



नियंत्रित/CONTROLLED

NATIONAL SEEDS CORPORATION LIMITED

**DEPATMENTAL MANUAL- MR
(IMS POLICY MANUAL)**

Approved by: Management Representative

Effective Date: 10.06.2018

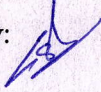
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1. PURPOSE

To establish and maintain a system to control all documented information (both internal origin and external origin) relating to quality management system and to ensure that latest version of documents is available at the point of use.

2. SCOPE

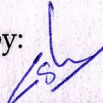
Applicable to all documented information of internal/external origin relating to quality management system.

3. OVERALL RESPONSIBILITY:

MR : For System documented information of Internal Origin
Divisional Head : For documented information of internal & external origin related to their Division.
Regional Head : For documented information on internal & external origin related to their region.

4. PROCEDURE:**A. Documented information of Internal Origin**

1. The documented information of internal origin are the documented information which are generated by the NSC. All documented information of internal origin, as required, are prepared in consultation with respective Divisional/Regional Head and got reviewed and approved before their issue. The approving authority of various documented information is as follows:-

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S.No	Documented Information	Approved By	Issued By
1	Quality Policy & Objective	Chairman Cum Managing Director Concerned Divisional/Regional Head	MR
2	Quality Manual		
3	Procedure		
4	Quality Plans		
5	Formats/ Works Concerned instructions		
6	Div. Objectives		
7	Authority, responsibility & Organization Chart.		
8	MRs Procedures.	MR	

All the documented information which are issued under the document control system, covered in master list, carry a unique identification no.

2. A master list documented information of all generic documents including Quality Manual, showing their current revision status shall be compiled and maintained by MR as per format (F/MR/01/01).
3. A master list of documented information applicable to their area of work showing the current revision status shall be maintained by the concerned GM/RM.
4. Master copies of documented information of internal origin are stamped "MASTER" on the back of page and are kept separately by MR.

5. Document Issue:

- a) Issue of appropriate documented information on need basis is made to all concerned users (as per master list of documented information) with a stamp of "CONTROLLED" on front side of each page. Entry of these documents is made in Master List of documented information of internal origin.
- b) For all documented information, their first level of distribution shall be indicated in the Master List of documented information of Internal Origin maintained with MR.
- c) For distribution, copies shall be multiplied from the master copy & shall be stamped "CONTROLLED" on each page.
- d) Second level distribution of documented information at RO level shall be done by concerned Regional Manager who shall also maintain a Regional Level Master List of documented information as per F/MR/01/01.
- e) Uncontrolled copies of quality manual are issued only with the permission of MR with a stamp "UN CONTROLLED" on each page for purposes such as advertisement/publicity etc.

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6. Documented Information Change.

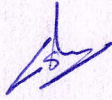
- Any request for change in documented information is put to MR/GM/RM concerned responsible for its approval in Format (F/MR/01/02) for review.
- MR forwards the request for change to concerned approving authority, who review the change request keeping in view the background information, if any and if found appropriate approves the same.
- MR prepares Issues Change Note as per format (F/MR/01/03) update master list. Changes of documented information can be made in full or in part. On change of full documented information its issue no. is incremented. On change in any specific page only, page revision no. of the specific page is incremented. The revised date is accordingly indicated on the changed/page document.
- First level of distribution of documented information is done by MR & second level of distribution as applicable at RO is done by RM who shall update his Master List of documented information.
- All the obsolete documented information are disposed off by tearing off the documented information by the concerned Divisional/GM/Regional Head.
- Nature of changes in the documented information is suitably indicated in the Issue Change Note by MR.
- Concerned Divisional/Regional Head ensures the use of current documented information in their respective areas.

7. Obsolete Documented Information Control:

- Obsolete/invalid documented information are removed from all points promptly on receipt of new copies by the concerned users.
- One copy of obsolete documented information is maintained by MR with the stamp "OBSOLETE" and is perceived for archival purpose. All other obsolete documented information are destroyed by the controlled copy holders.

B. Document of External Origin:

- Ministerial Guidelines/Circulars/Instructions, Indian Minimum Seed Certification Standard (MSCS), International Seed Testing Association (ISTA) Manual, Indian Standards, CPWD Guidelines/ manual etc. are the external documented information being used by NSC.
- Master list of documented information of external origin (F/MR/01/04) is prepared by the concerned Division/Region. To verify the currency of the external origin documented information, liaisoning with the concerned issuing/ publishing authorities of the above-mentioned documents of external origin is maintained by the user & records for the same is maintained.



Effective Date:

e: 10-06-2018

Issue No. 01

Approved By DGM.

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 Approved by: 	FORMAT FOR DOCUMENTED INFORMATION CHANGE	DOC: F/MR/01/02 Issue No. 02 Page Rev No:00 Page: 01 of 01 Effective Date:
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10-06-2018

1. Name & Designation of initiator:
2. Doc. No & Page No. in which change is required.
3. Details of Changes required.

S.No	Section/Clause	New/replacement Text required (write or annex)	Reason for request	Remarks

(Sign & Date)

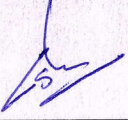
Review & comments of MR

(Sign & Date)

Review & comments of approving authority

(Sign & Date)

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 Approved by: 	FORMAT FOR ISSUE CHANGE NOTE	DOC: F/MR/01/03 Issue No. 02 Page Rev No:00 Page: 01 of 01 Effective Date: 10-06-2018
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NO:

Date:

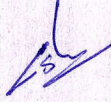
Following new/amended documents have been prepared and are being issued:

S.No	Doc.Title	Version No.	No.of pages	Page No.	Page Rev.No	Remarks/Nature of change

You are requested to insert these documents in the set of documents issued to you. Any available obsolete copies of these documents, if applicable, may be destroyed by you.

(MR)

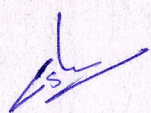
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 Approved by: 	FORMAT FOR MASTER LIST OF DOCUMENTS OF EXTERNAL ORIGIN	DOC: F/MR/01/04 Issue No. 02 Page Rev No:00 Page: 01 of 01 Effective Date:
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10-06-2018

Name of Division

S.No	Name/Title of Document	Year of Publication & revn. Details	Source	Distribution	Remarks

 Approved by: 	PROCEDURE FOR CONTROL OF RETAINED DOCUMENTED INFORMATION	DOC: P/MR/02 Issue No. 02 Page Rev No:00 Page: 01 of 02 Effective Date: 10-06-2018
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1. PURPOSE

To establish and operate system for control of quality retained documented information as regards their identification storage, retrieval, protection, retention time and disposition so as to provide evidence of conformity to requirements for the effective operation of Quality Management System (QMS).

2. SCOPE

Applicable to all the quality retained documented information for the operation & review of implemented quality system and covered in the list of quality records maintained in the Divisions.

3. OVERALL RESPONSIBILITY

Preparation, maintenance & disposition of quality retained documented information- MR an all Concerned Divisional/Regional Heads.

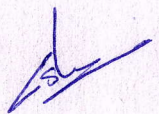
4. PROCEDURE:

1. All the concerned divisions/regions including MR will prepare a master list of retained documented information based on the implemented QMS (as per format F/MR/02/01), which shall include the following details:-

- a) Name of RDI.
- b) Retained Documented Information Ref No.
- c) Issue No.
- d) Retention Period
- e) Responsibilities

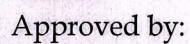
Retained Documented Information in the above list shall include Audit Results/report files, Action taken on minutes of MRM, Training Retained Documented Information, Planning Retained Documented Information, Documented information updation/change records etc. in addition to Files/register pertaining to day today working of the divisions/regions.

2. Each Divisions'/region's personnel responsible to generate the retained documented information shall have the responsibility of keeping the retained documented information safely in proper condition. The retained documented information shall have the retained documented information number indicated for easy identification and retrieval. The retained documented information shall be stored at identified location. To protect the retained documented information , they should preferably be kept in a closed cupboard/racks/almirahs, Each file is designated as follows:

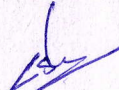
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- File No/Division/Section /NSC/Year. File no. shall be as per Circular of Issue of files.
3. The filing of papers and entire in quality retained documented information shall be made in chronological order by the authorized personnel. The entries in the retained documented information are , made legibly so that correct information is retrieved/deciphered. Important soft retained documented information the retained documented information such as Finance data etc are maintained & updated on regular basis.
 4. The retention time of quality retained documented information's shall be specified and on completion of retention period, the retained documented information shall be reviewed for their continuance or disposal. Where not specified, the retention period is ten years. The records may be disposed of suitably. A list of such records disposed off shall be maintained by the concerned user.
 5. When a file is sent out of the parent deppt./ section the nominated assistant records file movement details such as "diary entry no. file no. & sent to "in the File Movement Register. The receiving officer or his assistant signs the File Movement Register as token of receipt of the file. Late, on receipt back of the file in the parent /section, the nominated assistant updates the Movement Register.
 6. The concerned Division/Region Head shall periodically update the volume/number of the running records in his master list.

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1. **PURPOSE**

To establish and operate a system for review of the Implemented Quality Management System by top management.

2. **SCOPE**

Applicable to entire activities covered in the Implemented Quality & Environment Management System as per ISO 9001:2015 & 14001:2015.

3. **OVER ALL RESPONSIBILITY**

1. CMD has the overall responsibility for implementation of this procedure which shall be co-ordinated by Management Representative. (MR).
2. The over all responsibility of management review at Regional level lies with Respective RMs.

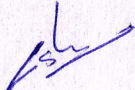
4. **PROCEDURE:**

1. The review of the implemented quality management system at NSC level is undertaken by the "Management Review Committee" on periodic basis in order to assess its effectiveness and monitoring performance of the processes.
2. The Management Review Meeting is undertaken at a frequency of at least once in **Six months** by the Management Review committee comprising of

CMD	: Chairman
MR	: Convener
All Department Heads	: Member

Any other person internal and external may be invited by CMD/MR to attend the meeting.

3. The agenda of the **Management Review Meeting** shall contain the relevant input from the following, as applicable.
 - Follow up actions from the previous MRM.
 - Summary of findings of previous internal/external quality audits
 - Over all performance of the NSC during the period.
 - Status of Quality Objectives (Target vs achievements).
 - Summary of feedback from Farmers/Dealers/Growers/community/state govt. etc.
 - Report of accidents/emergencies.
 - Review of the action taken on the deficiencies/ improvement issue identified during field inspection.
 - Summary of important correction and corrective action taken.

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- Any changes which may affect the implemented quality system including the changes due to incorporation of new processes.
- Any resource requirement concerning infrastructure (equipment, man, machine etc.)
- Review of performance of various suppliers.
- Review of the implemented quality system and related documented information including the suitability of Quality Policy and Objectives to the long term organizational goals.
- Recommendation for improvement, if any.
- 4. During the MRM all the agenda points shall be discussed and action to be taken shall be decided including responsibility for taking the planned actions. Any additional issues may also be discussed in the meeting with the permission of Chairman.
- 5. MRM outputs are prepared as Minutes of MRM by MR as per format (F/MR/03/01). The minutes of MRM are distributed to all the concerned for information and necessary actions.
- 6. Action taken report is prepared on the minutes of MRM in format (F/MR/03/02). If there are any pending actions on ATR, the concerned person shall be reminded for the same. ATR is reviewed by CMD.
- 7. The summary of actions taken/action pending on the ATR of the MRM is presented in the next "MRM".
- 8. At the level of Regions, Concerned Heads shall organize Quarterly Management Review of area under their jurisdiction through Management Review Committees at their level. Agenda for the meeting shall incorporated all the issues listed in Para 4 C and prepare minutes of meeting as format F/MR/03/01 and ATR on minutes of meetings as per format F/MR/03/02 and submit quarterly MIS to MR cell as per format F/MR/03/03.

Note: The agenda shall also contain the venue, date and time of the meeting. The Agenda for MRM shall be circulated to all the concerned, usually 5 days in advance. The relevant information on the agenda points shall be supplied by all the concerned officers and complied by MR well before the meeting.



Approved by:

FORMT FOR MINUTES OF MANAGEMENT REVIEW MEETING

DOC: F/MR/03/01

Issue No. 02

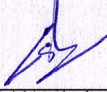
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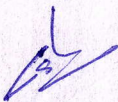
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Agenda Point	Action Decided	Action Taken	Reviewed by	Status

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1. PERIOD: FROM _____ TO _____
2. DIVISION:
3. DIVISIONAL HEAD:
4. STATUS OF ISSUES RELATED TO QMS

4.1. Follow-up actions on previous management reviews

Ref. MRM	Issues	Action required	Status of action taken	Remarks

4.2. Summary of findings of previous internal/external quality audits

4.2.1. Internal Audit conducted during the period _____ to _____

No. of NCRs raised	No of NCRs Closed	Status of circulation of NCRs within the division	No. of NCRs pending	Reasons of pendency of NCRs

4.2.2. External Quality Audits Conducted during the period _____ to _____

No. of NCRs raised	No of NCRs Closed	Status of circulation of NCRs within the division	No. of NCRs pending	Reasons of pendency of NCRs

4.3. Broad performance

Targets given by the board	Status of achievement level	Problems areas causing the delay in achievement of targets	Specific area requiring board's focus to complete the work within target	Remarks

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4.4. Status of Quality Objectives

Divisional objective/target	Status of achievement level	Reasons of non fulfillment of target	Recourses required (if any)	Remarks

4.5. Feed back from Farmer/Dealer/Growers

Feedback received from	No of feedbacks received	Action required on no of feedbacks	Action taken on no of feedbacks	Reasons of pending actions on feedbacks

4.6. Accident/Emergency Reporting

No. of accidents reported	Causes of the accidents analyzed	Corrective/Preventive actions defined	Status of corrective/preventive action	Reasons of pending actions

4.7. Review of action on Field Inspection

No. of racks inspection done	No of non conformities reported	No. of non conformities resolved	Non conformities pending and their reasons thereof	Remarks

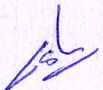
4.8. Corrective Preventive action summary

Nature of Issue	Corrective action undertaken	Preventive action undertaken	Remarks

4.9. Review of Process/QMS System/Quality Policy/Quality Objectives

Area reviewed	Nature of change	Target for implementation of suggested change	Implementation status of change identified	Remarks

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4.10. Resource Requirement

Project Requiring resources	Resources required	Existing Status of resources	Time frame for provision for resources	Remarks

4.11. Evaluation of suppliers Performance.

No of suppliers to be evaluated during the period	Suppliers need to be counseled	No. of suppliers whose performance is not up to the mark	Action taken on such cases

4.12. Recommendation for improvement.

Signature of Unit Head:

Date:

 Approved by: 	PROCEDURE FOR CONDUCTING INTERNAL AUDIT	DOC: P/MR/04 Issue No. 02 Page Rev No:00 Page: 01 of 03 Effective Date: 10-06-2018
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1. PURPOSE

To plan and conduct internal audit to assess the effectiveness of the implemented quality system as per the requirement of ISO 9001:2015 and to use the results of Internal Audit as tool for continual improvement of the various processes of NSC.

2. SCOPE

Applicable to all the activities covered under the scope of QMS.

3. OVER ALL RESPONSIBILITY

1. MR for planning & monitoring of audit at HQ level for the activities of HO & RO
2. Regional Manager for planning & monitoring of audit at RO level
3. Auditors for conduct of audit as per schedule.
4. Auditee to cooperate with auditors during the audit & timely closure of Non Conformities raised during various audits.

4. PROCEDURE:

A. Internal Audit Training

1. Identified officers of the organization are trained as internal auditors and list of trained internal auditors is maintained as per Format (F/MR/04/01) by MR. These auditors are qualified for conducting the audit based on:

- a. One day Internal Auditors Training course
- b. Experience of working (Min experience 2 yrs) & professional qualifications.

B. Audit Planning

1. Annual Internal Audit Program is prepared and is approved by MR for HO and surveillance audit for regions as per Format (F/MR/04/02) Audit scope, objective & criteria are defined in audit programme. The extent of activities to be audited shall depend upon the nature, status and importance of the activity and the results of previous audit. It is ensured that audit their own Divisions/ Areas. All the auditees & auditors are informed of the audit well advance. Similar Annual Audit plan shall be prepared by RMR also and copy made available to MR.

C. Audit Preparation:

1. The nominated auditors prepare for audit by:-
 - Collecting the relevant documented information such as applicable procedures/ quality plans/findings of previous audits etc.& developing understanding of applicable documents.
 - Developing understanding of Focus Issues, Management Priorities etc. related to the area to be audited.

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- Developing checklist as per the requirements, if required.

D. Conduct of Audit & Reporting:

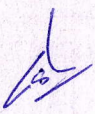
Auditors/auditees ensure that no changes are made in the audit programme as per plan. In case of any specific reasons for change, the same is brought to the notice of MR immediately for further actions.

The nominated auditors as per the Audit Program carry out the audit through physical examination of the relevant records, interviewing the etc. the concerned persons performing jobs, observing the ongoing processes etc. Check lists if developed shall be used as tool to carry out audit. Audit observations along with objective evidence shall be recorded in checklist by the concerned auditor. In case of any non compliance, the same is reported in the non conformity report by the auditor in Format (F/MR/04/03). Apart from audit non-conformity report, division/region wise audit report is prepared reporting conformance and non-conformance level as per Format(F/MR/04/04) by the team leader of the audit team. Original NCRs are given to Auditee's and copies are forwarded to MR/RM. The performance of the auditor shall be reported by auditee in the Format (F/MR/04/06) as evaluated by the Auditee. The auditee acknowledges the non conformity raised on NCR and indicates proposed corrective action & time to be taken for resolution. Audit Report along with NCR's is prepared duplicate & given to auditee & MR by the auditors.

On completion of the audit cycle, an audit summary report indicating details of NCR's raised as per Format (F/MR/04/05) is prepared by MR. Auditee completes the corrective action in a timely manner and informs the auditors and MR for verification of the action taken on the non conformities.

E. Follow up of the audit:

1. **MR follows** up with the auditees for timely completion of action on the non conformities. He coordinates to carry out the follow up audits and verify the corrective actions taken through the same audit teams.
2. **MR examines** the adequacy and completeness of the actions taken. If the corrective actions taken on Non conformities are not suitable and complete, MR refers back the issue to concerned auditors & auditees for effectiveness of the actions.
3. After every audit, data analysis is done on the audit non conformities to find out the nature of non-conformities observed clause wise. Root cause analysis is done to prevent the reoccurrence of these non conformities in future by **MR**.

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F. Additional Audits:

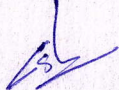
- Any technological change in the process.
- Change of the process itself.
- Customer complaints/process problems.
- Repeated failure/shut down in the processing plant.
- Repeated nature of non conformances observed during internal/external audits.

G. Regional Level Audit.

At Regional Level Concerned RM's shall to organize their own audits through their own trained lead auditors/ auditors ensuring independence of audits for which audit planning, execution, reporting, corrective action follow-up and closure etc shall be done at Regional level as above.

Audit summary Reports of such audits shall be submitted to Corporate MR, who shall incorporate them in his report for Management Review.

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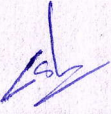
SL No.	Name of Officers	Designation	Remarks

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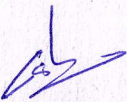
 Approved by: 	FORMAT FOR ANNUAL AUDIT PLAN	DOC: F/MR/04/02 Issue No. 02 Page Rev No:00 Page: 01 of 05 Effective Date: 10-06-2018
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National Seeds Corporation Ltd.										
INTERNAL AUDIT PLAN , SCHEDULE & SUMMARY										
AUDIT NO										
Ref. No. :	F/MR/04/02	EMS AUDIT								Issue No. 01
ISO	Clause Description	Dept/	Top	Marketi	Purcha	Process	Inspectio	Store	NC Observed	Closed by Date
Clause		Section	Mgmt	ng	se	Maint	Testing		M/m/O	
		Auditor:								
		Date :								
4.0	Context of the Organization		.	.	.	.	.	.		
4.2	Need & Expectation of Interested Parties		.	.	.	.	.	.		
5.1	Leadership & Commitment		.							
5.2	Customer Focus		.							
5.2.1	Quality Policy		.							
5.3	Responsibility & Authority		.	.	.	.	.	.		
6.1	Actions to Address Risk & Opportunity		.	.	.	.	.	.		
6.1.2	Environmental Aspect		.	.	.	.	.	.		
6.1.3	Compliance Obligation		.	.	.	.	.	.		
6.2.2	Planning to achieve the Environmental Objectives		.	.	.	.	.	.		
6.3	Planning of Changes		.							
7.1.	Support- Resources (Calibration)		.				.			
7.2	Competence		.	.	.	.	.	.		
7.3	Awareness		.	.	.	.	.	.		
7.4	Communication		.	.	.	.	.	.		

नियंत्रित/CONTROLLED

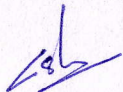
 Approved by: 	FORMAT FOR ANNUAL AUDIT PLAN	DOC: F/MR/04/02 Issue No. 02 Page Rev No:00 Page: 02 of 05 Effective Date: 10-06-2018
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7.5	Documented Information		.	.	.	.	.	.		
8.1	Operation-Planning & Control (DI-OCPs), Operational Controls		.	.	.	.	.	.		
8.2	Emergency Preparedness & Response		.	.	.	.	.	.		
9.1	Monitoring, Measurement, Analysis & Evaluation		.	.	.	.	.	.		
9.1.2	Evaluation of Compliance		.	.	.	.	.	.		
9.2.	Internal Audit		.							
9.3	Management Review		.							
10.2	Non Conformity & Corrective Action		.	.	.	.	.	.		
10.3	Continual Improvement		.	.	.	.	.	.		
.	Plan Status -	Plan	.	.	.	.	.	.		All closed on
✓	Done	Done	✓	✓	✓	✓	✓	✓	Tot. NC	
	Closed	Closed								
Abbreviation used										
		Circulated to- All HODs							Planned on Date	
Plan for Next Audit										
NEXT AUDIT DUE IN -									Sig. of .	
AUDITORS -										
SECTIONS -										

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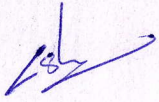
National Seeds Corporation Ltd.										
INTERNAL AUDIT PLAN , SCHEDULE & SUMMARY										
AUDIT NO										
Ref. No. : F/MR/04/02			QMS AUDIT							Issue No. 01
ISO	Clause Description	Dept/	QMS	Marketi	Purchase	Process	Inspectio	Store	NC Observed	Closed by
Clause		Section	Func.	ng		Maint	Testing		M/m/O	Date
		Auditor:								
		Date :								
4.0	Context of the Organization		.							
4.2	Need & Expectation of Interested Parties		.	.	.	.	.			
5.1	Leadership & Commitment		.							
5.2	Customer Focus		.							
5.2.1	Quality Policy		.							
5.3	Responsibility & Authority		.							
6.1	Actions to Address Risk & Opportunity		.							
6.2	Planning to achieve the Quality Objectives		.							
6.3	Planning of Changes		.							
7.1.1	Support- Resources									
7.1.3	Infrastructure		.							
7.1.4	Environment for the operation of processes		.							
7.1.5	Monitoring & Measurement Resources		.			☐				
7.1.6	Organizational Knowledge		.							
7.2	Competence		.							
7.3	Awareness		.							
7.4	Communication		.							
7.5	Documented Information		.							

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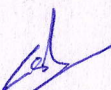
8.1	Operation- Operational Planning & Control			.		.	.			
8.2.3	Review of the requirements for product & Service			.						
8.3	Design & Development	NA								
8.4	Control of Externally provided Process/Prod/Ser.				.					
8.5	Production & Service Provision					.				
8.5.1-f	Validation to Special Process	NA								
8.5.2	Identification & Traceability					.				
8.5.3	Property belonging to customers or ext. provider	NA								
8.5.4	Preservation							.		
8.6	Release of products & Services						.			
8.7	Control of Non Conforming Output					.				
9.1.2	Performance evaluation- Customer Satisfaction			.						
9.2	Internal Audit		.							
9.3	Management Review		.							
10.2	Improvement- Non Conformity & Corrective Action		.	.	.	.	.	.		
10.3	Continual Improvement		.	.	.	.	.	.		
.	Plan Status -	Plan	.	.	.	.	.	.		All closed on
✓	Done	Done	□	□	□	□	□	□	Tot.	
	Closed	Closed								
Abbreviation used										
		Circulated to- All HODs							Planned on Date	

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 Approved by: 	FORMAT FOR ANNUAL AUDIT PLAN	DOC: F/MR/04/02 Issue No. 02 Page Rev No:00 Page: 05 of 05 Effective Date: 10-06-2018
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Plan for Next Audit											
NEXT AUDIT DUE IN -										Sig. of .	
AUDITORS -											
SECTIONS -											

नियंत्रित/CONTROLLED

 Approved by: 	FORMAT FOR NON CONFORMITY REPORT	DOC: F/MR/04/03 Issue No. 02 Page Rev No:00 Page: 01 of 02 Effective Date:
		10-06-2018

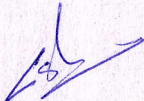
National Seeds Corporation Ltd.							
QUALITY SYSTEM NON CONFORMITY CORRECTIVE ACTION REQUEST							
Ref. No. : F/MR/04 /03							
Issue 01							
Department Audited :			Auditor			Date	
Nature of Non Conformity		Major		Minor	1	Observation	
Details of Non Conformity Observed:							
	Clause		Details				
Sig. Of Auditor							
Identified Root Cause Behind the Non Conformity							
Proposed Corrective Action by Auditee						Target Date	
						05-07-2018	
Sig. Of Auditee							
Effectiveness Verification							

नियंत्रित/CONTROLLED

 Approved by: 	FORMAT FOR NON CONFORMITY REPORT	DOC: F/MR/04/03 Issue No. 02 Page Rev No:00 Page: 02 of 02 Effective Date: 10-06-2018
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Sig. Of Auditor/Dir							Date:	02-07-2018
						1		
Status of Non Conformity					Closed	Open	Extension	

नियंत्रित/CONTROLLED

 Approved by: 	FORMAT FOR AUDIT REPORT	DOC: F/MR/04/04
		Issue No. 02
		Page Rev No:00
		Page: 01 of 01
		Effective Date: 10-06-2018

Name of Division	Audit Team		
Date of Audit			
Scope of Audit			
Activity Audited			
Highlights of Audit findings			
(filled checklist may be enclosed as evidence of having conducted the audit)			
List/summary of Non Conformities			
Area Audited	Total No. of NCRs	NCRs Pending	Clause No.
Problems encountered during audit, if any			
Suggestion/recommendation for improvement			

Name of Auditor

Designation

Date of audit

नियंत्रित/CONTROLLED

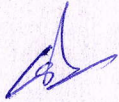
 Approved by: 	FORMAT FOR AUDIT SUMMARY REPORT	DOC: F/MR/04/05 Issue No. 02 Page Rev No:00 Page: 01 of 01 Effective Date: 10-06-2018
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Audit No.

Dates:

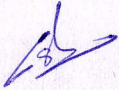
S.No	Activity/Division/Cell	Auditors	Audit Dates	No. of NCR's	NCRs Pending	Remarks

नियंत्रित/CONTROLLED

 Approved by: 	FORMAT FOR EVALUATION OF EXTERNAL AUDITORS	DOC: F/MR/04/05 Issue No. 02 Page Rev No:00 Page: 01 of 01 Effective Date: 10-06-2018
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Description	Excellent	V.Good	Good	Avg.	Poor
Knowledge of ISO 9001:2015 & 14001: 2015					
Planning & organizing the audit					
Comprehensiveness of checklist					
Personal attributes a) Ethical Conduct b) Professionalism c) Fair presentation					
Sufficiency & appropriateness of audit evidence to support audit findings					
Time Management					
NCR Writing Skills					
Overall Rating					
Name & Designation: Signature of Auditee: Date of Audit:					

नियंत्रित/CONTROLLED

 Approved by: 	PROCEDURE FOR CORRECTION & CORRECTIVE ACTION	DOC: P/MR/05 Issue No. 02 Page Rev No:00 Page: 01 of 01 Effective Date: 10-06-2018
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1. PURPOSE

To ensure that suitable correction and corrective action are identified, taken, reviewed for actual or potential non-conformities.

2. SCOPE

Applicable to all the activities covered under the scope of Certification.

Note: Correction Action to be taken for actual non-conformities. Corrective action to be taken for non-conformities which have not occurred but can occur.

3. OVER ALL RESPONSIBILITY

All Divisional/Regional Heads for their activities.

MR for system based correction/corrective action.

4. PROCEDURE:

Routine & Non Repetitive Non Conformities.

The non-conformities, actual or potential are identified in various divisions during the course of regular activities being performed by them. Various non conformities are also observed/identified during monitoring of the various parameters of the quality plans of various identified activities/processes including the track inspection. In case of any abnormality/deviation/non conformance, the same is recorded in non conformity report for necessary correction and corrective actions. After the end of each month all the correction and corrective action are summarized and emerging trends, if any, are reviewed by the concerned Divisional/Regional Heads.

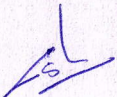
Critical/Repeated Non Conformities.

Each Division/Region maintains a correction and corrective action register (F/MR/05/01) where all identified actual or potential non-conformities of critical/repetitive nature are recorded. Any person/employee, who notices any abnormality/deficiency in service, shall fill up suggestion slip, clearly indicting the nature/timing/location of deficiency. Suggestion slip shall be freely available at Reception Counter in Head Office & Regional Office in suggestion Boxes. These suggestion slips can be deposited in the suggestion boxes. The keys of suggestion boxes are available with concerned Divisional/Regional Head who ensures the timely disposal of the suggestions/complaints. In case of major failures/non conformities/complaints root cause analysis is done by the nominated person and necessary correction and corrective actions are identified. The concerned Divisional/Regional Head reviews the non-conformity and nominates person/team for the identify/taking and completing the action in a time bound manner.

On completion of the action, the same is reviewed by GM/RM correction and corrective register is updated.

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		Issue No. 02
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		Effective Date: 10-06-2018

Sl. No	Date	Stage where NC observed	Observed NC	CACA identified on NC	Resp for CACA	Target Date of completion	Action Taken	Review by	Remarks

 Approved by: 	PROCEDURE FOR CONTROL OF NON CONFORMITIES	DOC: P/MR/05 Issue No. 02 Page Rev No:00 Page: 01 of 03 Effective Date: 10-06-2018
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1. PURPOSE

To ensure that all the non conformities are identified and timely action are taken on the identified non conformities.

2. SCOPE

This procedure is applicable to all the activities under the scope of Quality Management System.

3. OVER ALL RESPONSIBILITY

All Divisional/Regional Heads & MR.

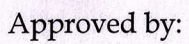
4. PROCEDURE:

- A. A Non conformity may be identified during verification of a process/services/inspection/feedback/audit/review etc. whenever, such non-conformity is identified, it shall be recorded to a non-conformity note. The various inputs for the identification of non conformity may be:
 - i. Feedback from statutory/regulatory bodies.
 - ii. Feedback from Farmer, Dealer, Employees, Growers etc.
 - iii. Review meetings
 - iv. Field visit reports/inspection notes.
 - v. Results of Internal/External audits.
 - vi. Failure of any process/services
 - vii. Feedback from VIPs
- B. In case there is any deviation from the seed standard while testing in different laboratories and seeds are to be accepted as TL seed instead of CS and also seeds are to be disposed for low germination, a committee of following officers shall jointly take decision:
 - i. For Acceptance of TL instead of CS- committee of GM(P,M & QC)
 - ii. For disposal of seeds on prorated basis, if germination is less than specified range- committee of GM (P, M & QC)
 - iii. For relaxation of seed standard in special case- Ministry of Agriculture.
- C. Whenever, such non conformities are identified, the same is recorded in the non conformity Note (F/MR/06/01). After recording in the note, the same is reviewed by concerned Divisional/Regional Head for resolution and improvement actions. If the non conformity is of very server nature same is reviewed by CMD.

 Approved by: 	PROCEDURE FOR CONTROL OF NON CONFORMTITIES	DOC: P/MR/05 Issue No. 02 Page Rev No:00 Page: 02 of 03 Effective Date: 10-06-2018
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National Seeds Corporation Ltd.									
QUALITY SYSTEM NON CONFORMITY CORRECTIVE ACTION REQUEST									
Ref. No. : F/MR/04 /03									
Issue 01									
Department Audited :				Auditor			Date		
Nature of Non Conformity			Major		Minor		Observation		
Details of Non Conformity Observed:									
Clause			Details						
Sig. Of Auditor									
Identified Root Cause Behind the Non Conformity									
Proposed Corrective Action by Auditee							Target Date		
Sig. Of Auditee									
Effectiveness Verification									

नियंत्रित/CONTROLLED



PROCEDURE FOR CONTROL OF NON CONFORMTITIES

Issue No. 02

Page: 03 of 03

Effective Date: 10-06-2013

Sig. Of Auditor/Dir							Date:	
Status of Non Conformity					Closed	Open	Extension	
Remarks:								