

**AQC GLOBAL LLC**



**ISO 50001 :2018**

## **ISO 50001: 2018 INITIAL REPORT**

**COMPANY NAME:** BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES

**COMPANY ADDRESS:** LAKNEPALLY (V), NARSAMPET (M), WARANGAL DISTRICT,  
PIN - 506 331, TELANGANA, INDIA.

**Company Representative:** Mr. Siddartha Kumar

**Start date of visit:** 22<sup>th</sup> August 2023

**Visit duration:** 01 Days

**AUDIT TEAM – Lead Auditor**

ARUN KUMAR

AQC GLOBAL LLC

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**PRINCIPAL**

Balaji Institute of Pharmaceutical Sciences  
Laknepally (V), Narsampet (M)  
Warangal (Dt) - 506 331 (T.S)

## AUDIT SCOPE & OBJECTIVES

### Objectives

To evaluate the ongoing effective compliance of the Energy Management System against the requirements of ISO 50001:2018, the scope of certification and your own Energy Management System(EnMS).

The audit will also identify any areas of potential improvement to your management system, as appropriate to the audit scope.

### Scope

**“Providing Pharmaceutical Educational Services leading to Award of Under Graduate Programs in Pharmacy (B.Pharm), Post Graduate Programs in Pharmacy (M.Pharm) and Doctor of Pharmacy (Pharm.D).”**

This scope was reviewed during this audit and was considered appropriate, there are no foreseen changes at this time.

### Standard – Audit Criteria

ISO 50001; 2018

### Site location

**LAKNEPALLY (V), NARSAMPET (M), WARANGAL DISTRICT,  
PIN - 506 331, TELANGANA, INDIA.**

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## Site Review

The audit was completed on site. A tour of 1 locations was included in this initial audit . These sites were all academic locations.

The site tours included interviews with the facilities managers and Facility Assistants, a review of site energy monitoring and a tour of the buildings including academics areas as relevant.

All of the locations visited were seen to be managed in line with the energy management system with onsite teams demonstrating a good understanding of the significant energy uses and the variables that effect energy efficiency.

## AUDIT CONCLUSION

### Summary and certification status

During the assessment no nonconformities were raised.

Continued certification is recommended.

The audit plan & objectives have been achieved and the certificate scope remains appropriate.

ISO 50001: During this audit it has been demonstrated and confirmed that there has been continual energy performance improvement made across the business. Examples of which are detailed in this report.

### Follow up action required

In response to any nonconformity raised you are required to prepare, document and implement a correction and corrective action plan. Each finding must be investigated to identify any root causes or underlying trends. Appropriate action must be taken to eliminate the cause of any nonconformity in order to prevent reoccurrence. The plan must define timely action, time scales and responsibilities.

There is no need to submit this plan to us as the actions detailed will be verified by the auditor during the next visit.

Failure to adequately implement the planned action may result in the raising of a major nonconformity putting your certification in jeopardy.

A response to any opportunity for improvement raised is optional.



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## AUDIT FINDINGS

### Nonconformities identified during last visit – (BIPS080152)

There were no corrective actions required to be taken in response to the last audit.

There are no outstanding nonconformities from previous audits.

### Nonconformities identified during this visit – Aspect Impact register is not updated

The assessment was based on sampling.

## ASSESSMENT COMMENTS & OPPORTUNITIES FOR IMPROVEMENT

### ASSESSMENT COMMENTS

From the sample selected for audit at this surveillance audit the BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES management & employees have demonstrated that they are maintaining their Energy Management System (EnMS) in line with Energy management processes and the policy objectives. As can be seen from the findings of this report there is evidence of compliance with both ISO 50001:2018 and the EnMS, Policy and Objectives. The EnMS was seen to have the capability to meet applicable requirements and expected outcomes.

EnPI's are identified and energy objectives have been set as part of the energy review process. From the representative sample taken as part of the audit the EnMS was seen to be capable of achieving Energy policy commitments, objectives and operational control needs. The EnMS was assessed and found to be managing internal monitoring processes & internal audits.

The assessment demonstrated a high level of implementation of the processes and monitoring and measurement activities, ensuring that the planned arrangements are achieved. Management review and internal audits continue to be carried out to a high standard, are effective and conform to the requirements of the standard

Monthly monitoring of energy is reviewed and the results are investigated as appropriate. There is an opportunity to improve the investigation reporting (OFI/02) Energy performance is known and performance is evaluated against the objectives and predicted energy use.

There have been significant improvement made to the detail and effectiveness of the individual site audits. The duration and detail of the audit has been increased, and there is a positive effect can be seen in the energy performance. The audits now include interrogating the BMS and other control systems on site, improving control of energy use and better reflecting the sites occupancy.



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The scope of the EnMS has been updated to include carbon emissions from scope 3 sources. This has been done in anticipation of changes to the legal compliance scheme 'PAT Perform Achieve and Trade'. This may include net zero in future. This has been seen as an opportunity to remain compliant with PAT via the ISO 50001:2018 Certification. The details are to be fully established following the issue of government guidance on the changes to the PAT scheme.

There are potential complications with the relationship between Carbon reduction and energy efficiency. This will be monitored at future audits and will become clearer how this will fit in to the ISO 50001 EnMS, once the Indian Government has published the new PAT guidance / Scheme documents.

Continual Improvement of energy performance and the EnMS was demonstrated during this audit and the 3 year cycle. There are processes in place to identify and manage continual improvement. There has been significant improvement in energy performance set against the baseline. PIOEATFW continues to make cycle significant investment in new buildings to replace the older stock. There is an established commitment to continual improvement with stretching future objectives in place

All of the employees and management interviewed during this assessment were positive and demonstrated an awareness of the EnMS. There was an open dialogue established which greatly assisted the auditor – Thank You.

## OPPORTUNITIES FOR IMPROVEMENT

### OFI/01 – LEADERSHIP:

Top Management - Energy Policy and Carbon Management Plan were drafted by the Associate Director (Sustainable Operations) and approved by the Director of Estates.

The Carbon & Environment Action Group (C&EAG), is no longer responsible for this. The leadership section of the Compliance manual, needs to be reviewed to reflect this recent change in authorities.

### OFI/02 – INVESTIGATION OF SIGNIFICANT DEVIATIONS:

Significant deviations are identified as part of the monthly energy monitoring process, with sites identified as having significant deviations required to investigate and respond the energy team.

A number of the responses are limited in detail and slow. Significant deviation needs to be investigated and responded to, to ensure energy performance is maintained. There is an opportunity to improve the response detail and time.  
ISO 50001:2018 9.1.1

Thanks to the company and its people for their time and cooperation during the audit.



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## MISCELLANEOUS

### Changes to your management system

You must not carry out significant changes to the Energy Management System, without first confirming with your auditor that the proposed changes are acceptable.

### Report distribution

The report will be distributed to the company representative, the Lead Auditor and the Business Support Team (for archiving), unless otherwise agreed.

### Report confidentiality

This report will not be disclosed to any third party by us. You are free to circulate it as required, however, if this report is circulated to a third party the entire content (excluding audit trail) must be included.

## NEXT VISIT

The current 3 year audit programme, audit frequency and duration, were considered during this visit against your current scope and manning levels. The audit program and auditor competences are confirmed as suitable and sufficient and remain unchanged.

The next visit will be due in May 2026 and will be of 2 days duration.

An Audit programme including an agreed outlined plan for your next assessment visit and a summary of previous assessments in the certification cycle is attached to/included in this report. Further details as appropriate will be confirmed prior to your next assessment visit.

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**Next visit plan – 2 day EnMS Initial Audit.**

Date	Time	Auditor	Area / Department / Process / Function
LAKNEPALLY (V), NARSAMPET (M), WARANGAL DISTRICT, PIN - 506 331, TELANGANA, INDIA.			
12 June 2023		Arun kumar	<b>Arrive On Site - On site meeting and greeting</b>
			<b>Opening Meeting &amp; Management System Administration</b> <i>Management System Manual / Policy / Risks and Opportunities / Management Review / Objectives &amp; targets.</i>
			<b>Internal Audits</b> Including corrective action management. Evaluation of Legal compliance
			<b>Management Review</b>
			<b>Energy Planning, Baseline &amp; Performance</b>
			<b>Lunch</b>
			<b>Operational Control - Site Tour</b> <i>Including site tours – Energy use, monitoring, communication, maintenance energy projects.</i>
			<b>Auditor / Report Preparation Time - The close out &amp; follow up on any outstanding details picked up during the audit</b>
		Arun kumar	<b>End of day review</b>
Day 1			
		Arun kumar	<b>Arrive on site</b>
			<b>Monitoring &amp; Measurement</b> Including significant deviations.
			<b>Operational Control – Site Tour</b> <i>Including site tours – Energy use, monitoring, communication, maintenance energy projects.</i>
			<b>Lunch</b>
			<b>Competence, Training &amp; Awareness</b> Identification of personnel who can have a significant effect on energy use. Evidence of training and awareness on site.
			<b>Auditor / Report Preparation Time - The close out &amp; follow up on any outstanding details picked up during the audit</b>
	16.00		<b>Closing Meeting</b>

**Notes to Client:**

- Times are approximate and will be confirmed at the opening meeting prior to commencement of the audit.
- Our auditors reserve the right to change or add to the elements listed before or during the audit depending on the results of on-site investigation
- Your contract with us is an integral part of this audit plan and details confidentiality arrangements, audit scope, information on follow up activities and any special reporting requirements.

End of Report



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**AUDIT REPORT**  
**ISO 14001:2015**  
**KVQA CERTIFICATION SERVICES**  
**PRIVATE LIMITED**



**KVQA**

**BALAJI INSTITUTE OF PHARMACEUTICAL  
SCIENCES**



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Balaji Institute of Pharmaceutical Sciences  
Laknepally (V), Narsampet (M)  
Warangal (Dt) - 506 331 (T.S)

## DISCLAIMER

All information contained in this document is confidential and proprietary to **KVQA** and **BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES** and use of any information contained in this document by photographic, electronic or any other means, in whole or part, for any reason other than for ISO 9001:2015 enhancement of **BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES** internal review is strictly prohibited without written consent.

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DOCUMENT NAME:	BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES AUDIT_REPORT
DOCUMENT REFERENCE:	With reference to Assessment conducted for <b>BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES</b>

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Laknepally (V), Narsampet (M)  
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## On-site audit report

Organization	BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES	PRINCIPAL	Mr. Siddartha Kumar	Audit No.	2023/E-08/023
Address	LAKNEPALLY (V), NARSAMPET (M), WARANGAL DISTRICT, PIN - 506 331, TELANGANA, INDIA.				
Audit type	<input checked="" type="checkbox"/> Initial (Reassessment) Re-audit ( ) surveillance s2 Change Special surveillance Others (.....)				
Certification scope	Providing Pharmaceutical Educational Services leading to Award of Under Graduate Programs in Pharmacy (B.Pharm), Post Graduate Programs in Pharmacy (M.Pharm) and Doctor of Pharmacy (Pharm.D).E and Mechanical Engineering (ME).				
IAF CODE	37				
Standard	<input checked="" type="checkbox"/> ISO 14001:2015 EMS				
Audit day	23/08/2023				
Audit team	Lead auditor	Auditors		Audit Trainee	
	KV HARGOPAL (sign)	(sign)		(sign)	
Next audit	Follow-up or re-audit	<input type="checkbox"/> Document On-site ( )		<input type="checkbox"/> Re-audit( )	
	Surveillance or reassessment	Date:		Audit type:	( ) audit
Result of follow-up audit	Summary( <input type="checkbox"/> Onsite confirm, <input type="checkbox"/> Document confirm) The client has implement/Not implemented the CAR				
	Date:		L. Auditor:	(signature)	

### Attachment

1. Audit summary (KAF-09)
2. Attendance sheet (KAF-10)
3. Audit schedule (KAF-12)
4. Corrective action request (CAR)(KAF-19)
5. Observation reports (KAF-20)

※ Indicates attachments for initial(reassessment) audit or any changes occurred

★limited to KVQA CERTIFICATION SERVICES PRIVATE LIMITED Audit File.

Recipient: Registration Applicant organization, KVQA CERTIFICATION SERVICES PRIVATE LIMITED other (...)

※ All the records recorded during audit shall be confidential and shall not disclose to any person or entity without consent of an applicant, except upon request from Accreditation body for its evaluation of KVQA procedures. The audit has been done on sampling basis.

※ Guidance of certification procedures applies.

F-300, Sector-63, Noida-201301, U.P., India. PH-0120-4601184, E:[delhi@kvqaindia.com](mailto:delhi@kvqaindia.com)

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## Stage 2 Audit schedule for ISO 9001:2015 and ISO 14001:2015

Organization	BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES		Audit no.	2023/E-08/023	Revision	0
Address	LAKNEPALLY (V), NARSAMPET (M), WARANGAL DISTRICT, PIN - 506 331, TELANGANA, INDIA.					
Scope	Providing Pharmaceutical Educational Services leading to Award of Under Graduate Programs in Pharmacy (B.Pharm), Post Graduate Programs in Pharmacy (M.Pharm) and Doctor of Pharmacy (Pharm.D).					
Date	Time	Auditing Elements (departments) Per Each Auditor			ISO 9001:2015 Clauses	
		( Lead Auditor ) KV HARGOPAL	(Auditor ) Mr..... ...	(EXPERT) Mr.....		
23/08/2023	10:00 to 10:30	Opening Meeting			4.0, 5.2.2, 7.5, 7.1.6, 9.2, 9.3, 10, 6.0	
	10:30 to 11:30	Management Representative/ Top Management			7.1.6, 8.3, 7.1.3, 7.1.4, 8.1, 8.5, 9.1.3, 10, 8.5.6	
	11:30 to 1:30	Transportation/ maintenance			8.1, 8.3	
	1.30 to 2.30	Lunch				
	2:30 to 4:30	Training/HR			8.4, 7.1.3, 7.3	
	4:30 TO 5.30	Admin/store/purchase			7.1.3	
	5:30 to 6:00	Closing of the day			5.0, 7.1.3, 7.1.4	
Date: 23/08/2023						

**Audit Objective:** - The Audit Shall be carried on the basis of the requirement of the Standard, Evaluation of the ability of the Organization to meet applicable Statutory, Regulatory, Contractual requirements, meeting Objectives and Identification of Potential improvement of Management System. The above to be reported under the respective clauses in the Audit summary Audit focus on implementation, including effectiveness, of the client's management system. The Audit shall take place at the site(s) of the client.

It shall include the auditing of at least the following:

- information and evidence about conformity to all requirements of the applicable management system standard or other normative documents;
- performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard or Other normative document);
- the client's management system ability and its performance regarding meeting of applicable statutory, regulatory and contractual requirements;
- operational control of the client's processes;
- internal auditing and management review;
- management responsibility for the client's policies

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## Observation reports

Organization:	BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES	Audit No.	2023/E-08/023	Page: 1/1
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Department	Contents	ISO Element	Grade of NC
Good Points Management	The management committed towards implementation of EMS.		
	Points for Improvements		
MR	Regular monitoring of transportation is not maintained.	5.4.3	Obs
MR	Proper schedule need to be maintained for the counselling of weaker student.	8.2.2	Obs
EMR	Internal audit checklist related to ems to be done.	8.2.2	Obs
HR	Training records of Ems Invidual records lacking.	5.6.2	Obs
TRG	Management review meeting to done in more detailed.	6.2.2	Obs
EMR	Aspect impact chart having but location also include in chart.	4.3.1	Obs
Purchase	Supplier evaluation and performance records not evident.	7.4	Obs
Maint.	On the website of college the policies are not displayed.	8.4	Obs
TRG	Training plan more elaborated and training effectiveness to be done.	6.2	Obs

Auditor name:- KV HARGOPAL

Date:- 23/08/2023

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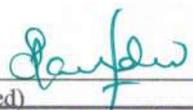
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### Audit summary

Organization	BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES	Date	23/08/2023	Audit No.	2023/E-08/023
CAR issue	<input checked="" type="checkbox"/> Minor: 01 issue, Major 0 issue (Onsite confirm required: <input checked="" type="checkbox"/> Document confirm: )				
Document	Manual No. : 01                      Rev. No. : 00				
Evaluation	Does organization's system comply with certification audit criteria?				<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
	Was there any deviation from audit plan? If Yes Please Specify.				<input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
	Are proper corrective & preventive actions taken according to the results of internal audit?				<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
	Was there any issue impacting the audit program? If Yes please specify				<input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
	Is there any significant changes that can affect management system since last audit & any difference between data submitted by organization and assessed in on-site audit?				<input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
	Is it assured that organization maintain and develop its system continuously?				<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
	(Additional review points in reassessment) Does all elements of system effectively interact with one another? Is there any unresolved issue identified? If Yes Please specify. Is it assured that organization has commitment for maintaining its system effectively?				<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
	(Additional review point in surveillance) Is the certification mark properly used?				<input checked="" type="checkbox"/> Yes, <input type="checkbox"/> No
	Overall evaluation of audit review The management commitment in the form of Quality Management policy and EMS policy and objectives were found displayed in all the departments endorsed by Top management. While talking to the Top Management it became ample clear that the management had a budget for safety and That it was committed on implementing the Quality Management System. And Environmental system. The objectives and Quality management SCB places the highest value on teamwork and mutual respect among its employees and between Clients. Our success is the result of working diligently as a team to do each job right as well as maintaining a long-terms perspective and integrity in the face of daily pressures. The value of our services is derived from our commitment to produce consistently high-quality work within the constraints of the client's schedule and budget. We constantly adapt our skills to meet individual client needs and the opportunities of the marketplace. Above all, at SCB we get the job done. We aspire to grow in stature and geographic reach to enhance our reputation as a stable, highly respected member of the professional services community in India. Quality Policy Our endeavor is to achieve total customer / client satisfaction in terms of accuracy, timeliness of Project delivery. Technical excellence through adherence to systems and procedures. Continuous upgrading of skills through training. Constructive interaction with client and contractors.				
	Audit Result	<input checked="" type="checkbox"/> Recommend certification for initial audit; maintain its certification for surveillance. As your system is proper and effectively practiced, certification is recommended.  <input type="checkbox"/> After document audit as follow-up, it will be resolved Your system is practiced without any serious major non-conformity as shown from CAR issue. You are required to submit the result of corrective action taken, which includes corrective action, analysis of the reason, and preventive action to KVQA CERTIFICATION SERVICES PRIVATE LIMITED.. Within 1month. When the result is satisfactory, certification will be recommended (certification will be maintained for surveillance).The observations shall be verified in the Surveillance audit  <input type="checkbox"/> After on-site visit as follow-up, this will be resolved More than 01 Minor non-conformity is found in your system as shown from above CAR issues. You are required to submit the result of corrective action taken, which includes corrective action, analysis of the reason, and preventive action to KVQA CERTIFICATION SERVICES PRIVATE LIMITED.. Within 1month. Additional on-site visit as follow-up will be conducted and when it is satisfactory, certification will be recommended (maintained for surveillance).  <input type="checkbox"/> Not to satisfy with standard Major non-conformities are found in your system as shown from above CAR issues. Re-audit is required.			
Audit fee	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (When audit fee is paid, certification will not be issued/maintained)				



  
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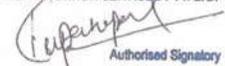
**Corrective Action Request (CAR)**

Issue no. : 01 /01

<b>Organization</b>	BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES	<b>Audit no.</b>	2023/E-08/023	<b>Issue date</b>	23/08/2023
<b>Applicable Standards</b>	<input checked="" type="checkbox"/> ISO 14001:2015	<b>Applicable Clause</b>			
		<b>Division</b>		MAINTENANCE	
		<b>Auditor</b>		KV HARGOPAL (signature)	
<b>Audit type</b>	<input checked="" type="checkbox"/> Initial, ( ) 2nd surveillance	<b>Non-conformity .Grade</b>		<input checked="" type="checkbox"/> Minor nonconformity <input type="checkbox"/> Major nonconformity	
<b>Nonconformity</b> ( <input type="checkbox"/> Confirm with on-site visit , <input checked="" type="checkbox"/> Confirm with document)					
SOP of transport from external service provider were not evident.					
<b>Lead auditor</b> KV HARGOPAL(sign)			<b>Management Representative:</b> (sign)		
<b>Analysis (Basic reason for occurring nonconformity)</b>					
There is a lack of understanding regarding the topic.					
<b>Corrective action</b> ( <input type="checkbox"/> Plan, Result (Attachment <input type="checkbox"/> Yes <input type="checkbox"/> No)					
We will formulate a checklist for the external service provider.					
<b>Management Representative:</b> (sign)				<b>Date:</b> 23/08/2023	
<b>Follow-up audit</b>	( <input type="checkbox"/> document confirm <input type="checkbox"/> on-site confirm)		<b>Validation</b>		
<b>Auditor:</b> <b>Date:</b>	(sign)		<b>Auditor:</b> <b>Date:</b>		(sign)

- The result of corrective action taken shall be submitted to KVQA CERTIFICATION SERVICES PRIVATE LIMITED within 1 month after CAR issued.
- The result of corrective action taken shall be verified by on-site audit (major nonconformity) or document review (minor nonconformity), if it is not made within 3 months re-audit will be required.

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**PRINCIPAL**  
Balaji Institute of Pharmaceutical Sciences  
Laknepally (V), Narsampet (N)  
Warangal (Dt) - 506 331 (T.S)

# Certificate of Registration

This is to Certify that  
Energy Management System of

## BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES

LAKNEPALLY (V), NARSAMPET (M), WARANGAL DISTRICT,  
PIN – 506331, TELANGANA, INDIA.

has been assessed and found to conform to the requirements of

# ISO 50001:2018

for the following scope :

Providing Pharmaceutical Educational Services leading to Award of Under  
Graduate Programs in Pharmacy (B.Pharm), Post Graduate Programs in  
Pharmacy (M.Pharm) and Doctor of Pharmacy (Pharm.D)

Certificate No	: 23EE <sub>n</sub> LH69		
Initial Registration Date	: 24/08/2023	Issuance Date	: 24/08/2023
Date of Expiry	: 23/08/2026		
1st Surv. Due	: 24/07/2024	2nd Surv. Due	: 24/07/2025



**Director**



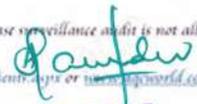
**AQC GLOBAL LLC**

Head Office: Office No. 02, Ground Floor, Sharjah Media City, Sharjah, UAE. e-mail: [info@aqcworld.com](mailto:info@aqcworld.com).

Branch Office: Plot No. 60, Sector - 2, Noida, Uttar Pradesh, 201301, India.

This certificate is subject to successful completion of surveillance audit on or before of due date. (In case surveillance audit is not allowed to be conducted, this certificate shall be suspended/withdrawn).

For more information, please visit our website: <http://www.aqcworld.com> or contact us at [info@aqcworld.com](mailto:info@aqcworld.com) at Active Clients. This certificate is the property of AQC Global LLC and shall be returned immediately when demanded.



**PRINCIPAL**

Balaji Institute of Pharmaceutical Sciences  
Laknepally (V), Narsampet (M)  
Warangal (Dt) - 506 331 (T.S)



# Certificate of Registration

(Environment Management System)

**KVQA CERTIFICATION SERVICES PVT. LTD.**

This is to certify that the Environment Management System of



**BIPS**

## BALAJI INSTITUTE OF PHARMACEUTICAL SCIENCES

LAKNEPALLY (V), NARSAMPET (M), WARANGAL DISTRICT,  
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Has been found in accordance with Environmental Management  
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