TAC/Reference No. | x | x | x | x | 0 | 0 |

xxxx00

Date : DDMMYYYY

Cert	Dwg	Total
XX	XX	XX

TYPE APPROVAL CERTIFICATE

(For compliance to AIS - 037)

Non- Transferable

1	Customer's Name	XXXX
2	Customer's Address	XXXX
3	Manufacturing / Assembly Plant Address	XXXX
4	Description of the Test Component(s)	XXXX
5	Applicable Notified/Refernce Standard	xxxx
6	Test Report No.	xxxx
6.1	List of supporting documents	xxxx
7	Pre-test inspection Visit Report No.	xxxx
8	Details of Quality Management System (QMS)	xxxx
9	Approval	√ X X Granted/ Not Granted/ Extended
10	The CoP period for the component mentioned in Sr. No. 4 above shall begin from the date of production & 1st CoP shall be completed before 30.09.2024.	

ICAT Reference		Please turn over for DISCLAIMER

AUTHORISED SIGNATORY

xxxx00DDMMYYYYXXXXxxxx00DDMMYYYYXXXXxxxx00DDMMYYYYXXXXxxxx00	xxxx00DDMMYYYYXXXXxxxx00DDMMYYYYXXXXxxxx00DDMMYYYYXXXXxxxx0	xxxx00DDMMYYYYXXXXxxxx00DDMMYYYYXXXXxxxx00DDMMYYYYXXXXxxxx00DDM		
NAME Designation	NAME Designation	NAME Designation		Page 1 of 1

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