QMS PROCESS MANUAL

AS PER INTERNATIONAL STANDARD ISO 9001:2015

QMS/A **MASTER LIST OF PROCESSES**

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Controlled copy holders of this document are:

Master Copy : QMS Coordinator

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Process No.	Title	Clause No.	Rev. No.	Date
QMS/A	Index of Processes	7.5	00	15.06.2018
QMS/B	Revision Sheet	7.5	00	15.06.2018
QMS/C	List of maintained documented Information	7.5	00	15.06.2018
QMS/D	List of retained documented information (records)	7.5	00	15.06.2018
QMS/E	QMS Department Structure	5.3	00	15.06.2018
QMS/F	Responsibilities and Authorities	5.3	00	15.06.2018
QMS/G	Monitoring of Quality Objectives	6.2	00	15.06.2018
QMS/PR/01	Control of Documented Information	7.5	00	15.06.2018
QMS/PR/02	Identification, Evaluation and Assessment of Risks and Opportunities	6.1	00	15.06.2018
QMS/PR/03	Monitoring and Measurement of Processes.	9.1	00	15.06.2018
QMS/PR/04	Nonconformity and Corrective Action	10.2	00	15.06.2018
QMS/PR/05	Internal Audit	9.2	00	15.06.2018
QMS/PR/06	Management Review	9.3	00	15.06.2018
ANNEX / A	List of Documented Information	7.5	00	15.06.2018

QMS/B **REVISION SHEET**

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Process No.	Rev. No.	Revision Date	Nature of Change	Approved By
All	00	15.06.2018	Original Issue, Issue No. 01 dtd.	Principal

QMS/ B **List of Maintained Documented Information**
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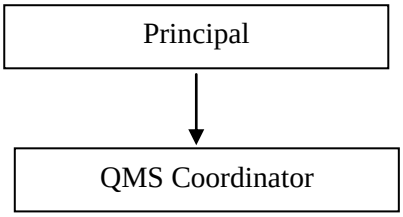
Document No.	Document / File Name	Rev. No.	Distribution	Access	Storage	Retention Period	Disposal Method
-	QMS Process Manual	00	As per list of controlled copy holders	All	QMS cooridnator	3 years	Obsolete
-	Quality Manual	00	As per list of controlled copy holders	HOD	QMS cooridnator	3 years	Obsolete
-	ISO 9001:2015 International standard	-	To all internal auditors	QMS coordinator	QMS cooridnator	-	-

ACA / C **List of Retained Documented Information (Records)**
Rev.: 00 Date: 15.06.2018 **Clause: 7.5** **Page: 01 / 01**

Document No.	Document / File Name	Rev. No.	Distribution	Access	Storage place	Method of storage	Retention Period	Disposal Method
QMS/DI/01	Risk and Opportunity Assessment	00	N.A	All	Academic In charge	File	1 year	Revision
QMS/DI/02	Context of the Organization	00	N.A	Upto HOD	Principal	File	3 years	Shred
QMS/DI/03	Monitoring of Quality Objectives	00	All faculties	All	Academic In charge	File	1 year	Revision
QMS/DI/04	Corrective Action Record	00	All faculties	All	QMS coordinator	File	3 years	Shred
QMS/DI/05	List of Trained Internal Auditors	00	N.A.	N.A.	QMS coordinator	File	3 years	Shred
QMS/DI/06	Annual Audit Plan	00	N.A.	All	QMS coordinator	File	3 years	Shred
QMS/DI/07	Audit Schedule	00	All faculties	All	QMS coordinator	File	3 years	Shred
QMS/DI/08	Audit Report	00	N.A.	All	QMS coordinator	File	3 years	Shred
QMS/DI/09	Nonconformity Report	00	N.A.	All	QMS coordinator	File	3 years	Shred
QMS/DI/10	Audit Summary	00	N.A.	All	QMS coordinator	File	3 years	Shred
QMS/DI/11	Agenda for MRM	00	HOD	All	QMS coordinator	File	3 years	Shred
QMS/DI/12	Minutes of MRM	00	NA	All	QMS coordinator	File	3 years	Shred


Principal
QMS Coordinator

QMS/E **ROLES, RESPONSIBILITIES AND AUTHORITIES**

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POSITION: QMS Coordinator			
S.N.	**RESPONSIBILITY**	**INTERFACE**	**AUTHORITY**
1	To establish, implement and maintain the Quality Management System.	Principal, Teachers, Staff,	To report to Top Management regarding the performance of Quality Management System.
2	To ensure the planning and execution of Internal Audit.	Teachers, Staff, External Parties	To liaison with external parties regarding the matter of Quality management System.
3	To ensure planning of MRM agenda& frequency	Principal, Core committee	To ensure minutes of MRM are prepared and approved by Principal
4	To analyze trends and characteristics of the processes.	Principal, , Teachers, Staff	To initiate Corrective Action
5	To obtain Customer's Feedback and analyze Customer's Satisfaction.	Principal, Conc. Dept. Heads, Teachers, Staff	To monitor information related customer's perception.
6	Liasoning with certification agencies for certification and surveillance audits	Principal, Core committee, Teachers, Staff	To ensure continual compliance of QMS
7	To plan organize & execute Internal Audit & Management Reviews.	All	Ensure all audits and MRM are conducted as per plan
8	To report Principal on the performance of quality management system and need for improvement.	Core committee	Ensure areas of improvements are identified and communicated
9	Collect data for quality objectives from all staff and compare with set target	All	Submit data for MRM

QMS/F **QUALITY OBJECTIVES**

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Sr.No.	Objective	Indicator	Method	Responsibility
01	To Monitor Quality Management System	Percentage compliance	Internal audit and MRM plan Vs actual	QMS coordinator

Sr. No.	Activity	Responsibility	Stage Out put
01	Establish the quality objectives at relevant functions, levels and processes.	**Principal & QMS coordinator**	--
02	Ensure that quality objectives are : • Consistent with the quality policy • Are measurable & targets are defined • Applicable requirements are taken into consideration • Are relevant to the services and enhancement of student satisfaction • Are monitored and frequency of monitoring is defined • Are communicated to relevant functions & levels	**Principal & QMS coordinator**	--
03	Determine following for achieving the quality objectives : • What will be done • What resources will be required • Who will be responsible • When it will be completed • How the results will be evaluated	**Principal & QMS coordinator**	--
04	Maintain the data as per above requirements at relevant functions & levels.	**QMS coordinator**	Monitoring of Quality Objective
05	Compare it against the set target and determine level of performance.	**QMS coordinator**	Monitoring of Quality Objective
06	In case of non-achievement, analyze, evaluate the failure and initiate necessary actions.	**QMS coordinator**	Corrective Action
07	Present the data and actions initiated (if any) related to Quality Objectives in the Management Review Meeting.	**QMS coordinator**	Monitoring of Quality Objective

QMS/PR/01 **CONTROL OF DOCUMENTED INFORMATION**
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Objective	: To control documented information for effective implementation of Quality Management System.
Input	: Documents required by:- 1. ISO 9001:2015 Standard 2. Statutory and Regulatory bodies 3. Management

Types of Documents	
Internal	**External**
Quality Manual	National & International Standards
Process Manual	University Norms
Documented Information	

NO.	SEQUENCE OF PROCESS	RESPONSIBILITY	DOCUMENTED INFORMATION
A	**CREATING THE DOCUMENTED INFORMATION**		
01	Prepare draft of internal documents in coordination with concerned function heads.	Conc. Authority	-
02	Identify it with Title, Document No, Revision No., Date and Page number.	Conc. Authority	
03	Get the draft reviewed for adequacy and approved for the content from the below mentioned authorities.	Conc. Authority	-

Type of Documented Information	Prepared By	Issued By	Reviewed By	Approved By
Quality manual	QMS Coordinator	QMS Coordinator	Principal	Principal
Process manual – QMS	QMS Coordinator	QMS Coordinator	Principal	Principal
Process manual – Academics	Academic Incharge	QMS Coordinator	Principal	Principal
Process manual – Administration	O.S.	QMS Coordinator	Principal	Principal
Process manual – Hostel	Rector	QMS Coordinator	Principal	Principal
Documented Information	Concern User	QMS Coordinator	Concern HOD	Principal

03	Stamp approved copy as **"MASTER COPY"** in red.	QMS Coordinator	
04	For issue purpose, take a Photocopy of master copy as per the list of Controlled Copy Holders, put stamp of **"CONTROLLED COPY"** in **RED** on photocopy.	QMS Coordinator	-
05	Maintain the specimen copy of templates used for retention of documented information like Lists, Charts, Plans and records. Verify these templates against the List of Documented information.	QMS Coordinator	List of Documented information

NO.	SEQUENCE OF PROCESS	RESPONSIBILITY	DOCUMENTED INFORMATION
B	**ISSUE OF UNCONTROLLED DOCUMENTS**		
01	For issued manuals if there is no need of providing updated versions, Put "**UNCONTROLLED COPY"** stamp in red on Reprint / Photocopy of Master Copy, get the approval from Principal, issue it.	QMS Coordinator	-
C	**UPDATING THE DOCUMENTED INFORMATION**		
01	To update any documented information, prepare a draft, incorporating the changes, revision no. and date.	QMS Coordinator	-
02	Get the draft reviewed and re-approved for content from the original approving authority.	QMS Coordinator	-
03	Update Index of Processes / List of Documented information in respective procedure manual.	QMS Coordinator	Index of Processes, List of Documents
04	Identify the nature of change and reason in revision sheet in respective procedure manual.	QMS Coordinator	Revision Sheet
05	Re issue the document with next version number in following cases; 1. If revision number of any process reaches to 10 2. Change in Scope of Certification 3. For every Recertification cycle 4. Change in International Standard.	QMS Coordinator	
E	**ISSUE OF UPDATED DOCUMENTED INFORMATIONf**		
01	Collect the obsolete copies from respective Station and dispose them suitably by shredding / re-using.	QMS Coordinator	-
02	If obsolete document is to be retained for future reference or any other purpose, retain only "**Master Copy"** by putting **"OBSOLETE COPY"** stamp in red for identification so as to avoid unintended use.	QMS Coordinator	-
03	Issue the latest controlled copy to maintain the relevant version at point of use.	QMS Coordinator	Document Issue Record

QMS/PR/01 **CONTROL OF DOCUMENTED INFORMATION**

Rev. 00 Dt. 15.06.2018 Ref. Clause: 7.5

NO.	SEQUENCE OF PROCESS	RESPONSIBILITY	DOCUMENTED INFORMATION
CONTROL OF EXTERNAL DOCUMENTED INFORMATION			
01	External Documents means the documents, which can't be revised by organization and their control is with external organization. e.g. National and International Standards, Acts, Govt. Regulations & University regulations.	Controlling Authority	-
02	Receive the documents from the controlling authorities, review it and understand the requirement. Treat this document as master copy and File it in identified file.		--
03	For temporary reference, Master Copy can be issued. However For permanent reference, issue photocopy of Master Copy by stamping **"CONTROLLED COPY"** in red on first page.		-
04	Whenever there is revision in standards, codes and acts, Obtain new versions, retrieve copies of previous version, dispose them and issue the revised copies to concern.		-
05	If obsolete document is to be retained, identify Master Copy by stamping **"OBSOLETE COPY"** in red so as to avoid un-intended use.		-
	External Documents		
	Document	**Controlled By**	
01	ISO 9001: 2015 Standard	QMS Coordinator	
02	Syllabus	Academic Incharge	
All concerned documents will be verified for latest updates by assigned authority			

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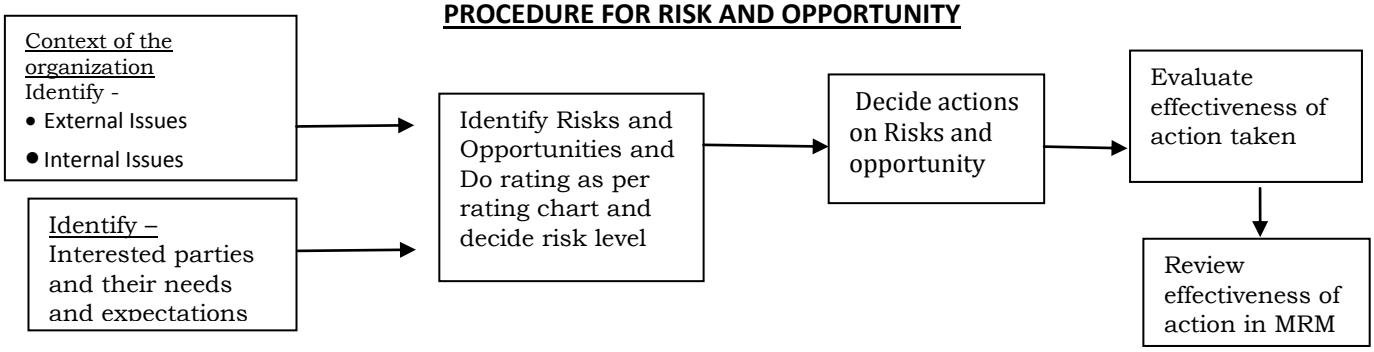
Process Output	: Controlled Documented Information with latest issue and revision.
Process Monitoring and Measurement	: No of incidences of documented information found uncontrolled.

Objective	: To define the process for identification, evaluation and assessment of Risk and Opportunities.
Input	: Internal and External Issues, needs and expectations of Interested parties.

PROCEDURE FOR RISK AND OPPORTUNITY



Sr. No.	Activity	Process owner	Documented Information
01	Take inputs from context of the organization and needs and expectations of interested parties and Identify Risk that can affect conformity of products and services i.e for critical processes and Opportunities for any process which will be able to enhance customer satisfaction	Each process owner	Risk and Opportunity Assessment
02	Do rating of risk as per rating chart which will affect Quality and delivery of products and services for severity and probability and decide risk level	Each process owner	Risk and Opportunity Assessment
03	Do not do rating for opportunity	Each process owner	Risk and Opportunity Register
04	Determine the risks and opportunities decide actions that – a)Give assurance that the quality management system can achieve its intended result(s); b) Enhance desirable effects c) Prevent, or reduce, undesired effects; d) Achieve improvement.	Each process owner	Risk and Opportunity Assessment
05	Address risks can include- • Avoiding risk, • Taking risk in order to pursue an opportunity, • Eliminating the risk source, Changing the likelihood or consequences, • Sharing the risk, • Retaining risk by Informed decision.	Each process owner	Risk and Opportunity Assessment
07	Evaluate effectiveness of action taken to address risk and opportunity, if desired results not achieved, decide next action till desired result is achieved	Each Process owner and top management	Risk and Opportunity Register
08	Review the effectiveness of actions taken to address risks and opportunities in Management Review meeting	Top management	Minutes of MRM

Process Output	: Determination, evaluation and assessment of Risks and opportunities Identified.

Process Monitoring and Measurement	: Risks Vs. action taken

QMS/PR/03 **MONITORING AND MEASUREMENT OF PROCESSES**

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Objective	: To define the process for monitoring and measurement of QMS processes.
Input	: ISO 9001:2015, Process Manual

Sr. No.	Process Flow	Responsibility	Documented Information
01	Identify the parameters of Monitoring and Measurement for respective documented processes.	Respective Faculty	Resp. Process
02	Decide the method for Monitoring and Measurement of processes.	Respective Faculty	Monitoring and Measurement of Processes
03	Accordingly decide the target for each parameter.	Respective Faculty	Monitoring and Measurement of Processes
04	Decide the frequency of monitoring and format for recording.	Respective Faculty	Monitoring and Measurement of Processes
05	Evaluate data and update the status as per decided frequency.	Respective Faculty	Monitoring and Measurement of Processes
06	In case consistent non achievement of target, initiate suitable corrective action.	Respective Faculty	Corrective Action Record
07	Verify the effectiveness of corrective action taken.	Respective Faculty	Corrective Action Record
B	Analysis and evaluation		
01	Carry out analysis and evaluation of following data with data as below:		
S.N.	**Parameter**	**Data to be analyzed and evaluated**	**Responsibility**
A	Conformity of products and services	Academic performance	
B	The degree of customer satisfaction	Student Satisfaction	
C	The performance and effectiveness of the quality management system	Internal audit report	QMS Coordinator
D	If planning has been implemented effectively	Academic Incharge	Academic calendar
E	Effectiveness of actions taken to address risk and opportunity	Risk Assessment	Principal
F	The performance of external providers	Performance monitoring of suppliers and service providers	Stores head
G	The need for improvement to be quality management system	Management Review Outputs	

Process Output	: Monitoring and Measurement of the processes and action on the low Performing processes.
Process Monitoring and Measurement	: Monitoring and Measurement of Processes

QMS/PR/04 **NONCONFORMITY AND CORRECTIVE ACTION**

Rev. 00 Dt. 15.06.2018 Ref. Clause: 8.7, 10.2 Page: 01 / 01

Objective	: To define process for taking corrective action on the Nonconformity occurred.
Input	: Internal Failures, Audit NC's, Customer Complaints, Non achievement of targets of Objectives and processes.

Sr. No.	Process Flow	Responsibility	Documented Information
01	Review the following data : Nonconforming service Record, Internal Failures, Customer Complaints, Audit (Internal audits, Certification audits & Statutory authority audits) Analysis of Data, Non achievement of Objectives and process monitoring and measuring parameters.	Respective Faculty	Resp. Documented Information
02	Take immediate correction action on the nonconformity occurred to deal with the consequences occurred due to nonconformity.	Respective Faculty	Corrective Action Record
03	Review and analyze the nonconformity occurred and determine the root cause.	Respective Faculty	Corrective Action Record
04	Review the areas where similar nonconformity exist or can potentially occur.	Respective Faculty	Corrective Action Record
05	Accordingly decide suitable time bound corrective action so as to eliminate the cause of nonconformity.	Respective Faculty	Corrective Action Record
06	Ensure that corrective action shall be appropriate to the effects of nonconformities encountered and should restrict the recurrence or potential occurrence of nonconformity.	Respective Faculty	Corrective Action Record
07	Follow up for the completion of action and communicate to concern suitably after the completion.	Respective Faculty	Corrective Action Record
08	Review the effectiveness of the action taken.	Respective Faculty	Corrective Action Record
09	If the corrective action is effective, then revise the concern documented information and Risk and opportunities determined, if required.	Respective Faculty	Resp. Documented Information
10	If the corrective action is not effective, verify the root cause and initiate another corrective action.	Respective Faculty	Corrective Action Record

Process Output	: Effective corrective action on the nonconformity occurred.
Process Monitoring and Measurement	: Repetitive nonconformities even after taking Corrective Action.

QMS/PR/05 **INTERNAL AUDIT**
Rev. 00 Dt. 15.06.2018 Ref. Clause: 9.2 Page: 01 / 03

Objective	: To define process for conducting Internal Audit as per ISO 9001:2015 requirements.
Input	: ISO 9001:2015, Process Manual, Quality Manual, Documented Information.

A SELECTION OF INTERNAL AUDITORS

Sr. No.	Process Flow	Responsibility	Documented Information
01	Identify prospective candidates with good working experience, communication skill and awareness regarding ISO.	Principal, QMS Coordinator	-
02	Train them as an internal auditor. Prepare List of Trained Internal Auditors.	QMS Coordinator	Certificate List of Trained Internal Auditors

B AUDIT PLANNING

01	Prepare an audit plan for the year. Presently the frequency of internal audit is once in a semester.	QMS Coordinator	Annual Audit Plan
02	According to importance of the functions to be audited, prepare and release Department wise **"Audit Schedule",** describing the Scope of Audit, Audit criteria, Date, Department to be audited, Auditee, applicable Clauses / Processes, Timings and Auditors. The audit schedule shall cover all Clauses and all Departments each time. Release the audit schedule at least 03 days prior to audit.		Audit Schedule
03	While scheduling, ensure that auditor should not have the direct responsibility of the area to be audited.		-
04	Ensure that the Department has taken the appropriate corrective action on the Nonconformities raised during the previous Internal Audit and its effectiveness.		
05	Provide **"Audit Schedule"** and Blank copies of **"Audit Report"** and **"Non Conformity Report"** to auditor.		Audit Report

C EXECUTION AND REPORTING OF AUDIT

01	Audit the Function w. r. t. to documented Processes and applicable ISO 9001-2015 clauses.	Auditor	-

Sr. No.	Process Flow	Responsibility	Documented Information
02	Record the conformities as well as nonconformities on **"Audit Report"**. Identify conformities (Compliance to the requirements of standard and Operation Procedures) with "C" and nonconformities (Non-Compliance to the requirements of standard and Operation Procedures) with "N/C". Any suggestions for improvements shall be identified as "OFI" i.e. opportunities for improvements.	Auditor	Audit Report
03	Record nonconformities separately on Nonconformity Report. Give the filled Report to Auditee.	Auditor	Nonconformity Report
04	After the audit verify the observation reports to conform that all clauses and functions as per the schedule has been audited.	Auditor	-
05	Fill up the proposed correction and corrective action along with responsibility and target date, on Nonconformity Report.	Auditee	Nonconformity Report
06	Prepare an **"Audit Summary"** highlighting the clause wise, function wise status of nonconformities and improvement areas.	QMS Coordinator	Audit Summary
07	Forward the same to Principal	QMS Coordinator	Audit Summary
07	Present the **"Audit Summary"** in Management Review Meeting for the discussion.	QMS Coordinator	Audit Summary
08	According to status, importance, performances during the audit decide the audit duration / frequency for respective Function. Incorporate the change in annual audit plan and schedule of forthcoming internal audit.	QMS Coordinator	-
D	**CLOSING OF NCRS**		
01	Complete the correction and corrective action as according to target date and submit the NCRs along with evidences of action completed to QMS coordinator	Auditee	Nonconformity Report
02	Verify the disposition and corrective action for completion as on proposed date. If both the actions are completed, close the NCR.	QMS Coordinator or Auditor	Nonconformity Report
03	In the next audit, verify the effectiveness of corrective action taken and accordingly record the comment.	Auditor	Nonconformity Report

Process Output	: Review of QMS and actions on nonconforming area's
Process Monitoring and Measurement	: Conduction Internal Audit against plan.

QMS/PR/05 **MANAGEMENT REVIEW**
Rev. 00 Dt. 15.06.2018 Ref. Clause: 9.3 Page: 01 / 02

Objective	: To define process for conducting Management review to continuing suitability, adequacy and effectiveness of QMS
Input	: ISO 9001:2015, Agenda for MRM.

Sr. No.	Process Flow	Responsibility	Documented Information
A	**PLANNING FOR MRM**		
01	Arrange Management Review Meeting once in semester preferably after internal audit.	Principal	-
02	Communicate the date, time and agenda of the Management Review to all Faculty and administration staff.	QMS Coordinator	Agenda for MRM
03	Before attending the MRM, gather respective information and data as per agenda to have a healthy participation along with realistic, effective and result-oriented discussion.	Staff	-
04	One week prior to MRM, collect the data related to Quality Objectives achievement from all the departments, compile it and at college level.	QMS Coordinator	Quality Objective Status
B	**AGENDA FOR MRM**		
01	**Status of Action from Previous MRM:** Discuss minutes of previous MRM for any pending action against as decided.	Principal	--
02	**Changes in External and Internal Issues:** Discuss the changes in Internal and External issues identified and review the actions on Internal and External issues.		--
03	**Customer Satisfaction and Feedback from relevant interested parties:** Discuss the Student Feedback and necessary action arising out of it.		--
04	**Review of Quality Objectives:** Review the function wise quality objectives and initiate action accordingly.		--
05	**Process Performance:** Monitor and measure the key QMS Processes. Discuss the performance, characteristics and trends of Key Quality System Processes and actions arising out of it.		--
06	**Service Conformity:** Discuss conformity level of key parameters like results, compliance to teaching plan.		--

07	**Nonconformities and Corrective Action:** Discuss the status and effectiveness of corrective actions initiated on nonconformities observed in product, process and system.		

Sr. No.	Process Flow	Responsibility	Documented Information
08	**Result of Monitoring and Measurement:** Discuss the results of Monitoring and Measurement of various processes.		--
09	**Result of Audit:** Discuss the result of audits (internal and 3rd Party) during the period from previous QMS coordinator for status of NCR and necessary action against the open NCRs.		--
10	**Performance of the External Providers:** Review and Discuss the performance of External Providers and decide the actions on the low performing external providers.		--
11	**Review of Resources and Requirements:** Review the available resources and discuss the requirements related to resource, infrastructure and work environment		--
12	**Effectiveness of actions taken to address Risk and opportunities:** Review and discuss the effectiveness of the action taken on Risks and opportunities.		--
13	**Opportunities for improvement:** Discuss the recommendations for the improvement of product, process and Quality management System.		--
14	**Changes in Quality Management System:** Discuss the proposed changes that could affect the integrity of the QMS.		--

C RECORDING MINUTES

Sr. No.	Process Flow	Responsibility	Documented Information
01	Note down the output (decisions and important discussion) in the form of minutes.	QMS Coordinator	Minutes of MRM
02	The Minutes shall comprise decisions in the form of time-bound action plan specifically related to improvement in teaching & learning, and Resource requirements.		

03	Circulate the copy of minutes to concern and follow up accordingly for the decided actions.		

Process Output	: Review of Quality Management System from Top Management.
Process Monitoring and Measurement	: 1) Timely conducting MRM :2) Actions as per decisions