



Certificate of Registration

THIS IS TO CERTIFY THAT

NAME OF THE ORGANIZATION

ADDRESS:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Has been assessed and found to conform-to the requirement of
The Quality Management System

ISO 9001:2015

For the following Scope:

PROVISION OF PATHOLOGICAL TEST SERVICES

Certificate Number: XXXXXXXXXXXXX

Date of Initial Registration : XXXXXXXX
1st Surveillance on or Before: XXXXXXXX
2nd Surveillance on or Before: XXXXXXXX

Date of Issue :XXXXXXX
Valid Until :XXXXXXX

(Subject to the company maintaining its system to the required standard)
*After Successful completion of surveillance audit, New certificate shall be issued.



Certification Manager



(*Further Clarifications regarding the scope of the certificate & the applicability of standard requirements may be obtained by consulting the organization. "This is an accredited certificate sanctioned for issue by INTERNATIONAL MILLENNIUM CERTIFICATIONS (IMC) is accordance with the requirements of ISO/IEC 17021-1:2015. The Validity of the certificate can be verified by checking the Directory of ACCREDITATION COUNCIL FOR CERTIFICATION BODIES maintained at the ACCB Website www.accreditationboard.org")

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