



Indian Register of Shipping

Certificate No.: 2022WAQC025

WORKS APPROVAL CERTIFICATE

This is to certify that based on the existing manufacturing facilities and satisfactory assessment of manufacturing and quality control procedures by our Surveyors, the name of

Subhadra Metals Pvt. Ltd.,

Plot No. 18, V.I.R.D Complex, At-Post- Lohop, Tal - Khalapur, Dist. Raigad - 410202, Maharashtra, India
is retained in the list of approved works in accordance with the relevant requirements of rule(s)/standard(s)/code described below.

WORKS TYPE : WORKS-GENERAL
PRODUCT TYPE : Machining, Fabrication and Assembly of Marine Equipment
APPLICABLE RULE(S)/STANDARD(S)/CODE: - IRS Rules and Regulations for the Construction and Classification of Steel Ships
- National/International Standards (as applicable)
SCHEDULE OF APPROVAL : SEE ANNEXURE I

This Certificate Is Valid until : 18/08/2027

PLACE OF ISSUE: MUMBAI

DATE OF ISSUE: 19/08/2022

LOCAL SURVEY OFFICE: MUMBAI



FOR, INDIAN REGISTER OF SHIPPING

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Senior Surveyor

Initial Certificate : 2018WAC033 Date : 28/12/2018

This Certificate is issued upon the following terms and conditions as laid down in the Society's Regulations:-

Whilst Indian Register of Shipping, a Classification Society, along with its subsidiaries and associates (hereinafter referred to as the Society) and its Board/Committees use their best endeavors to ensure that the functions of the Society are properly carried out, in providing services, information or advice neither the Society nor any of its servants or agents warrants the accuracy of any information or advice supplied. Except as set out herein neither the Society nor any of its servants or agents (on behalf of each of whom the Society has agreed this clause) shall be liable for any loss damage or expense whatever sustained by any person due to any act or omission or error of whatsoever nature and however caused of the Society, its servants or agents or due to any inaccuracy of whatsoever nature and howsoever caused in any information or advice given in any way whatsoever by or on behalf of the Society, even if held to amount to a breach of warranty. Nevertheless, if any person uses services of the Society, or relies on any information or advice given by or on behalf of the Society and suffers loss damage or expenses thereby which is proved to have been due to any negligent act omission or error of the Society, its servants or agents or any negligent inaccuracy in information or advice given by or on behalf of the Society then the Society will pay compensation to such person for his proved loss up to but not exceeding the amount of the fee charged by the Society for that particular service, information or advice.

Any notice of claim for loss, damage or expense, as referred to above, shall be made in writing to the Society's Head Office within six months of the date when the service, information or advice was first provided, failing which all the rights to any such claim shall be forfeited and the Society shall be relieved and discharged from all liabilities.



ANNEXURE - I
SCHEDULE OF APPROVAL

PRODUCT DESCRIPTION/DETAILS:

Stern Gear Components and Assembly
Rudder Components and Assembly
A-bracket
Kort Nozzle

REMARKS:

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RESTRICTIONS:

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DOCUMENTATION:

QMS Documentation and QAP

TEST REPORTS:

Enclosure to Report BOM22W035

CONDITIONS OF APPROVAL:

This approval is subject to:

- 1 Annual audit being carried out by the surveyors of Indian Register of Shipping and Annexure II of the certificate being duly endorsed.
- 2 Any alteration being made to manufacturing facilities and procedures would require re-assessment of the works for continued approval.
- 3 Testing being carried out at approved test houses to surveyor's satisfaction when supplying equipment to clients under IRS inspection.
- 4 Approval of works under this scheme does not eliminate normal inspection and testing.



ANNEXURE – II

Periodical Surveillance Audit Due On : <18 August , 2023 >
 <18 August , 2024 >
 <18 August , 2025 >
 <18 August , 2026 >

The validity of this certificate is renewed on satisfactory completion of periodical surveillance audit in accordance with above schedule

Signature _____

Surveyor's Name _____ *IRS Stamp* _____

Outport _____

Date _____

Signature _____

Surveyor's Name _____ *IRS Stamp* _____

Outport _____

Date _____

Signature _____

Surveyor's Name _____ *IRS Stamp* _____

Outport _____

Date _____

Signature _____

Surveyor's Name _____ *IRS Stamp* _____

Outport _____

Date _____

