



QUALITY COUNCIL OF INDIA (QCI)

1st floor, K Tower, Gate no. 5, World Trade Centre, Block F, Nauroji Nagar, Safdarjung Enclave,
New Delhi- 110029 Web: www.qcin.org; E-mail ID: nciipc.nabet@qcin.org



NABET: Accreditation Scheme| TBs: FR:

QCI		NON-CONFORMITY REPORT		Reference and Date	
TB's name & location				XXX/OA/YEAR/NC/01 of xx Date:	
Non-Conformity Observed					
Standard / Clause No.		Evidence reference, if any			
		Records presented			
Scheme: Accreditation Scheme for IT/ICS Training Bodies		Category: Critical / Major / Minor			
Signatures			-		
Name			-		
	Lead Assessor	Technical Expert		CB Representative	
Root Cause Analysis (RCA) and proposed correction and corrective action					
CB Rep/Date					
Acceptance of RCA, correction and corrective actions proposed					
QCI AT/Date					



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Implementation of Correction/Corrective actions with evidence(s)

CO Rep/Date

Correction/Corrective actions verified: (Give details of verification and acceptance)

Signature of the team leader/Assessor Date: