

Quality Management System Process Manual

Document No.:

AKNU/QMS/PCM

Issue No. :

02

AdikaviNannaya University Rajahmahendravaram Andhra Pradesh, India





QUALITY MANAGEMENT SYSTEM PROCESS MANUAL

DOC. NO.: AKNU/QMS/PCM SECTIONNO.:1

REV. NO. :

EFFECTIVE DATE: 07.05.2022

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	PREPARED BY	REVIEWED BY	APPROVED BY
DESIGNATION	ISO Coordinator	Management Representative(s)	Vice-Chancellor
DATE	07.05.2022	07.05.2022	07.05.2022
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2. REVISION RECORD SHEET

Section	Previous Rev. No. & Date	Current Rev. No. & Date	Brief Description of Changes
All sections	Issue No. 01 Rev. No. 01 04-12-2020	Issue No. 02 Rev. No. 00 07-05-2022	Entire manual
			-

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3. MANUAL DISTRIBUTION

Master Copy of the Manual (duly signed) is kept with MR /ISO Coordinator.

Controlled Copy - Soft Copy of Manual in PDF-Read Only is kept in Adikavi Nannaya University intranet for reference to VC, Registrar, Deans, Principals, Heads of the Departments, Librarian & MR/ISO Coordinator.

Controlled Copy - Hard Copy 2 Nos. are kept with MR / ISO Coordinator for reference to external / internal auditors.

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4.ABBREVIATIONS

Abbreviation	Full Form
AKNU	Adikavi Nannaya University
VC	Vice Chancellor
ISO	International Organization for Standardization
QMS	Quality Management System
MR	Management Representative
PCM	Processes Manual
PCS	Process
DOC	Document
REV	Revision
NO.	Number

To be filled by AKNU





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5. LIST OF QMS PROCESSES

SI. No	Process Title	Process Code	ISO 9001:2015 Clause(s)
1	Admissions	AKNU/PCS/01	8.2,8.5.1,8.5.2, 8.5.3,8.5.4
2	Teaching	AKNU/PCS/02	8.1, 8.5, 8.6,8.7
3	Examination and Evaluation	AKNU/PCS/03	8.6, 8.7
4	Design of Syllabus and Curriculum	AKNU/PCS/04	8.3
5	University Library	AKNU/PCS/05	8.5
6	Grant of Affiliation to the Affiliated Colleges	AKNU/PCS/06	8.1,8.5
7	Research and Consultancy	AKNU/PCS/07	8.1, 8.5, 8.6,8.7
8	Customer Feedback and Complaints	AKNU/PCS/08	9.1.2
9	Control of Nonconforming output	AKNU/PCS/09	8.7
10	Purchasing	AKNU/PCS/10	8.4
11	Risk & Opportunities	AKNU/PCS/11	6.1
12	Documented information	AKNU/PCS/12	7.5
13	Communication	AKNU/PCS/13	7.4
14	Analysis and evaluation	AKNU/PCS/14	9.1.3
15	Non conformity and corrective action	AKNU/PCS/15	10.2
16	Internal Audits	AKNU/PCS/16	9.2
17	Management Review	AKNU/PCS/17	9.3
18	Maintenance of Infrastructure	AKNU/PCS/18	7.1.3





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PROCESS TITLE: ADMISSIONS (AKNU/PCS/01)

PURPOSE

To ensure admissions into University Campuses and affiliated Colleges in conformance with UGC / AICTE / AKNU / APSCHE / NCTE guidelines prescribed from time to time.

SCOPE

This is applicable to admission into all colleges in the jurisdiction of Adikavi Nannaya University and its three campuses and operates in AKNU Rajamahendravaram campus only.

RESPONSIBILITY

Registrar Board of research studies Director, Directorate of admissions

4. REFERENCES

UGC / AICTE / APSCHE / NCTE guidelines
Information Brochure for APPGCET
BRS Minutes / guidelines
Minutes of the Standing Committee of the Academic Senate
Standing orders of the Executive Council
APRCET guidelines





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PROCESS

In Adikavi Nannaya University, the Directorate of Admissions (DOA) processes admissions into various courses offered in the University campuses and affiliated colleges in connection with APSCHE.

- 5.1 An admissions committee with the Vice-Chancellor as Chairman is constituted with the following members to finalize fee structure and other criteria related to admissions:
 - Principals of the University Campus Colleges Rajamahendravaram, Special Officers of the University Campuses- Kakinada &Tadepalligudem, Dean Academic affairs, Dean Examinations, Associate Directors and Director (member & convener) of DOA.
- APSCHE is conducting a common entrance test APPGCET by appointing a convener from any university for admissions into all Science & Arts PG courses offered at the state universities and their respective affiliated colleges. A Brochure and application form are made available at https://sche.ap.gov.in/released by the Convener APPGCET in soft copy.
- 5.3 DOA communicates the required information to APPGCET convener regarding the number of colleges and various courses offered in the campus colleges and affiliated colleges of AKNU along with sanctioned intake of the students of the respective courses as well as the details of fee structures.
- 5.4. APPGCET convener office will process all admissions into various courses offered at AKNU campuses and its affiliated colleges.
- 5.5 For M.Tech. Courses, the admissions are done with PGECET and through spot admissions for vacant seats if any.
- 5.6 For regular MBA and MCA courses the ICET convener will conduct the admissions and sends the list of admitted candidates to the concerned Principals. Remaining seats if any are filled through spot admissions based on the ICET rank and /or merit in the qualifying degree.
- 5.7 Ph.D. (FT/PT/PROJECT FELLOWS /FACULTY DEVELOPMENT PROGRAMME / CSIR/UGC-JRF FELLOWSHIP HOLDERS / INSPIRE AND





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RAJIV GANDHI NATIONAL FELLOWSHIP HOLDERS / MANF) admissions are processed as per the university BRS guidelines and APRCET regulations as communicated from time to time.

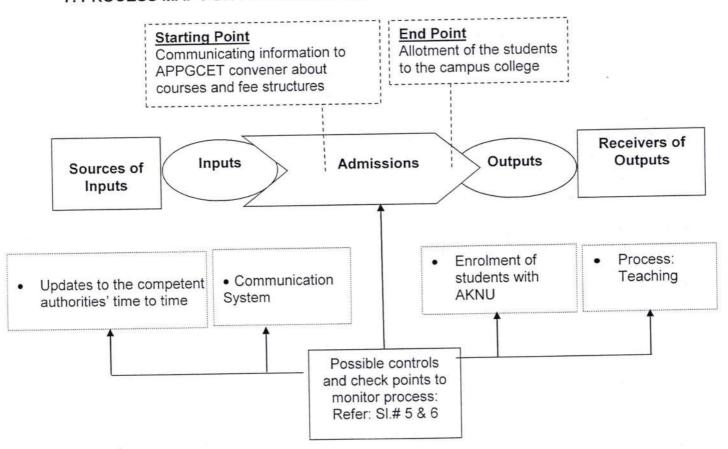
5.8 DOA will make the Research admissions for Ph.D. Programme and sends the lists of admitted candidates to the principals of the concerned colleges.

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RECORDS

As retained with DOA, Registrar.

7. PROCESS MAP FOR PG ADMISSIONS



PERFORMANCE INDICATORS

% Admissions.





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5.2 TEACHING(AKNU/PCS/02)

PURPOSE

To conduct teaching as per requirements of AKNU.

2. SCOPE

This covers conducting teaching for all courses offered by the University in all its three campuses at Rajamahedravaram, Kakinada and Tadepalli Gudem.

RESPONSIBILITY

Registrar Principals Heads of the Departments Faculty

4. REFERENCES

UGC Guidelines Joint Board of Studies Regulations of AKNU

PROCEDURE

- 5.1 Planning of teaching activities is done as per academic colander syllabus and regulations accepted in the Board of studies/Academic senate.
- 5.2 The allocation of teaching work in the department is done by Departmental committee and recorded in the Minutes of the Departmental committee meeting.
- 5.3 The time table for teaching and practical work is prepared by the Head of the department at least one week before the commencement of the class work and informed to the faculty members, students and the Principal concerned.
- 5.4 The faculty members teach the allotted subjects in detail in the class rooms by means of using various teaching methods.





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- 5.5 All students are issued identity cards which shall be carried by them during the college hours; Duplicate card will be issued to the student if he lost it or damaged by the concerned Head of the department.
- 5.6 Attendance register is maintained for each class. The concerned teacher will take the attendance for this class and enter the entries
- 5.7 Each teacher is assigned with 4 to 8 students of the department and he / she has to act as teacher guide for those students. The teacher conducts periodic counseling to the students he/she is allotted and notes the impertinent discussions in the register he/she maintain. The students who are not regular for classes are counseled by the Head of the Department and the teacher guide.
- 5.8 The Head of the department strictly implements the attendance rules of the University.
- 5.9 The teacher identifies the students who are not performing up to his/her satisfaction and attention shall be paid towards those students in order to improve their performance.
- 5.10 Students seminars and academic competitions are conducted in the department with the objective of imparting competitive environment and also skills.
- 5.11 Guest lectures are arranged in the department by inviting expert members from other organizations. Students are encouraged to utilize library facilities available in the University.
- 5.12 Two mid-term examinations are conducted and students' performance is continuously monitored by the concerned teacher.
- 5.13 The Departmental committee reviews the progress of the syllabus and discuss upon corrective or preventive actions if required.

RECORDS

As retained with Depts./Colleges.





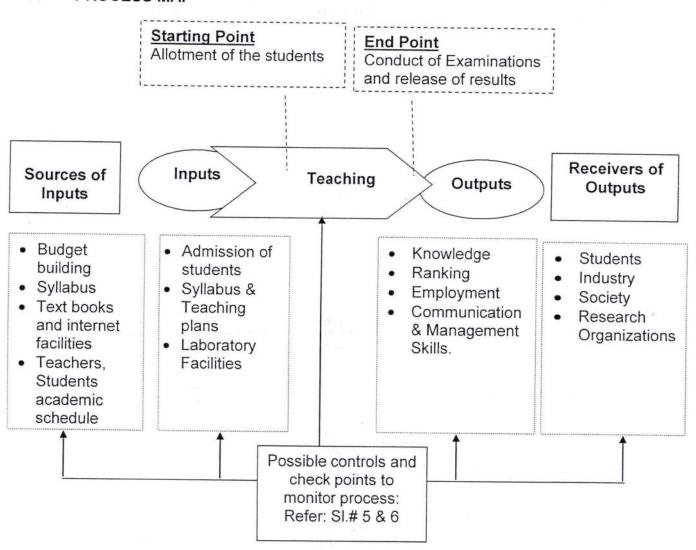
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PROCESS MAP



PERFORMANCE INDICATORS

- · Adherence to academic schedules
- Students' activities (Seminars/Field visits/Industry visits)
- Students undertaking Internships/Summer research fellowships/ MOOCs, etc.
- Students promoted to higher education/Research/Qualifying examinations at State/National/International level





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5.3 EXAMINATION AND EVALUATION(AKNU/PCS/03)

PURPOSE

To conduct examinations and evaluation in all the affiliated colleges and constituent colleges.

SCOPE

This is applicable to all courses viz. diplomas, PG diplomas or UG/PG/Doctoral courses conducted by AKNU in all of its affiliated and constituent colleges in the jurisdiction of East Godavari and West Godavari districts of Andhra Pradesh.

RESPONSIBILITY

Controller of Examinations Dean and Assistant Dean of Examinations Special officer (Confidential) Principals

REFERENCES

The AKNU Code. Standing orders of the Executive Council

5. PROCEDURE

- 5.1 The Examination Schedules will be prepared by the Controller of Examinations of the University basing on the Academic Calendar fixed by the University as approved by the Vice-chancellor.
- 5.2 The syllabus, norms and regulations will be given by the Chairman, Boards of Studies and approved by the Academic Senate.
- 5.3 In each Department 2 Mid Semester Internal Examinations are conducted by the concerned teacher to evaluate the performance of the students. The teachers submit the list of marks obtained by the candidates in his/her examinations to the Head of the Department. The Head of the Department will consolidate the marks and send the award list to the Examination Section.



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5.4 Existing Procedure for process of Examination Applications

- 5.4.1 The Student in each Department of constituent colleges will collect the application form and submit with examination fee in the Department. The Head of the Department will prepare a list of applications for each course Semester-wise and send to the Examination Section through the Principal's Office.
 - 5.4.2 Printed course-wise enrolled lists duly signed by the Heads of the Institutions or Departments will be sent to the Examinations Office along with the Challan receipts.
 - 5.4.3 After completion of the verification process, the Examination office will dispatch the Hall Tickets to the principals of Colleges.
- 5.5 The Chief superintendent (Head/Principal) shall make seating arrangements for all the candidates allotted to the Department/college for conducting the examinations.
- 5.6 The examination Section (Confidential Section) will get the Question Paper setting work done by various PAPER Setters as recommended by the Chairman, Board of Studies and approved by the Vice-Chancellor.
- 5.7 The Printed papers are bundled in covers and sealed in the Confidential Section.
- 5.8 The Question papers are sent to the concerned Chief Superintendents three days before commencement of examinations schedules.
- 5.9 The Invigilators are appointed by the Chief Superintendents.
- 5.10 The University Staff will collect the Answer Scripts Bundles from the Deposit Centers through university Vehicles and hand over to the Coding Section, Examination Branch.
- 5.11 All the answer scripts are re-numbered with unique identification of each script by Coding Section. The Original Numbers are detached from the main answer booklet and kept separately.





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- 5.12 a) For UG and PG Examinations scripts are valued by Single Valuation.
 - b) The Spot Valuation work for all PG Examinations will be done at the Examination branch.
 - c) The Chairman, Board of Studies concerned shall send the approved list of examiners for PG Examinations.
 - d) The University will identify the Spot Valuation Centers for UG Examinations in each District and the University will appoint the spot Chiefs for conduct of Spot Valuation Work.
- 5.13 The results processing will be done by the Examination Section after obtaining the marks for Theory/Sessional/Practical Examination.
- 5.14 The Memorandum of marks for each candidate is prepared and issued to the candidate through the Heads of the Departments/Principals of Affiliated Colleges.
- 5.15 Those candidates who qualify in the concerned examinations and fulfill all the norms set by the University will be issued Provisional Certificate/Original Degree Certificates.

RECORDS

Records are maintained with Controller of Examinations, Special officer (Confidential) and Dean of Examinations.





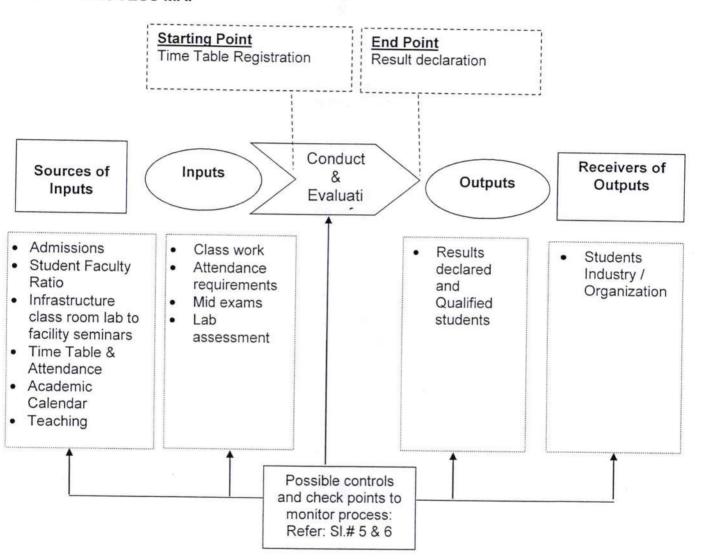
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7. PROCESS MAP



8. PERFORMANCE INDICATORS

Students' performance - Results analysis and review





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5.4 DESIGN OF SYLLABUS CURRICULUM (AKNU/PCS/04)

PURPOSE

To provide subject-centered, learner centered and problem-centered lessons, readings, activities and assessments for reaching the program goal in that subject

SCOPE

Program specific designing of the curriculum for enhancing the skills for higher education as well as meeting the societal needs, industrial needs and job oriented

RESPONSIBILITY

Chairman and members of Boards of studies members would take the lead of responsibility in designing the curriculum as per guidelines of UGC/APSCHE/AICTE/NCTE etc.,

4. REFERENCES

Andhra Pradesh Higher Education Council (APSCHE)
University Grants Commission (UGC)
All India Council for Technical Education (AICTE)
Bar Council of India (BCI)
National Council for Teacher Education (NCTE)

PROCEDURE

- 5.1 As per the constitution, vice-chancellor will nominate members in the board of studies for each subject.
- 5.2 Board of studies will prepare details of program structure, course-wise syllabi, assessment/evaluation regulations and submit for approval of Vicechancellor and final approval in Academic Council of the University

RECORDS

Program-wise board of studies books available in Academic Dean office. The soft copies of the curriculum kept in university website.





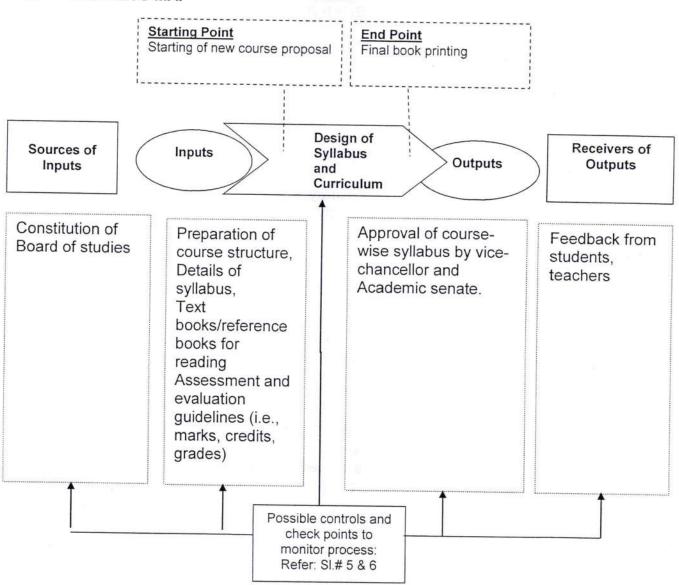
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PROCESS MAP



8. PERFORMANCE INDICATORS

Revision of curriculum as and when needed





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5.5 UNIVERSITY LIBRARY(AKNU/PCS/05)

PURPOSE

To ensure provision of quality collective of books and services to the academic community to support academic and research activities at the higher education level.

SCOPE

This is applicable to the Central library and its branch libraries viz., MSN Campus, Kakinada and Campus Library at Tadepalli gudem in AKNU.

3. RESPONSIBILITY

The Librarian, University Central Library

REFERENCES

SOUL 2.0 Software for Library Management

PROCEDURE

University Central Library along with 2 branch Libraries are **Kakinada and Tadepalli gudem Campuses** provides access to variety of information sources in different subjects supporting the academic and research activity at university level. University Central Library, being the main and central library centrally procures processes and disseminates the required documents).

5.1 All the faculty, Students, Research Scholars, nonteaching staff, Institutional members and deposit borrowers are the users of the library by virtue of their enrolment into the University. However, the borrowing facility will be available to only to those who have registered their membership in the library (known as registered borrowers)



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- A Library Advisory Committee with Vice-Chancellor as Chairman and Registrar, Principals of all University colleges, Dean, CDC, Dean Academic Affairs, Members of Executive Council. AKNU University Engineer, Executive Engineer Electrical Finance office, Head of the Dept., of Library and Information, as exofficio member's professors of different departments, represents Science, Arts, Engineering and Law Colleges, student representatives as members is formed. The University Librarian is the convener of the committee. This committee mainly helps in taking policy decisions and giving approvals related to various aspects of the library. The committee meets twice a year to discuss proposed agenda.
- 5.3 Printed Brochure is distributed to user community at the time of registration. Information about the library its resources and procedures will be provided in the brochure.
- 5.4 All the users who have registered in the library are entitled to borrow the books from load section of the library for specified period.
- 5.5 Each user will be assigned a user Identification Number and with this number specified number of library or bar-coded user ID cards are issued for avail both loan and other facilities and services in the library.
- The library user community consists of both internal and external users. Internal users are the teaching and non-teaching staff who are in service, research scholars and students. External users also can avail the facility by registering themselves as Deposit Borrowers. This facility is available for both individuals and institutional. Another Improvement group of external users are the retired teachers of the University. The membership fee for different types of users is collected as per norms.
- 5.7 In case of over dues, loss and mutilation of library books and material the library user has to pay the fines as per specified norms.
- 5.8 To meet the specific and general objectives of the library, the library performs various activities mainly through seven sections viz., Acquisition Section, Technical Section, Periodical Section, Reference Section, Circulation Section, Computer Section, Administrative and Binding Section. A series of activities, procedures and people are involved in making the procured book/item available to the library user. The following sections present a brief note on the key activities of individual section in the library.





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5.9 Acquisition Section

- 5.9.1 The Acquisition Section is mainly concerned with procurement of books and other type of information sources except periodicals for the library. It is also instrumental in creating the master record/register/database of books acquired by the library. This register acts as a main inventory of library collection with full details.
- 5.9.2 The source of finance for acquisition can be categorized under two broad headings. One group consists of budget allocations from University Grants Commission (UGC) as per five-year plans and annual and recurring budget allocation from State Government as "University fund" (UF). The second group consists of books procured from special Assistance Programme (SAP) grants given and donations and amount paid as fines towards loss of books for replacement of lost books.
- 5.9.3 The section in charge requested the indents (Suggested lists) for required books from the heads of departments or different constituent Colleges of the University.
- 5.9.4 The indents are checked against the existing collection to avoid duplication. The final list of books to be purchased is prepared.
- 5.10 The orders are placed to those suppliers who can comply with the conditions and guidelines lay down by the library. The order books with bills in triplicate are received. The books and Bills against the purchase orders are verified. Assign accession number of each book after entering the details in the Accession Register. Type the accessioned books in the proforma for editing. Read the proforma, compare and check the details with original book in hand. Send bills to the office of the Registrar for sanction and payment. Send the accessioned books to Technical Section for processing purposes.





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5.11 Technical Section

- 5.11.1 The Technical Section processes the accessioned books sent by the Acquisition Section. The Technical staff assigns a specific class number to the newly acquired book on one hand preparing a set of catalogue cards with bibliographical description of the books on the other hand. This section processes not only the newly acquired books but also bound volumes of periodicals (back issues of periodicals) sent by the Binding Section.
- 5.11.2 The processed books are further categorized for shelving them in appropriate sections. Based on the nature of the collection and their utility the books are gaped as 'Loan Collection,' Reference collection, Text Books collection, Special collection, 'Thesis', Quick Reference collection. The same code will be written on the spine label of the book for indicating the location of the book in the library. With the above marking of location code, the processed books are sent to concerned sections in the library for arranging on book shelves and make them available to users.

5.12 Periodical Section

5.12.1 In the section the Requisition of renewals of old and new journals is collected from all Heads of Departments those who have budgeted provision, Based on the recommendation from the Heads of the department, the approval of suppliers is taken from the Vice-Chancellor (All the Five Suppliers are recognized by G.O.C). The Terms and conditions for supply are taken from all the Suppliers on Rs. 10/- Non – Judicial Stamp Papers. Orders for journals are placed in the month of October/November every year for core and newly recommended journals.

5.13 Reference Section

This section is mainly connected with the reference books like, bound volumes of Journals, Encyclopedias, Dictionaries, Yearbooks and competitive examinations etc.





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5.14 Computer Section:

5.14.1 Application of Library Software (SOUL) for the library activities and functions like creation of data base of library holdings and in house activates like circulation and maintenance of OPAC (Online Public Access Catalogues) is under process in this section. Info net activities i.e. access to Electronic Journals through JGATE and JSTOR consortia. Internet browsing and e-mail facility to the users is provided. Separate provision was made for students, Scholars and Faculty.

5.15 Circulation Section:

5.15.1 In this section Registration of Members ... Students, Research Scholars, Faculty Registration of Deposit borrowers and the Administrative Staff members are done. Issues and Returns of the books are carried according to the member's eligibility. Overdue charges for the delayed books and amount on lost books is collected. Inter library loan service is also available. "No-Dues' Certificates to the members are issued based on their request. "Conducting earn while learn programme".

6. RECORDS

As retained with the Library.





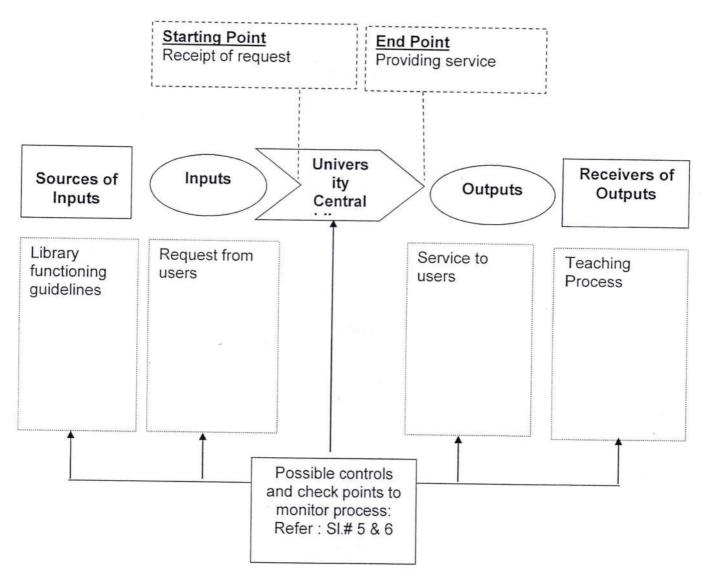
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PROCESS MAP



8. PERFORMANCE INDICATORS

Number of books / e-consortium acquired





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5.6 GRANT OF AFFILIATION TO THE AFFILIATED COLLEGES(AKNU/PCS/06)

PURPOSE

To grant affiliation to the colleges as per the regulations of UGC / AICTE / AKNU.

SCOPE

This is applicable to all colleges in East and West Godavari areas.

3. RESPONSIBILITY

Registrar Dean, College Development Council

4. REFERENCES

Affiliated Colleges references manual of AKNU

PROCEDURE

- 5.1 The AKNU grants affiliation to the colleges offering Under Graduate and Post Graduate courses in the faculties of Arts, Commerce, Science, Management, Law, Engineering, Education, Pharmacy, Physical Education etc., in East & West Godavari districts of Andhra Pradesh and monitoring their performance through College Development Council.
- If any Management who wishes to establish a New Private Un-Aided College should apply to APSCHE after notification. APSCHE shall appoint a team of scrutiny committee to scrutinize the registered applications and then appoints a Joint Inspection Committee (JIC). Applications which do not satisfy the prescribed conditions are liable to be rejected.
- In case the applicant feels aggrieved with the recommendations of the Prime facile scrutiny committee, the management of the college may prefer and appeal for one more time to the counseling committee constituted by the University on a date to be specified for the purpose. No further representation shall be entertained after the counseling. The recommendations of the Counseling shall be final.





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- Based on the recommendations of the Joint Inspection committee, the University shall arrange to conduct inspection of the colleges to examine the viability of their proposals for new UG College/Courses/Combinations etc. The Dean, CDC shall inform the date of joint inspection to the management of the respective colleges.
- The members of the joint inspections committee will submit their findings after the verifications of the available facilities. The Dean C D C will send the report of the JIC for the Vice Chancellors perusal. Dean CDC submits to the JIC's report along with the Vice-Chancellors recommendations to Andhra Pradesh State Council of Higher Education, Tadepalli.
- The APSCHE shall take into account the Joint Inspection Committee's report and the observations of the Vice-chancellor of the University for considering the proposal submitted by the college and Issue appropriate orders in this regard. The college and the University will also be provided with a copy of the proceedings. Later Dean CDC will appoint another Inspection Committee to the College to verify the same for affiliation appointed by the Vice-Chancellor.
- 5.7 The APSCHE and University reserves the right to conduct surprise inspection at any time and also reserves the right to cancel permission affiliation of the sanctioned courses, at any stage, if it is found that the information provided is false and misleading and documents produced by the management are false, interpolated and improper and the management is not able to run the sanctioned courses as per the norms of the Government and academic stipulations of the University.
- The University shall arrange for grant of affiliation to the new UG courses etc., as per the rules of the University after receiving a copy of the proceedings issued by the AP State Council Higher Education granting permission to start new UG College/courses etc. The sanction from APSCHE does not mean that affiliation is mandatory by the University. The University has the right to reject affiliation or cancel it any time if the college is found flouting university rules.
- The relationship between the University and the college is established though the grant affiliation. The University expects the colleges to provide and maintain infrastructure facilities to have sound financial position, and to employ adequate number of well qualified teaching staff in order to achieve and maintain better standards, the university prescribes thermos and conditions of the affiliation.





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- 5.10 The University conducts the Fact-Finding Committee every year to verify the data uploaded by the college in Jnanabhumi Portal by constituting inspection committee for granting the affiliation. The committee should upload the report from the college itself on the day of inspection.
- CDC co-ordinates between the Social Welfare offices and APCFSS for the transparent disbursement of Scholarships to all students.

Types of affiliation: Conditional affiliation, Temporary affiliation and Permanent affiliation.

- 5.10 The executive council of the University shall have the power to grant conditional affiliation and in the event of the conditions laid down not being fulfilled within the time specified, such affiliation shall lapse and a fresh application of the management of the college shall be necessary.
- 5.11 When conditional affiliation is granted to any college, the Executive Council may order Inspection of the college not more than once a quarter by a Commissioner to see how far the conditions stipulated are being fulfilled.

Guidelines for Grant of Permanent Affiliation

5.12 The competent authority shall grant permanent recognition/affiliation to the private Colleges, which are having temporary recognition/affiliation at least for a period of five years subject to the fulfillment of the conditions mentioned in the Affiliated college's reference manual.

Other functions of College Development Council

- 5.13 Recommends to the university for sanction of additional strength to the affiliated colleges based on the accommodation and other infrastructure facilities available in the colleges.
- 5.14 Monitors the UGC grants under various heads released to affiliated colleges sanctioned by UGC.
- 5.15 Scrutinizes the proposals received from the Colleges for basic and developmental grant and forward to the UGC. Conducting annual meetings to the principal's/Secretary/Correspondent of the affiliated colleges.
- 5.16 Ratifies the teaching staff appointed in the affiliated colleges.





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- 5.17 Sanctions permission of student transfers one college to other colleges.
- 5.18 Monitors the functioning of affiliated colleges through Inspections.
- 5.19 Renews the Autonomous status.
- 5.20 Forward the application who applies for 2(f) & 12(B) to UGC after verification.

6. RECORDS

As retained with Deans, Registrar.





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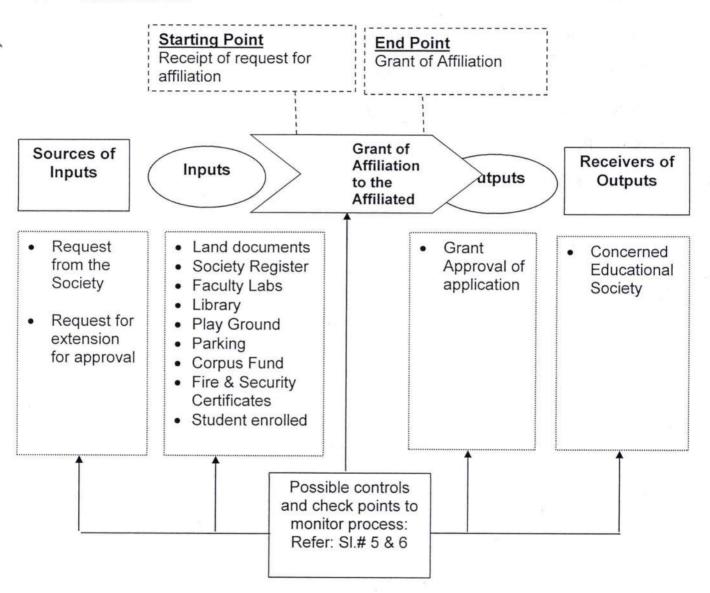
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7. PROCESS MAP



8. PERFORMANCE INDICATORS

% Admissions
Adherence to academic schedules
Students' activities (Seminars/Field visits/Industry visits, etc.)





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5.7 RESEARCH AND CONSULTANCY (AKNU/PCS/07)

New Process to be added by AKNU

PURPOSE

To create a vibrant research atmosphere among faculty members, research scholars and students in Adikavi Nannaya university

SCOPE

This research policy is applicable to the faculty members, research scholars and post-graduate students of all campuses of Adikavi Nannaya University.

RESPONSIBILITY

Research Cell under the supervision of Vice Chancellor, Adikavi Nannaya University

4. REFERENCES

Research Policy

PROCEDURE

- 5.1 Faculty members of Adikavi Nannaya University are supposed to undertake research, leading to quality publications in peer reviewed national / international journals and presentations in National/International conferences of repute, generation of Intellectual property and other similar research activities
- 5.2 Adikavi Nannaya University shall recruit the faculty members and researchers who have demonstrated capability in research. Faculty promotion significantly depends on research undertaken. The quality of research output is assessed based on research publications and research grants obtained from National and International funding agencies and will be revised from time-to-time as per UGC guidelines.





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5.3 Services of retired eminent academicians/researchers with a proven track record of handling research projects from national/international funding agencies may be utilized to guide young researchers to get more research funding/patents/consultancy to the University.

RECORDS

Research publications/patents of the faculty maintained by the Head of the Department

Research Projects data maintained by UGC Cell of the University





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5.1.1.4

The feedback of customers is discussed in Management Review Meetings.

5.2 Handling of customer complaints:

- 5.2.1 Customer complaints may be received orally or in written. Whenever a complaint is received, a case is opened in the Department office and report will be called from the Head of the department.
- 5.2.2 Details of the customers complaints are also entered in a Complaint Register maintained in the office.
- 5.2.3 The Head of department analyses the reasons and submits report
- 5.2.4 Based on criticality and repetitiveness, root cause analysis is carried out and corrective action is decided.
- 5.2.5 Once the corrective action is decided, timely implementation by the concerned Department is ensured.
- 5.2.6 Effectiveness of corrective action taken is verified by Departmental Head.
- 5.2.7 Customer complaints are reviewed in the Management Review Meetings and appropriate actions are decided.
- 5.2.8 The decisions taken in the Management Review Meetings are implemented by the concerned departmental Heads.

RECORDS

Customer Feedback Complaints record Above retained with Depts./Colleges



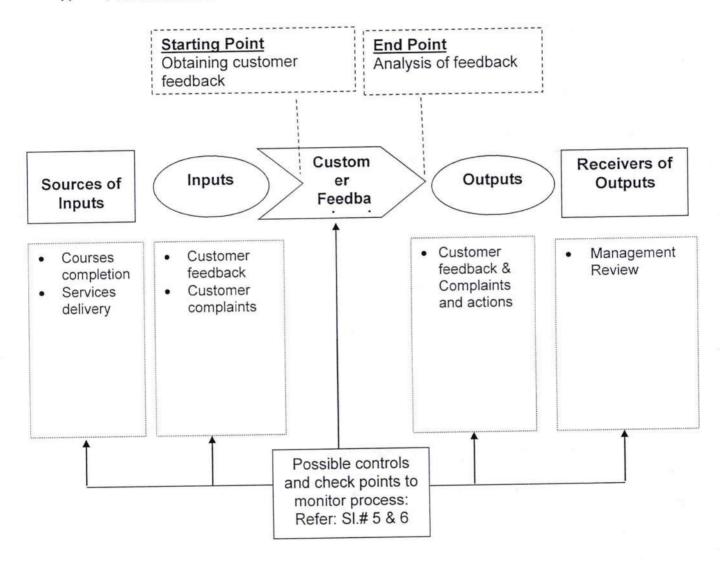


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PROCESS MAP



8. PERFORMANCE INDICATORS

Customer feedback





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5.9 CONTROL OF NON CONFORMING OUTPUT(AKNU/PCS/09)

PURPOSE 1.

To prevent delivery of nonconforming service from unintended use.

SCOPE 2.

This is applicable to all areas offering courses.

RESPONSIBILITY 3.

Departmental Head

REFERENCES 4.

Process: Nonconformity and corrective action (AKNU/PCS/15).

PROCEDURE 5.

- During the inspection, if any activity is not meeting the specified requirements, it is treated as a non nonconforming material 5.1
- Concerned Department identified is recorded in Activity dairy 5.2
- Any non conformance identified is recorded in Activity dairy 5.3
- Nonconforming material is suitably identified, kept separately and details are recorded in the department committee minutes of the subsequent meeting 5.4
- The non conformances observed are discussed with staff members to take the 5.5 necessary action for disposition
- The non conformances are disposed off in any one of the following ways 5.6
 - a) By taking action to eliminate the detected non conformity
 - b) By authorizing its use or acceptance under discretion of the concerned Head
 - c) Rejected





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- 5.7 Head of department is the financial authority to take decision on the non conformances observed.
- Nature of non conformities, subsequent to action taken, including concessions given are recorded in Quality circles minutes.
- 5.9 Based on criticality and repetitiveness of nonconformity, root cause analysis is done and necessary corrective action is taken as per Process: Nonconformity and corrective action (AKNU/PCS/15).
- 5.10 Corrective actions taken are sent by each Departmental head to MR for discussion in Management Review Meeting.

6. RECORDS

As retained with Depts./Colleges

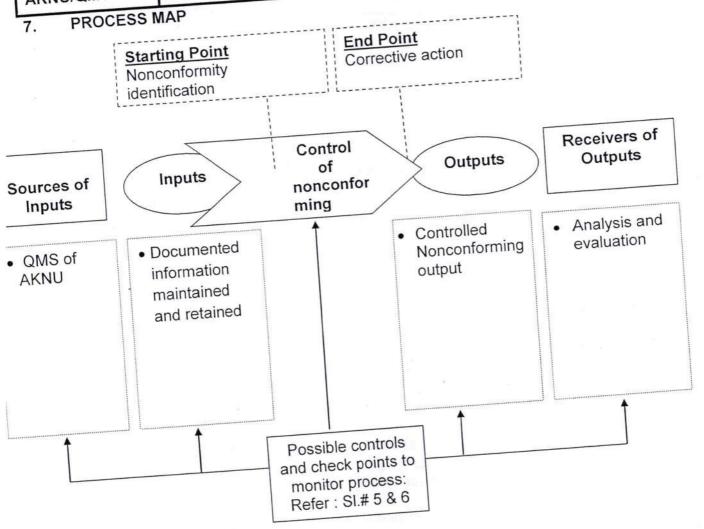


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8. PERFORMANCE INDICATORS

Adherence to academic schedules





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5.10PURCHASING(AKNU/PCS/10)

PURPOSE

To ensure Purchasing as per AKNU requirements.

SCOPE

This is applicable to all Departments of the University.

RESPONSIBILITY

Registrar Head of the Department

REFERENCES

AKNU Purchase Guidelines

PROCEDURE

- 5.1 Before placing a proposal for purchase of equipment/indents/chemicals etc, the proposal should be discussed thoroughly in the respective departmental committee. The Head of the department/the Principal Investigator/Coordinator must enclose the D.C. Minutes duly signed by staff Members along with the proposals and also enclose the three quotations/estimations for the indents.
- 5.2 All the above proposals should be routed and forwarded through the concerned Principals / Special officers.
- 5.3 After the approval of the Central Purchase Committee (C.P.C) for the indents the Amount will be paid to the Head of the department through concerned Principal/Special officers. The Head of the department/Principal Investigator issue the Purchase order.





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The Head of the Department/Principal Investigator/Coordinator should submit a certificate to the effect stating that they have been taken delivery of the Equipment/Indent/Chemicals etc. in a good condition as per the specification, Quality and standards without any deviations and entered necessary entries in the stock registers. The Head of the Department/Principal Investigators/Coordinators should also produce the stock register to Audit as and when audit take place in the department.

6. RECORDS

As retained with Purchase dept.



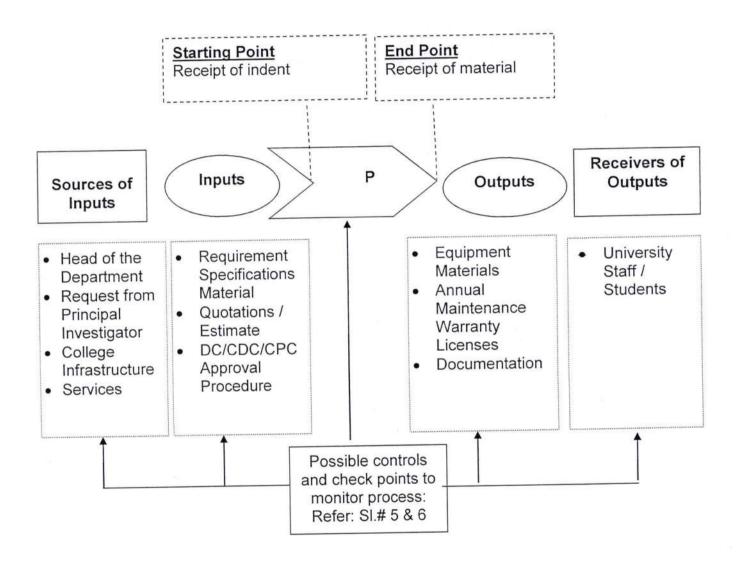


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PROCESS MAP



PERFORMANCE INDICATORS

Well-equipped Labs/e-class rooms





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5.11RISK & OPPORTUNITIES (AKNU/PCS/11)

PURPOSE

To determine Risks and Opportunities related to QMS of AKNU.

2. SCOPE

This covers Risks and Opportunities related to external issues, internal issues, needs and expectations of interested parties and QMS Processes.

3. RESPONSIBILITY

VC Registrar MR

4. REFERENCES

ISO 9001:2015 requirement: 6.1

5. PROCEDURE

- 5.1 The following related to QMS are determined by AKNU:
 - a) External issues and internal issues
 - b) Interested parties and their needs and expectations
- 5.2 The risks related above and QMS processes are determined by the University.
- 5.3 Existing controls are mapped for the identified risks. After taking into account of the existing controls, the determined risks are evaluated based as:

LOW – No impact on achieving Quality Objective MEDIUM – Moderate impact on Quality Objective HIGH – High impact on achieving Quality Objective





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5.4 Depending on the level of risk, LOW / MEDIUM / HIGG, action taken as given below:

LOW - No action required.

MEDIUM - Existing Controls / Mitigation plan to be monitored.

HIGH – Existing controls / Mitigation plan not effective. Additional / New Mitigation plan to be established.

- 5.5 Wherever exists, opportunities are captured during the risk assessment process.
- 5.6 Actions to address opportunities and additional controls are drawn and maintained by the respective depts.
- 5. 7 External issues, internal issues and related Risks and Opportunities are maintained with MR / ISO Coordinator and distributed to all concerned, as required.
- 5. 8 Interested parties, their needs & expectations and related Risks & Opportunities are maintained with MR / ISO Coordinator and distributed to all concerned, as required.
- 5.9 Risks and Opportunities related to QMS Processes are maintained with MR / ISO Coordinator and distributed to all concerned, as required.
- 5.10 Risks and opportunities are reviewed at least once in a year or as and when required to ensure continuing suitability.

5 RECORDS

Risks and Opportunities review record retained with MR / ISO Coordinator

CONTROLLED COPY



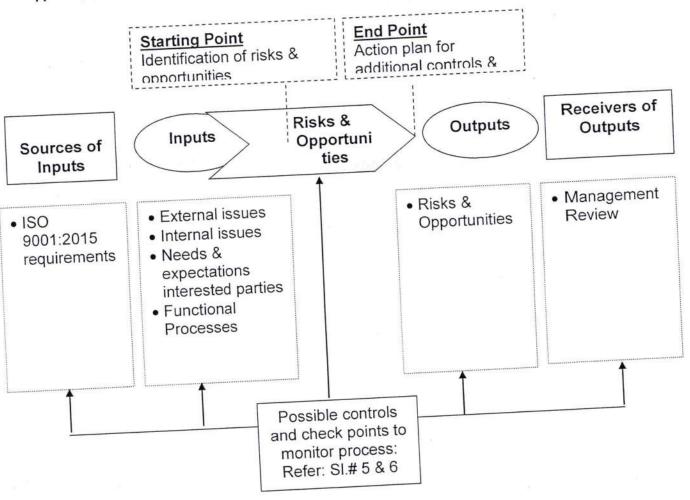
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7. PROCESS MAP



PERFORMANCE INDICATORS

No. of reviews of risks & opportunities.





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5.12DOCUMENTED INFORMATION(AKNU/PCS/12)

PURPOSE

To control documented information to ensure their availability at point of use as required for QMS implementation.

SCOPE

This is applicable to documented information related to QMS of AKNU.

RESPONSIBILITY

Registrar

Principals

Deans

HODs

MR

ISO Coordinator.

REFERENCES

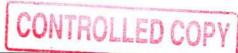
Nil

PROCEDURE

5.1 DOCUMENTED INFORMATION

The documented information is maintained in the form of any or combination of the following maintained in hard / soft copy.

- a. Vision
- b. Mission
- c. Quality Policy
- d. Quality Objectives
- e. Quality Manual
- f. QMS Processes
- g. External issues & internal issues
- h. Requirements of interested parties





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- i. Risks & Opportunities based on g & h.
- j. Risks & Opportunities bases QMS Processes
- k. Formats
- I. Statutory and regulatory requirements
- m. Equipment Manuals
- n. UGC requirements / guide lines
- o. AICTE requirements / guidelines
- p. AKNU guidelines / policies / procedures
- q. National /International Standards (such as Indian Standards, ISO Standards, etc.)

Note: In addition to above, the concerned dept. may maintain documented information specific to QMS implementation in the respective functions.

5.2 DEFINITIONS

MASTER COPY

Master copy is the one, which is duly approved (Signed) and authorized for use. Master copy will be used for generating "CONTROLLED COPY" as required.

CONTROLLED COPY

A copy of a document, which is updated whenever the Master Copy is changed and is distributed as per the distribution list, is termed "CONTROLLED COPY"

UNCONTROLLED COPY

Any copy of a document, which is generated on 'want basis, shall be referred to as "UNCONTROLLED COPY". This is also generated from Master Copy.

OBSOLETE COPY

Master copy of a document, which are not in use (Old revisions) preserved for legal/ knowledge preservation.





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REVIEW AND APPROVAL OF DOCUMENTED INFORMATION 5.3

Preparation, Review, Approval, Issue: & Control of various QMS documented information are as given below

Documented information	Prepared by	Reviewed by	Approved by
Quality Manual	ISO Coordinator(s)	Management Representative(s)	Vice Chancellor
QMS Processes	ISO Coordinator(s)	Management Representative(s)	Vice Chancellor
QMS documents specific to the Dept. / College	Dept. person	HOD / Principal	HOD / Principal

DOCUMENTED INFORMATION CODING 5.4

- 5.4.1 QMS documented information related to the Dept. / College / Function is identified with its title / number / code. List of the same is maintained with the respective Head / Principal / Officer.
- 5.4.2 QMS documented information related to Management Function / common to all functions is maintained with MR / ISO Coordinator. List of the same is also maintained with MR / ISO Coordinator.

REVISION NUMBER & ISSUE NUMBER 5.5

5.5.1 In case of modification of a document / form, the revision number would be next numeric number.

E.g.: Rev.: 00 indicates no revision

Rev.: 01 indicates first revision

Rev.: 02 indicate second revision and so on.

5.5.2 If the number of revisions are more than twenty or as decided by MR, the document is / are issued with next Issue Number. (Issue 01: First Issue, Issue 02: second issue, etc.). The revision status of the document is set to Rev.00 in case of issue of document with new Issue Number.



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5.6 DISTRIBUTION OF CONTROLLED COPIES - HARD COPY:

- 5.6.1 Master copy (hard copy) of documents is generated by printing the documents and by obtaining approval of the same
- 5.6.2 MR controls only Quality manual, QMS Processes and related forms and all other original documents are controlled by the concerned Dept./ college.
- 5.6.3 Master copy is the original copy of the document and it not stamped. Only it is kept in safe custody. It is not used for day to day work.
- 5.6.4 Controlled and uncontrolled copies are generated by photocopying 'Master Copy'.
- 5.6.5 Controlled copies of QMS documents are distributed according to the distribution list duly stamped in RED COLOR as "CONTROLLED COPY" on front side of all pages.
- 5.6.6 As per the distribution list, the controlled copies of the documents are sent o the recipients. The record of the same is maintained in a document issue register.
- 5.6.7 Uncontrolled copies of the documents are issued by MR on request duly approved by Vice Chancellor. Uncontrolled copy is also generated from computer and stamped as UNCONTROLLED COPY in green and sent to the recipients. This copy of the document does not warrant updation.
- 5.6.8 Master list of all documents is maintained by MR / ISO Coordinator.

5.7. DISTRIBUTION OF CONTROLLED COPIES - SOFT COPY:

- 5.7.1 Master Copy of Soft Copy version is kept in the computer of MR / ISO Coordinator under safe custody through pass word protection.
- 5.7.2 Controlled copy Read Only- PDF Version is created by MR / ISO Coordinator from the above Master Copy and kept the intranet of AKNU for reference to the depts./colleges.



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5.7.3 MR / ISO Coordinator is responsible for updating the above controlled copy based on the changes to the Master Copy.

5.8. DOCUMENT REVISION / MODIFICATION:

- 5.8.1 Any modification / revision to an existing document can be sought by the user due to:
 - a) change in organization structure
 - b) change in ISO / University standards
 - c) changes in statutory and regulatory requirements
 - d) change in process / system
 - e) change required on audit findings
 - f) change in organizational setup
- 5.8.2 Any user seeking a change to documented information intimates MR / concerned authority through Documented information modification request duly approved by the concerned authority.
- 5.8.3 The MR / concerned authority incorporates the changes(s) and distributes amendments to all controlled copy holders.
- 5.8.4 The revised documents replace earlier revision and old revision documents are destroyed by the controlled copy holder.
- 5.8.5 The MR / issuing authority ensures withdrawal of previous revision / version of document.

5.9. RETENTION OF ORIGINAL DOCUMENT:

All outdated QMS documents where complete revision have taken place are stamped at the middle of front side of the page as "OBSOLETE" in RED color and retained by MR / concerned issuing authority till next revision.

5.10. CONTROL OF DOCUMENTED INFORMATION MAINTAINTED - EXTERNAL ORIGIN

5.10.1 Documented information of external origin such as national standards, international standards, statutory / regulatory standards, circulars, University standards, UGC requirements /guidelines, AICTE requirements and guidelines, etc. are controlled by the Registrar / Principals / HODs/ MR.





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- 5.10.2 List of documents of external origin is maintained by the concerned Dept. and updates these documents based on the information subscribed based on the following:
 - a. Information received from UGC / AICTE
 - b. Information received from Govt.
 - c. Information received from statutory and regulatory authorities
 - d. Information available on websites
 - e. Information received from industries

5.11. PERIODIC REVIEW OF QMS DOCUMENTS:

5.11.1 All QMS documents are reviewed by MR / concerned authority at least once in 3 years or as and when required, whichever is early, to ensure continuity suitability of QMS to AKNU requirements.

5.12 Control of Documented Information retained (Records)

- 5.12.1 Records are maintained in the form of Format / Register in the form of Hard Copy / Soft Copy.
- 5.12.2 Standard Formats are used for maintaining most of the records and these are controlled by the concerned HOD / MR.
- 5.12.3 All records are identified by unique identification number and are maintained by the MR / Dept. Head / Principal's office.
- 5.12.4 All records are legibly prepared and stored in such a way that they are readily retrievable.
- 5.12.5 All records are stored in a suitable environment, to prevent from damage, deterioration and loss. Record holders are responsible for the upkeep and protection of records under their control.
- 5.12.6 Dept. concerned maintains a list (index) of all records under their control.
- 5.12.7 The retention period of all records is ____ years. After the retention period is over, the concerned record holder seeks approval of HOD / Principal / Registrar for disposal of the records and action taken accordingly.





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6. RECORDS

Following retained with MR / ISO Coordinator

- a. List of documented information maintained
- b. List of documented information retained (Records)
- c. List of documented information maintained (External Origin)
- d. Distribution record for documented information maintained
- e. QMS change request





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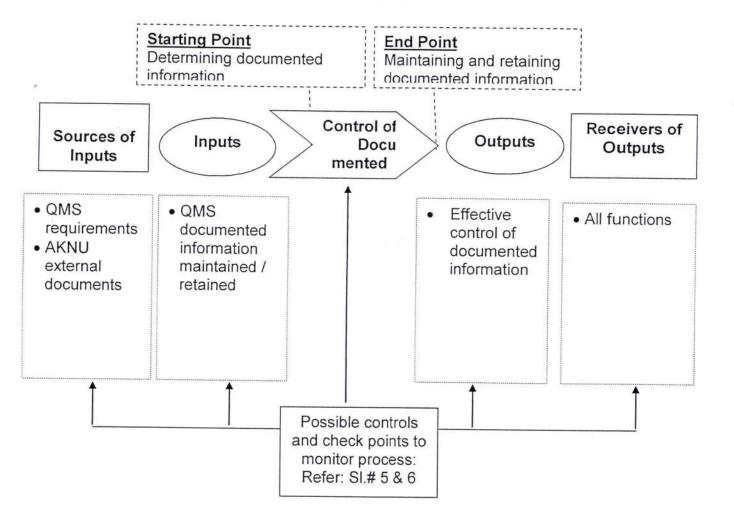
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7. PROCESS MAP



8. PERFORMANCE INDICATORS

Number of reviews of QMS documented information





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5.13COMMUNICATION(AKNU/PCS/13)

PURPOSE

To communicate information related to QMS within AKNU and with external interested parties.

2. SCOPE

This covers communication of information related to QMS.

RESPONSIBILITY

Dept. Heads, MR, Principal, Deans, Registrar, Rector, VC

4. REFERENCES

Nil

PROCEDURE

5.1 Internal Communication

- 5.1.1 Internal communication (within AKNU) process is established to make employees aware of the following as applicable:
 - a. Quality Policy
 - b. Quality Objectives.
 - c. Improved benefits of implementation of QMS.
 - d. Potential consequences of deviating from QMS.
- 5.1.2 Internal communication process mechanism shall include the following:
 - a. Performance review meetings
 - b. Internal meetings
 - c. Trainings
 - d. Circulars
 - e. Notice boards
 - f. e-mails
 - g. communication over phone
 - h. Management Review Meetings
 - i. Suggestion system
 - i. Administration Channels
 - k. Notice boards
 - Audit reports





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5.2 External Communication

- **5.2.1** External communication process is established to make External stake holders aware of the following:
 - Performance of AKNU.
 - Handling system of complaints received from customers and other interested parties.
 - Courses / Services offered by AKNU
 - Performance of AKNU
 - Prospectus
 - Exam results
- **5.2.2** External communication process mechanism shall include the following:
 - a. Compliance reports
 - b. E-Mails
 - c. Meetings / Conferences / Briefings with customers
 - d. Meeting with stake holders
 - e. Notice Boards / Newspaper advertisement
 - f. Display / communication of Quality Policy
 - g. Display of information, including Quality Policy in AKNU website
- 5.2.3 The internal and external communication requirements are captured by the concerned Dept./College and relevant documented information is retained with the concerned Dept./College.

6 RECORDS

Communication records / Correspondence retained with Depts./Colleges Communication records / Correspondence retained with MR / ISO Coordinator

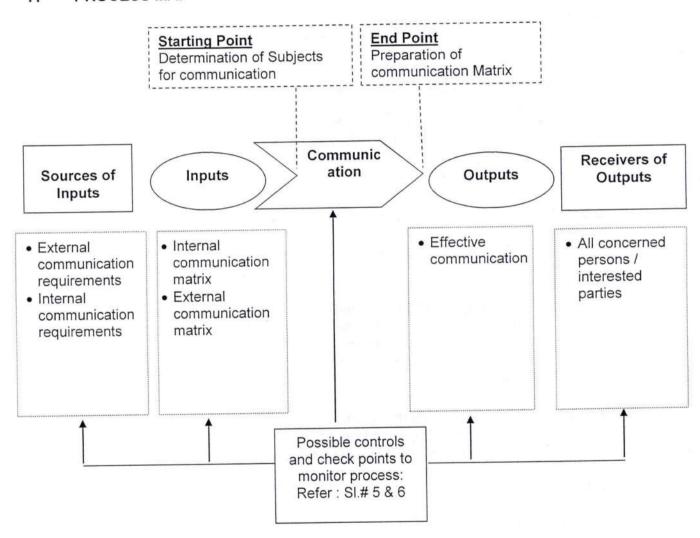




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7. PROCESS MAP



PERFORMANCE INDICATORS

Adherence to communication matrix





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5.14ANALYSIS AND EVALUATION(AKNU/PCS/14)

PURPOSE

To analyze and evaluate data and information arising from monitoring and measurement.

SCOPE

This covers data and information related to QMS.

3. RESPONSIBILITY

Dept. Heads Principals Officers

4. REFERENCES

Nil

PROCEDURE

- 5.1 Quality Objectives are set for each year by the concerned Dept. Head / Principal.
- 5.2 The data and information related to quality objective is compiled by the concerned process owners once in 3 months.
- 5.3 The above data and information is reviewed and analyzed by Dept. Head / Principal once in 3 months for taking necessary actions, as required.
- 5.4 The information related to Process Performance Indicators is captured once in 6 months by the concerned process owner. Same is reviewed and analyzed by MR / ISO Coordinator for taking necessary actions, as required.

6 RECORDS

Quality objectives achievement status retained with Depts./Colleges Process performance indicators analysis record retained with Depts./Colleges



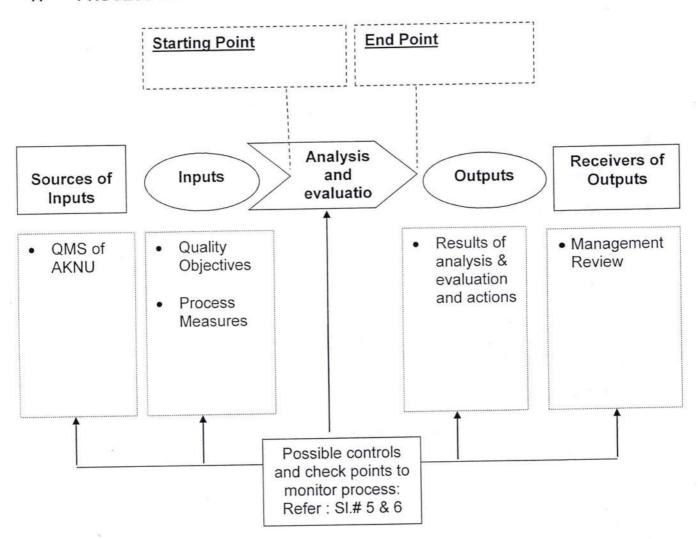


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PROCESS MAP



8. PERFORMANCE INDICATORS

No. of reviews of quality objectives achievement





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5.15 NON CONFORMITY AND CORRECTIVE ACTION(AKNU/PCS/15)

PURPOSE

To implement corrective action to eliminate the causes of non-conformities.

SCOPE

This covers all services and processes of all Departments.

RESPONSIBILITY

Departmental Head

REFERENCES

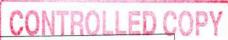
Nil

PROCEDURE

5.1 Identification of Corrective Actions:

- 5.1.1 Non conforming services observed are disposed off as per AKNU 04: Procedure for Control of Nonconforming output.
- 5.1.2 Responsibility for taking corrective actions against non-conformance are as given below

SI.	Nature of nonconformity	Responsibility		
1.	Customer feedback / complaints		Dept. Head	
2.	Nonconformities related conducting courses	to	Dept. Head Principal	/
3.	Process nonconformities		Dept. Head Principal	/





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- 5.1.3 Each Department submits status of the following to MR for discussion in Management Review Meeting.
 - a) Customer feedback
 - b) Customer complaints
 - c) Quality Objectives achievement status
 - d) Internal / External Audit findings and compliance status
- 5.1.4 Based on the decision taken in the meeting, necessary corrective actions are identified for problems reported.

5.2 Corrective Action

- 5.2.1 For the reported Non-conformances, based on critically and receptiveness, root cause analysis is carried out of identification of corrective action. The responsibility is assigned for implementation of the same.
- 5.2.2 Concerned Departmental Head ensures that corrective actions are identified and implemented, monitors the progress and reviews the action taken based on the analysis
- 5.2.3 Each Departmental Head maintains a record of corrective actions taken in his department to ensure that they do not recur again.

RECORDS

Nonconformity and corrective Action record retained with Depts./Colleges



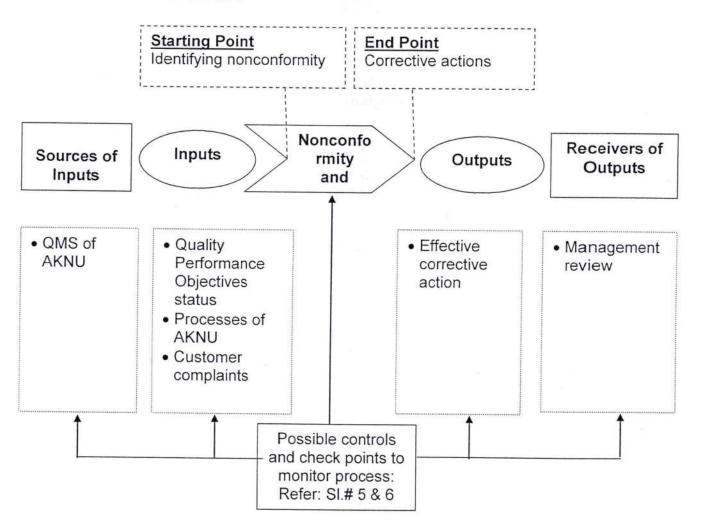
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PROCESS MAP



PERFORMANCE INDICATORS

No. of nonconformities related to Dept./College functioning and Corrective actions





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5.16 INTERNAL AUDIT(AKNU/PCS/16)

PURPOSE

To carry out internal audits of quality management system at planned intervals to determine whether quality management system:

- a. conforms to the planned arrangements, to the requirements of ISO 9001:2015 standard and to the quality management system established by AKNU, and
- b. is effectively implemented and maintained

SCOPE

This process is applicable to internal audit of QMS of AKNU.

RESPONSIBILITY

Management Representative (MR) ISO Coordinator

REFERENCES

Nil

PROCEDURE

5.1 Audit Planning

- 5.1.1 MR / ISO Coordinator prepares internal audit plan and internal audit schedule.
- 5.1.2 Audit plan is prepared annually and Audit schedule is prepared separately for each Audit
- 5.1.4 Internal audit is conducted once in a year. If required, separate audit is conducted and frequency is decided based on the status, importance and previous Audit results. All Audit areas are covered during each internal audit.
- 5.1.5 Audit schedule is prepared and communicated in advance to Auditors and auditees.



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5.1.6 Audit plan may be revised, based on results of Audits or any major changes made in the QMS and is suitably identified in the Audit Plan itself.

5.2. Audit Team:

- 5.2.1 MR identifies the persons of AKNU for Internal Auditor Training with suitable qualifications and experience.
- 5.2.2 While selecting Auditors to carryout Audits, MR ensures that auditors do not audit their own work area.
- 5.2.3 MR Selects auditors, who are trained and qualified in ISO 9001:2015 QMS.
- 5.2.4 MR Plans for updating the skills and knowledge of Internal Auditors and training of new Auditors, as required.
- 5.2.5 MR / ISO Coordinator maintains a list of qualified Auditors. The list is reviewed annually and updated whenever there is addition or deletion is made to the list.

5.3 Conducting Audit:

- 5.3.1 The internal Audit covers all areas of the AKNU.
- 5.3.2 Based on Audit schedule, Auditors conduct the audit of the areas allotted covering the processes applicable to those areas are required by the ISO 9001:2015 standard and QMS documented information.
- 5.3.3 The observation during the Audit are recorded in "Internal Audit Checklist"
- 5.3.4 The nonconformities are recorded in Non-conformance Report (NCR) format by the Auditors. One nonconformity is recorded in One NCR form. The commitment of Auditees for the proposed date of corrective actions is obtained on NCR with signature and date.
- 5.3.5 Auditors submit the Audit Non-conformance report along with audit observation Reports to the MR.
- 5.3.6 MR duplicates the copy of NCR(s) and issues the original NCR to the concerned Auditees, to implement the corrective actions proposed.





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5.4 Corrective actions and follow up:

- 5.4.1 After implementation of corrective actions the Auditee confirms the corrective actions take as proposed in NCR and submits the original NCR to MR for verification of actions taken.
- 5.4.2 In case of delay beyond the agreed time frame for taking corrective actions, the concerned auditee communicates the revised date to MR and gets concurrence. The revised corrective action date is updated by MR / ISO Coordinator in the NCR copy kept with them.
- 5.4.3 MR / ISO Coordinator reviews the NCRs and nominates the auditor to verify the effectiveness of corrective actions taken.
- 5.4.4 Auditor nominated, verify the corrective actions taken and their effectiveness and records the findings and closure on the NCR (original and copy kept with MR). Original is kept with the auditee and copy is returned by auditor to MR.
- 5.4.5 The effectiveness of corrective actions taken for the closed nonconformities is verified during the next internal audit.
- 5.4.6 Audit Plan, Audit Schedule. NCRs, Summary of Audit Results are retained with MR.

5.5 Presentation of Management Review Meeting:

- 5.5.1 MR prepares consolidated audit report after completion of each audit for discussion in Management Review Meeting
- 5.5.2 The results of audits and corrective actions are discussed in Management Review meetings.

6 RECORDS

Following retained with MR / ISO Coordinator:

- a. Internal Audit Plan
- b. Internal Audit Schedule
- c. Internal Audit nonconformance report (NCR)
- d. Internal audit NCRs-Summary



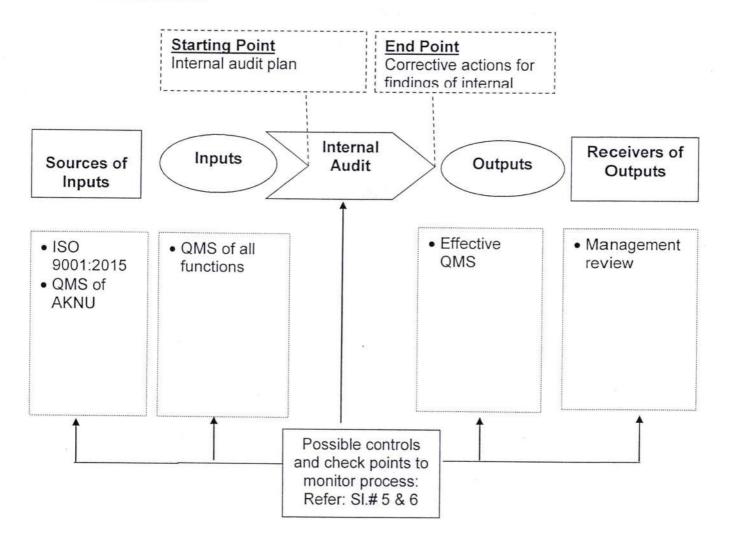
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PROCESS MAP



8. PERFORMANCE INDICATORS

No. of internal audits planned vs. conducted





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5.17 MANAGEMENT REVIEW(AKNU/PCS/17)

PURPOSE

To review the performance of quality management system to continuing suitability and effectiveness in satisfying the requirements of quality management system

SCOPE

This covers review of QMS of AKNU based on ISO 9001:2015 requirements.

RESPONSIBILITY

VC

MR

REFERENCES

Nil

PROCEDURE

5.1 General

5.1.1 Management Review committee consists of MR, all Departmental Heads, Deans, Principals, Registrar and any other person(s) nominated by the VC. The meeting is chaired by VC.

In the absence of Departmental Heads, in-charge attends the meetings.

5.1.2 Agenda for the meeting (as given under 5.2.1) is distributed to all members in advance by the MR / ISO Coordinator.

5.2 Review Input

- 5.2.1 The agenda for meeting normally includes the following
 - a) The status of actions from previous management reviews;



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- b) Changes in external and internal issues that are relevant to the quality management system;
- c) Information on the performance and effectiveness of the QMS, including trends in:
 - 1. Customer satisfaction and feedback from relevant interested parties;
 - The extent to which quality objectives have been met;
 - 3. Process performance and conformity of products;
 - 4. Nonconformities and corrective action:
 - 5. Monitoring and measurement results:
 - 6. Audit results;
 - 7. The performance of external providers;
- d) The adequacy of resources;
- e) The effectiveness of actions taken to address risks and opportunities;
- f) Opportunities for improvement.
- **5.2.2** Management Review Meetings are conducted once in a year. All the review input points are covered at least once in a year in the meetings.
- **5.2.3** Notice for the meeting includes details of date, time and venue, points to be discussed.
- 5.2.4 If any change are made in the notice, they are communicated to all members, well in advance by MR / ISO Coordinator.

5.3 Review Output:

- 5.3.1 The output of the management Review Meetings is the decisions, taken in the meeting, clearly identifying the responsibility for actions to be taken.
- 5.3.2 Output from Management Review meeting includes the decisions taken and actions related to:
 - a. Opportunities for improvement;
 - b. Any need for changes to the quality management system;
 - c. Resource needs:
 - Risk identified.





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- 5.3.3 Review output indicates activity identified, action to be taken, responsibility, target date, and resources requirement if any and is recorded as Minutes of the meeting.
- 5.3.4 Minutes of the Management Review, after review by the Vice Chancellor the Minutes are distributed by the MR within one week.
- 5.3.5 Records of Management Review Meetings are retained with MR.

RECORDS

Following retained with MR / ISO Coordinator:

- a. Management review circular
- b. Management review meeting minutes



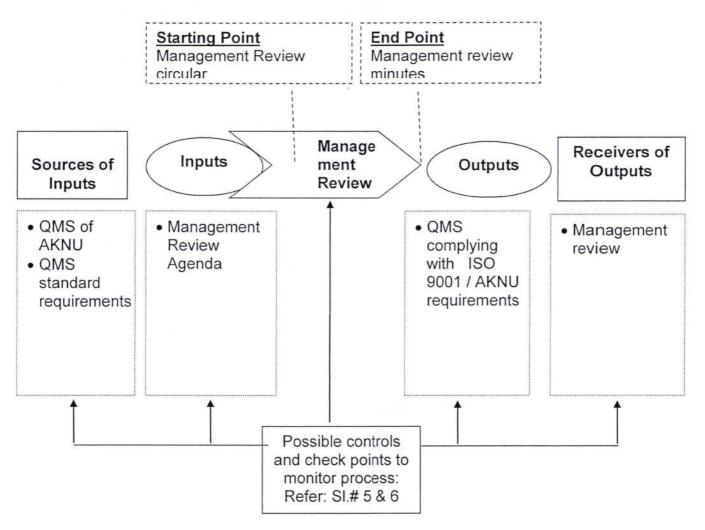
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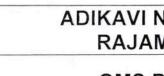
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PROCESS MAP



8. PERFORMANCE INDICATORS

No. of management reviews planned vs. conducted





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PROCESS TITLE: MAINTENANCE OF INFRASTRUCTURE (AKNU/PCS/18)

PURPOSE

To ensure the availability of infrastructure for labs, IT infrastructure, Transport and buildings.

SCOPE

This is applicable to all departments / colleges under scope of QMS implementation.

RESPONSIBILITY

Concerned Faculty & Lab In charge

REFERENCES

Equipment / supplier manuals

PROCESS

5.1 Maintenance of Lab Infrastructure

- 5.1.1 Preparation of list of equipment / facilities of the Lab.
- 5.1.2 Preparation of maintenance schedule
- 5.1.3 Carrying out maintenance as per the schedule
- 5.1.4 Retaining records related to maintenance of lab infrastructure by the concerned HOD

5.2 IT infrastructure (Computers, Printers) in the department.

- 5.2.1 Submission of note by HOD / Principal to Registrar for approval for repair
- 5.2.2 Upon approval of Registrar, coordinating with Purchase to avail services from external agency



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5.2.3 Availing service from external agency and retaining records by the Dept.

5.3 Infrastructure Management – Transport and buildings

- 5.3.1 Submission of note by HOD / Principal to Registrar for approval request
- 5.3.2 Upon approval of Registrar, coordinating with University Engg Section for availing services
- 5.3.3 Coordinating with Purchase to avail services from external agency, as required
- 5.3.4 Availing service from University Engg. Section / external agency and retaining records by the Dept.

RECORDS

List of equipment and maintenance schedule Maintenance log book

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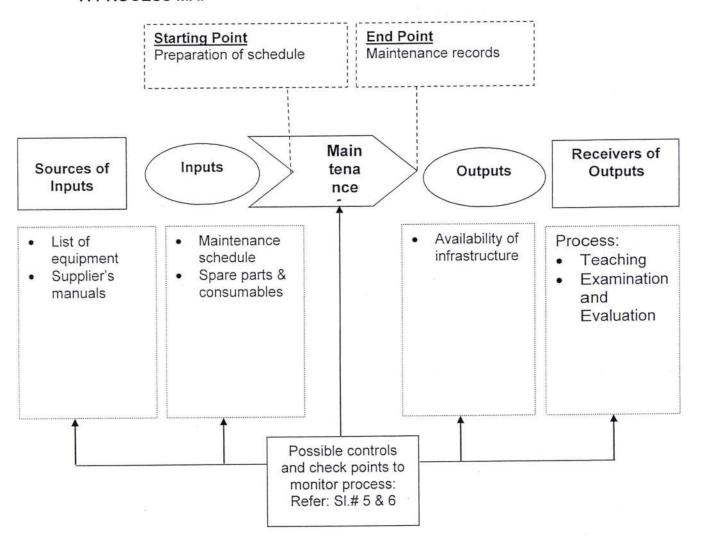
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7. PROCESS MAP



8. PERFORMANCE INDICATORS

Maintenance of appropriate records.





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QMS PROCESS - PERFORMANCE INDICATORS SUMMARY

SI. No.	Process	Performance Indicators	
1.	Admissions (AKNU/PCS/01)	% Admissions.	
	Teaching (AKNU/PCS/02)	Adherence to academic schedules	
2.		Students' activities (Seminars / Field visits/Industry visits) Students undertaking Internships/Summer research fellowships/ MOOCs, etc.	
		Students promoted to higher education/ Research/ Qualifying examinations at State/ National/ International level	
3.	Examination and evaluation (AKNU/PCS/03)	Students' performance – Results analysis and review	
4.	Design of Syllabus and Curriculum (AKNU/PCS/04)	Frequency of revision of curriculum	
5.	University Library (AKNU/PCS/05)	Number of books / e-consortium acquired	
6.	Grant of Affiliation to the Affiliated Colleges (AKNU/PCS/06)	% Admissions	
		Adherence to academic schedules	
		Students' activities (Seminars/Field visits/Industry visits, etc.)	
		No. of research papers published	
		No. of faculty presented papers in seminars/conferences	
	Research and Consultancy (AKNU/PCS/07)	No. of research projects applied/ongoing/ completed	
7.		No. of Ph.D.'s pursuing/awarded	
		No. of MOUs signed/joint projects	
		No. of Orientation programs/Workshops conducted in collaboration with Industry/ Society	
8.	Customer Feedback and Complaints (AKNU/PCS/08) Customer feedback		
9.	Control of Nonconforming output (AKNU/PCS/09)	Adherence to academic schedules	
10.	Purchasing (AKNU/PCS/10)	Well-equipped Labs/e-class rooms	



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QMS PROCESS - PERFORMANCE INDICATORS SUMMARY

SI. No.	Process	Performance Indicators
11.	Risk & Opportunities (AKNU/PCS/11)	No. of reviews of risks & opportunities.
12.	Documented information (AKNU/PCS/12)	Number of reviews of QMS documented information
13.	Communication (AKNU/PCS/13)	Adherence to communication matrix
14.	Analysis and evaluation (AKNU/PCS/14)	No. of reviews of quality objectives achievement
15.	Non conformity and corrective action (AKNU/PCS/15)	No. of nonconformities related to Dept./College functioning and Corrective actions
16.	Internal Audit (AKNU/PCS/16)	No. of internal audits planned vs. conducted
17.	Management Review (AKNU/PCS/17)	No. of management reviews planned vs. conducted
18	Maintenance of infrastructure	Adherence to maintenance schedule

Note:

- Performance Indicators of Processes AKNU/PCS/01 to AKNU/PCS/10 are considered as Key Performance Indicators (KPIs) for establishing Quality Objectives given under Annexure-2 of Quality Manual. These are analyzed and evaluated once in 3 months by the concerned process owners.
- Performance Indicators of Processes AKNU/PCS/11 to AKNU/PCS/17 are considered as Performance Indicators (PIs). These are analyzed and evaluated once in 6 months by MR/ISO Coordinator.

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