriate tools to detect, analyze and eliminate potential causes of nonconformance. Use of Failure Mode and Effect Analysis (FMEA), process mapping, Cause and Effect Diagrams and/or Statistical Process Control may be applied to monitor the process. Information and/or data is collected to determine areas needing preventive action.

Corrective Action: Both external and internal rejections of nonconformities require root-cause analysis and corrective action. If the problem stems from a processing practice, appropriate departmental personnel are contacted to initiate an investigation to determine the root-cause of the nonconformance. After the root-cause of the nonconformance is determined, corrective action is initiated to implement improved practices.

Corrective / Preventive Action may be requested as a result of:

- Internal and external audits;
- Recall of product either voluntary or mandatory;
- Review of product service records;
- Feedback that identifies problematic performance with respect to manufacturability of product or process operations;
- Customer complaints due to dissatisfaction of products or services that may or may not lead to the return of goods;
- Review of NCMRS;
- Product, process, or system nonconformance;
- Other

Responsible Department Action

The department manager or designee that receives a Corrective/Preventive Action Notice must implement immediate or special action (if noted on the Corrective/ Preventive Action

Notice form) in the time period specified. Upon receiving a Corrective/Preventive Action, the recipient must perform the following:

- Investigate the potential root-causes of the nonconformance;
- Analyze suspect processes and/or operations to determine the specific root cause, then document on CAR form;
- Develop, in conjunction with ISMF, a Corrective/Preventive Action Plan to eliminate the root cause and prevent its recurrence;
- Document on the CAR form, sign and date the form. The plan must include a projected date of completion.

For a Corrective / Preventive Action Notice resulting from an internal quality audit, Internal Audits, states the time period and method for responsible department action.

Corrective/Preventive Action Implementation

The responsible department manager implements the plan as prescribed by the projected completion date.Changes in procedures and/or processes resulting from Corrective/Preventive Actions are documented and recorded.Communication and training of the changes, for affected individuals, are performed, documented and retained as Quality Records.

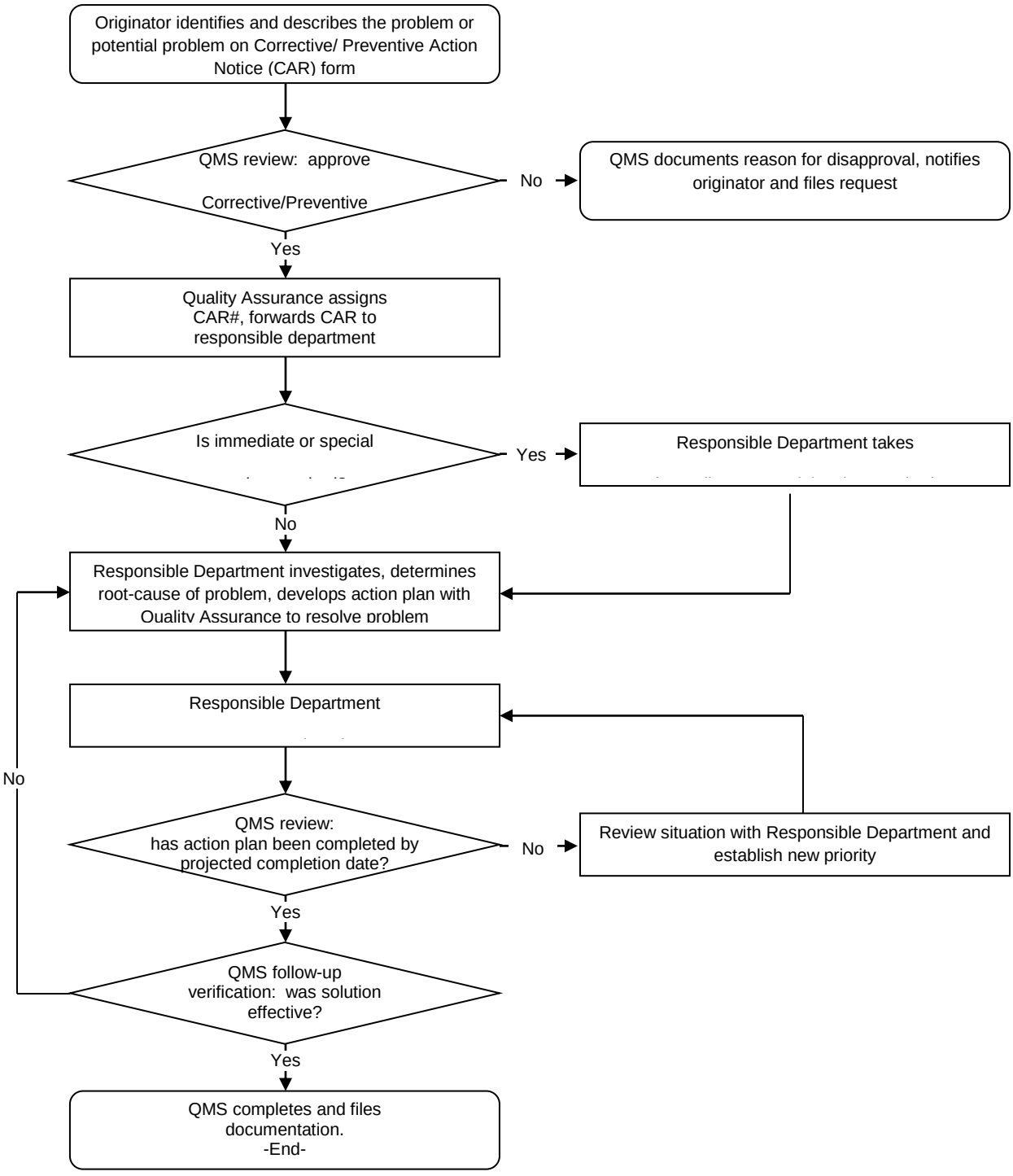
When implementation is complete, the responsible department manager attaches or references objective evidence of implementation on the Corrective / Preventive Action Notice form, signs and dates the form, and sends the form to Quality Assurance.

Corrective / Preventive Action Follow-up Verification

Once implementation of Corrective / Preventive Actions are complete, Quality Assurance (or Quality Auditor(s) for Corrective / Preventive Action resulting from an internal audit) performs a follow up verification to assess and determine its effectiveness. Documented objective evidence of effectiveness is required for closure and is attached to or referenced on the Corrective / Preventive Action Notice form. If the Corrective / Preventive Actions are not implemented in a timely manner, Quality Assurance will review the situation with the department manager and establish a new priority. If the Corrective / Preventive Actions are not effective, the responsible department is notified to develop a new action plan.

Once verification of effectiveness is complete, Quality Assurance or the Quality Auditor signs and dates the Corrective / Preventive Action Notice form, and checks the CPAN Closed checkbox. Quality Assurance updates the Corrective / Preventive Action Database, notifies the originator and the responsible department that verification is complete, and files the completed Corrective / Preventive Action form.

Flow Chart


Originator identifies and describes the problem or potential problem on Corrective/ Preventive Action Notice (CAR) form
QMS review: approve Corrective/Preventive
No
QMS documents reason for disapproval, notifies originator and files request
Yes
Quality Assurance assigns CAR#, forwards CAR to responsible department
Is immediate or special
Yes
Responsible Department takes
No
Responsible Department investigates, determines root-cause of problem, develops action plan with Quality Assurance to resolve problem
Responsible Department
No
QMS review: has action plan been completed by projected completion date?
No
Review situation with Responsible Department and establish new priority
Yes
QMS follow-up verification: was solution effective?
Yes
QMS completes and files documentation.
-End-

Control of Non-conforming products or processes

The purpose of this procedure is to control all Non-conformances and their by preventing the same from affecting the quality.

Procedure

- All System related non-conformances raised during Internal Audits are recorded in CAR and corrective action initiated as per Corrective Action Procedure.
- All Non-conformances observed in the process shall be recorded via a CAR and appropriate action shall be initiated.
- All Non-conforming items are segregated and placed in identified Non-conforming area.

  Non-conformance in the process

  Non-conformances or deficiencies in any of the following Processes / operations / activities:

  - Procurement
  - Planning
  - Production
  - Quality Checks
  - Delivery
  - Vendor Verification

MR has to identify Nonconformance at subcontracted processes or during any of the processes mentioned above and create a Corrective action request.Raise Non-conformity and inform stake holders or relevant process owner.Identify Personnel responsible for the same and discuss the various causes of Non Conformity.

Suitable on-the- job training to be provided where it is felt that such training can diminish non-conformance.Take appropriate Correction / Corrective / Preventive Action and identify the responsible person to take the action within the deadline specified.

The systems are subjected to Re inspection after fixes.

Follow-up

The MR shall follow-up against the action taken and scrutinize if the action taken has been implemented by all necessary stakeholders.