**Appendix ‘A’**

**(Refers to Para 31 (a) of Protocol on Accreditation of ABs and Certification)**

**SAMPLE APPLICATION LETTER**

**Date : \_\_\_\_\_\_\_\_\_\_\_\_\_**

**From**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To,**

**Security Sector Skill Development Council**

**305, City Court, Sikanderpur,**

**MG Road,**

**Gurgaon – 122 002 (Haryana)**

**Subject: Application for Accreditation Empanelment of Assessment Body with SSSDC**

**Sir,**

1. **We are an Assessing Body with necessary experience and expertise in the Security Sector and hereby apply for Accreditation with SSSDC vide our attached application. Information provided by the company is true to the best of my SECTOR belief and I understand that we are liable for action under the law for any false information or document submitted by us. We desire to apply for Accreditation as a Small/Large AB (Delete inapplicable type) for the following training courses and geographical space:-**
	1. **\_\_\_\_\_\_\_**
	2. **\_\_\_\_\_\_\_**
	3. **\_\_\_\_\_\_\_**
2. **We are aware of rules and conditions of SSSDC and agree to abide by them and also any other rules that may be framed from time to time. We also agree to allow SSSDC or any other representative of it to investigate correctness of information furnished by us or call for any further information in this regard from us.**
3. **We also understand that SSSDC may refuse to accredit us; or if already accredited may cancel the same and we shall stand debarred for applying as Assessing Body for one year from the date of finalisation of our appeal.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Authorised Person Name & Designation:**

**Phone No: E-mail**

|  |  |  |
| --- | --- | --- |
|  |  | **Appendix ‘B’** |
|  |  | **(Refers to Para 31 (b) of Protocol on** |
|  |  | **Accreditation of ABs and Certification)** |
|  | **APPLICATION FOR ACCREDITATION AS ASSESSMENT BODY** |
|  | **AB DETAILS** |  |
| **1.** | **Name of Assessment Body** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **2.** | **Address of the Assessment Body** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3.** | **Name of the Head Organisation** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **Organisation structure of the company with details of roles of persons, groups and committees. Attach organogram and write-ups as necessary.**
2. **Application for Initial**

|  |  |
| --- | --- |
| **Accreditation/Re- accreditation** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **6.** | **Name and contact details of the Nodal Person** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **Mob\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **7.** | **Date of Registration/Incorporation** |  |
|  | **(Attach copy of Certificate)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **8.** | **Accreditations and Certifications** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **(Indicate dates and validity periods)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

1. **PAN of the company**

**(Attach Photocopy of PAN Card and last IT Return)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Average Annual Turnover of the AB**

|  |  |
| --- | --- |
| **(Attach balance sheet of last three years)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **11.** | **No of branches/offices and locations** |  |
|  | **(Attach separate sheet and organogram** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **if necessary)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **12.** | **Details of all sectors in which assessment is** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **carried out by the AB** |  |
| **13.** | **Total number of employees on its rolls** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **permanent as well as contractual** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **14.** | **Total number of Security Sector Assessors** |  |
|  | **on the rolls, permanent as well as contractual** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **(Attach nominal roll giving out age,** |  |

**Qualifications and experience in Assessment**

**Field)**

1. **Details of Draft/multicity cheque(payable at Gurgaon) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**submitted for payment of Application fee**

|  |  |  |
| --- | --- | --- |
| **of** ` **5,000/- (Rupees Five Thousand Only)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **16. Any other details considered appropriate** |  |  |
| **(Attach documents/brochures/photographs** |  |  |
| **as necessary)** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **Signature** |  |  |
| **Name and designation** |  |  |
| **Official Stamp with date** |  |  |

**Appendix ‘C’**

**(Refers to Para 32 (b) of Protocol on Accreditation of ABs and Certification)**

**ASSESSMENT FORM**

**General**

**1. This assessment form is to be used by Accreditation/ Empanelment Team of SSSDC for evaluating the standards and capabilities of AB. This assessment form will be used for assessing an AB or any of its branches.**

**Instructions**

**2. The assessment form is a binding document and the visiting team will consider compliance for every parameter under the criteria. The team will use their experience and knowledge to assess and verify the claims of prospective AB as may be necessary and record observations in their report. The team will specifically verify documents related to any other Certification and registration with other organisations. It will call for additional inputs, where required. Other Certifications / Training will be given due weightage during the Assessment.**

**Validation**

**3. An AB should be compliant in all the mandatory parameters. The assessment team will mark the various criteria in a “Yes or No” method. Remarks column could be filled, if necessary, to highlight scale of positivity / negativity.**

**Appendix ‘C’(Contd)**

**(Refers to Para 32 (b) of Protocol on Accreditation of ABs and Certification)**

**ASSESSMENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Criteria/Key Aspects** | **Compliance** |  | **Remarks** |
|  |  |  |  |  |  |
|  |  | **Yes** |  | **No** |  |
|  |  |  |  |  |  |
|  | **Infrastructure and Management** |  |  |
|  |  |  |  |  |  |
| **1\*** | **Does the AB have a proper** |  |  |  | **\*Mandatory** |
|  | **Memorandum and Articles of** |  |  |  |  |
|  | **Association?** |  |  |  |  |
| **2\*** | **Is the AB functioning as per the** |  |  |  | **\*Mandatory** |
|  | **memorandum at ser 1?** |  |  |  |  |
|  |  |  |  |  |  |
| **3** | **Does the AB have a laid down** |  |  |  |  |
|  | **organisation structure?** |  |  |  |  |
|  |  |  |  |  |  |
| **4** | **Are the appointments in the** |  |  |  |  |
|  | **company as per the organisation** |  |  |  |  |
|  | **structure?** |  |  |  |  |
|  |  |  |  |  |  |
| **5** | **Does the AB have proper laid down** |  |  |  |  |
|  | **policies for its various operations ?** |  |  |  |  |
|  |  |  |  |  |  |
| **6** | **Does the body have branches and** |  |  |  |  |
|  | **proper system for their** |  |  |  |  |
|  | **management and control?** |  |  |  |  |
| **7** | **Does the AB have a dept for** |  |  |  |  |
|  | **Finance and Accounts?** |  |  |  |  |
|  |  |  |  |  |  |
| **8** | **Are the accounts audited by** |  |  |  |  |
|  | **Chartered Accountant?** |  |  |  |  |
|  |  |  |  |  |  |
| **9\*** | **Is the AB filing its tax returns** |  |  |  | **\*Mandatory** |
|  | **regularly?** |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10** | **Is a proper nominal roll /roster of** |  |  |  |
|  | **employees maintained?** |  |  |  |
|  |  |  |  |  |
| **11\*** | **Are the statutory dues being paid to** |  |  | **\*Mandatory** |
|  | **the employees?** |  |  |  |
|  |  |  |  |  |
| **12\*** | **Are the statutory dues being** |  |  | **\*Mandatory** |
|  | **remitted to the Govt in time?** |  |  |  |
|  |  |  |  |  |
| **13** | **Does the AB issue proper** |  |  |  |
|  | **appointment letter for employed** |  |  |  |
|  | **persons?** |  |  |  |
| **14** | **Does the AB have contracts for** |  |  |  |
|  | **contracted employees?** |  |  |  |
|  |  |  |  |  |
| **15** | **Does the AB have proper SOPs** |  |  |  |
|  | **laying down the duties of all** |  |  |  |
|  | **personnel?** |  |  |  |
|  |  |  |  |  |
| **16** | **Does the top management of the** |  |  |  |
|  | **AB interact with the staff ?** |  |  |  |
|  |  |  |  |  |
| **17** | **Is there a well defined system for a** |  |  |  |
|  | **performance appraisal in the** |  |  |  |
|  | **company?** |  |  |  |
| **18** | **Is there a well defined system for** |  |  |  |
|  | **careers progression in the** |  |  |  |
|  | **company?** |  |  |  |
| **19** | **Does the HR department maintain** |  |  |  |
|  | **accurate records?** |  |  |  |
|  |  |  |  |  |
| **20** | **Are the Branches inspected by the** |  |  |  |
|  | **management?** |  |  |  |
|  |  |  |  |  |

**Appendix ‘C ’(Contd)**

**(Refers to Para 32 (b) of Protocol on Accreditation of ABs and Certification)**

**ASSESSMENT FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Criteria/Key Aspects** |  | **Compliance** |  | **Remarks** |
|  |  |  |  |  |  |  |
|  |  |  | **Yes** |  | **No** |  |
|  |  |  |  |  |  |  |
|  | **Quality of** | **Assessors** |  |  |
|  |  |  |  |  |  |
| **1** | **Does the AB have adequate** |  |  |  |  |  |
|  | **number of Experts on its rolls?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **2** | **Are the experts competent and** |  |  |  |  |  |
|  | **qualified?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3** | **Does the AB have adequate** |  |  |  |  |  |
|  | **number of assessors on its rolls?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **4** | **Are the assessors competent and** |  |  |  |  |  |
|  | **qualified?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **5** | **Have the assessors undergone any** |  |  |  |  |  |
|  | **specialised training?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **6** | **Does the AB have contractual** |  |  |  |  |  |
|  | **assessors to cover all areas of** |  |  |  |  |  |
|  | **operations?** |  |  |  |  |  |
| **7** | **Are the contractual assessors** |  |  |  |  |  |
|  | **registered with SSSDC?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **8** | **Do the contractual assessors** |  |  |  |  |  |
|  | **possess special qualifications and** |  |  |  |  |  |
|  | **certifications?** |  |  |  |  |  |
| **9\*** | **Are the numbers of assessors** |  |  |  |  | **\*Mandatory** |
|  | **adequate to meet the load of the** |  |  |  |  |  |
|  | **AB in different areas?** |  |  |  |  |  |
| **10** | **Does the AB have a policy for** |  |  |  |  |  |
|  | **empanelment of assessors and is** |  |  |  |  |  |
|  | **it being followed?** |  |  |  |  |  |

**Appendix ‘C ’(Contd)**

**(Refers to Para 32 (b) of Protocol on Accreditation of ABs and Certification)**

**ASSESSMENT FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No** | **Criteria/Key Aspects** |  | **Compliance** |  |  |
|  |  |  |  |  |  |  |
|  |  | **Yes** |  | **No** |  |  |
|  |  |  |  |  |  |
|  | **Assessment Processes, Procedures and Assessment Tools** |  |
|  |  |  |  |  |  |
|  | **Does the AB have team or Group** |  |  |  |  |  |
|  | **with proper organisation for** |  |  |  |  |  |
| **1.** | **Assessment?** |  |  |  |  |  |
|  | **Does the AB have proper policies** |  |  |  |  |  |
| **2.** | **and procedure for assessment?** |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Does the AB have** |  |  |  |  |  |
|  | **guidelines/handbooks for the** |  |  |  |  |  |
| **3.** | **assessors?** |  |  |  |  |  |
|  | **Does the AB develop assessment** |  |  |  |  |  |
| **4.** | **tools on a continuous basis?** |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Does the AB have a system of** |  |  |  |  |  |
|  | **feedback for improvement of** |  |  |  |  |  |
| **5.** | **assessment process?** |  |  |  |  |  |
|  | **Does the AB have a system of early** |  |  |  |  |  |
| **6.** | **compilation of assessments?** |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Are the compilation system as per** |  |  |  |  |  |
| **7.** | **the requirements of the Awarding** |  |  |  |  |  |
|  | **Bodies/SSSDC?** |  |  |  |  |  |
|  | **Does the AB have a system of** |  |  |  |  |  |
|  | **evaluating the assessments and** |  |  |  |  |  |
| **8.** | **assessors?** |  |  |  |  |  |
|  | **Does the AB have a suitable** |  |  |  |  |  |
|  | **procedure to ensure** |  |  |  |  |  |
| **9.** | **confidentiality of the Assessments?** |  |  |  |  |  |
|  | **Does the AB have an adequate** |  |  |  |  |  |
| **10.** | **body of knowledge/ question bank** |  |  |  |  |  |
|  | **of testing and techniques?** |  |  |  |  |  |

a

**Appendix ‘C ’(Contd)**

**(Refers to Para 32 (b) of Protocol on Accreditation of ABs and Certification)**

**ASSESSMENT FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **S.No** | **Criteria/ key Aspects** | **Compliance** |  | **Remarks** |  |
|  |  |  |  |  |  |  |  |
|  |  |  | **Yes** |  | **No** |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  | **Capacities and Expertise** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Does the AB have branches to** |  |  |  |  |  |  |
|  | **1.** | **cover other areas?** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Does a suitable management** |  |  |  |  |  |  |
|  |  | **structure exist for management** |  |  |  |  |  |  |
|  | **2.** | **and operation of the branches?** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Do the branches have permanent** |  |  |  |  |  |  |
|  | **3.** | **staff on their rolls?** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Does a system exist for** |  |  |  |  |  |  |
|  |  | **communicating test** |  |  |  |  |  |  |
|  | **4.** | **papers/assessments to the** |  |  |  |  |  |  |
|  |  | **branches?** |  |  |  |  |  |  |
|  |  | **Capability of the branches to** |  |  |  |  |  |  |
|  | **5.** | **function independently?** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **Are records of assessments** |  |  |  |  |  |  |
|  |  | **carried out by the branches** |  |  |  |  |  |  |
|  | **6.** | **available at the Head Office?** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Are the branches connected to** |  |  |  |  |  |  |
|  | **7.** | **the main office in real time?** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Does an established system of** |  |  |  |  |  |  |
|  | **8.** | **monitoring the branches exist?** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Are the branches following all** |  |  |  |  |  |  |
|  | **9.** | **the SOP of the main office?** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | **Are the branches registered with** |  |  |  |  |  |  |
|  | **10.** | **the DGET/DGR/NCVT?** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Appendix ‘C’(Contd)**

**(Refers to Para 32 (b) of Protocol on Accreditation of ABs and Certification)**

**ASSESSMENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Criteria/Key Aspects** | **Compliance** |  | **Remarks** |
|  |  |  |  |  |  |  |
|  |  | **Yes** |  |  | **No** |  |
|  |  |  |  |  |  |  |
|  |  | **Data Management System** |  |  |
|  |  |  |  |  |  |  |
| **1.** | **Does the AB have a proper** |  |  |  |  |  |
|  | **Management Information System** |  |  |  |  |  |
|  | **Organisation (MISO)?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **2.** | **Does the AB have a duly** |  |  |  |  |  |
|  | **appointed MISO head?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **3.** | **Does the AB have a strong** |  |  |  |  |  |
|  | **system for ensuring** |  |  |  |  |  |
|  | **confidentiality and integrity of** |  |  |  |  |  |
|  | **stored data?** |  |  |  |  |  |
| **4.** | **Does the AB preserve records as** |  |  |  |  |  |
|  | **per the stipulated requirements?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **5.** | **Does the AB communicate** |  |  |  |  |  |
|  | **information that it is required to** |  |  |  |  |  |
|  | **do?** |  |  |  |  |  |
| **6.** | **Does the AB have proper cyber** |  |  |  |  |  |
|  | **security SOP?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **7.** | **Are regular cyber security checks** |  |  |  |  |  |
|  | **carried out?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **8.** | **Are the observations raised in** |  |  |  |  |  |
|  | **cyber security checks** |  |  |  |  |  |
|  | **implemented?** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **9.** | **Does the AB have a well** |  |  |  |  |  |
|  | **developed system for** |  |  |  |  |  |
|  | **communicating with the regional** |  |  |  |  |  |
|  | **branches/TPs/TCs?** |  |  |  |  |  |
| **10.** | **Are the systems and sub systems** |  |  |  |  |  |
|  | **of the AB integrated with the** |  |  |  |  |  |
|  | **Awarding Body/ SSSDC?** |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Appendix ‘C ’(Contd)**

**(Refers to Para 32 (b) of Protocol on Accreditation of ABs and Certification)**

**ASSESSMENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Criteria/key Aspects** | **Compliance** |  | **Remarks** |
|  |  |  |  |  |  |
|  |  | **Yes** |  | **No** |  |
|  |  |  |  |  |  |
|  | **Governance and Leadership** |  |  |
|  |  |  |  |  |  |
| **1** | **Does the AB have protocols** |  |  |  |  |
|  | **and SOPs for complaints and** |  |  |  |  |
|  | **appeals?** |  |  |  |  |
|  |  |  |  |  |  |
| **2** | **Is the process of management** |  |  |  |  |
|  | **of complaints fair and** |  |  |  |  |
|  | **transparent?** |  |  |  |  |
| **3** | **Have complaints received in** |  |  |  |  |
|  | **the past been disposed off ?** |  |  |  |  |
|  |  |  |  |  |  |
| **4** | **Are proper records maintained** |  |  |  |  |
|  | **of all complaints and their** |  |  |  |  |
|  | **disposal?** |  |  |  |  |
| **5** | **Have suitable /corrective** |  |  |  |  |
|  | **actions been taken on past** |  |  |  |  |
|  | **complaints?** |  |  |  |  |