



Bundelkhand University, Jhansi

QUALITY MANUAL

(Based on ISO 9001:2008)

Approved by : _____
Avinash C. Pandey; Vice Chancellor

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ABBREVIATION LIST

Abbreviation	Detail Description
Sr.	Serial Number
AMC	Annual Maintenance Contract
CAR	Corrective Action Report
VC	Vice Chancellor
ED	Executive Director
Engg	Engineering
F&S	Fire & Safety
FM	Abbreviation used for Forms
HOD	Head of Department
NAAC	National Assessment and Accreditation Council
IQAC	Internal Quality Assurance Cell
MR	Management Representative
MRM	Management Review Meeting
NCP	Non-Conforming Service
PAR	Preventive Action Report
PE	Project Engineer
QM	Quality Manual
QMS	Quality Management System
RCM	Record Control Matrix
Rev.	Revision No.
SOP	Standard Operating Procedures
Sr. Mgr.	Senior Manager



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1.0 GENERAL & PROFILE

The purpose of this Quality Manual is to describe the policies and university-wide control structure of the Quality Management System (QMS).

The true measure of quality at Bundelkhand University, Jhansi ((BU, Jhansi)) is Student satisfaction. To ensure that our QMS will continue to provide a solid foundation for success, it is essential that we continually improve our QMS and related processes.

Profile of the Bundelkhand University, Jhansi

This seat of higher learning came into existence on August 26, 1975, vide Government of Uttar Pradesh Notification No. 10/15-60/74 under the provision of the U.P. Universities Act. However, though belonging to the younger generation of the Indian Universities, the Bundelkhand University has fast transformed into a University of excellence offering opportunities to the aspiring youths to pursue higher education.

However, though belonging to the younger generation of the Indian Universities, the Bundelkhand University has fast transformed into a University of excellence offering opportunities to the aspiring youths to pursue higher education, applied research and Professional training according to their aptitude and potential.



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2.0 SCOPE & APPLICATION

The Scope of this Quality Manual applies to the operations of Bundelkhand University, Jhansi; including the:

IMPART EDUCATION AND TRAINING OF VARIOUS UNDER GRADUATE, POST GRADUATE AND DOCTORAL LEVEL COURSES APPROVED BY CONCERNED STATUTORY AGENCIES AS PER LIST ATTACHED.

EXCLUSIONS, if any:

The QMS implemented at (BU, Jhansi), upholds the entirety of the ISO 9001:2008 standard with no exclusions.

3.0 TERMS AND DEFINITIONS

The terms and definitions provided below are frequently used to describe aspects of the QMS at (BU, Jhansi) are provided in ISO 9001:2008 also apply throughout this Quality Manual



4.1 GENERAL REQUIREMENTS

BU, Jhansi manages these processes in accordance with the requirements of ISO 9001:2008. (BU, Jhansi)'s QMS is based upon a "process approach" to quality management, demonstrated by our commitment to:

- a) Identify the processes needed for the effective operation of our QMS and their application throughout the organization (see 1.2);
- b) Determine the sequence and interaction of our QMS processes;
- c) Determine the criteria and methods needed to ensure the effective operation and control of these processes;
- d) Ensure the availability of resources and information necessary to support the operation and monitoring of these processes;
- e) Monitor, measure and analyze these processes; and
- f) Implement action necessary to achieve planned results and continual improvement.

BU, Jhansi maintains control over all outsourced processes that affect Service conformity with requirements are:

Sr. No.	Process Outsourced	Extent of control
1	Calibration of Instruments	NABL Approved Lab & radiography L/c where required.
2	Internal Audit/ISO Consultant	Lead Assessor course Pass, Graduate, 10 Years of practical experience
3	Canteen Contractors	2 bid tender system, relevant field experience.
4	Security Services	2 bid tender system, relevant field experience and registered.
5	House cleaning services	2 bid tender system, relevant field experience and registered.
6	IT Services	2 bid tender system, relevant field experience and registered.



4.2 DOCUMENTATION REQUIREMENTS

4.2.1 General

BU, Jhansi maintains a documented QMS as a means to ensure that QMS system conform to specified requirements. The following four levels of documentation are utilized and maintained to meet the requirements of ISO 9001:2008 and, where it is necessary, to ensure adequate control.

Level 1: Quality Manual, Quality Policy, Quality Objectives

Level 2: Standard Operating Procedures

Level 3: Work Instructions

Level 4: Records and "Forms"

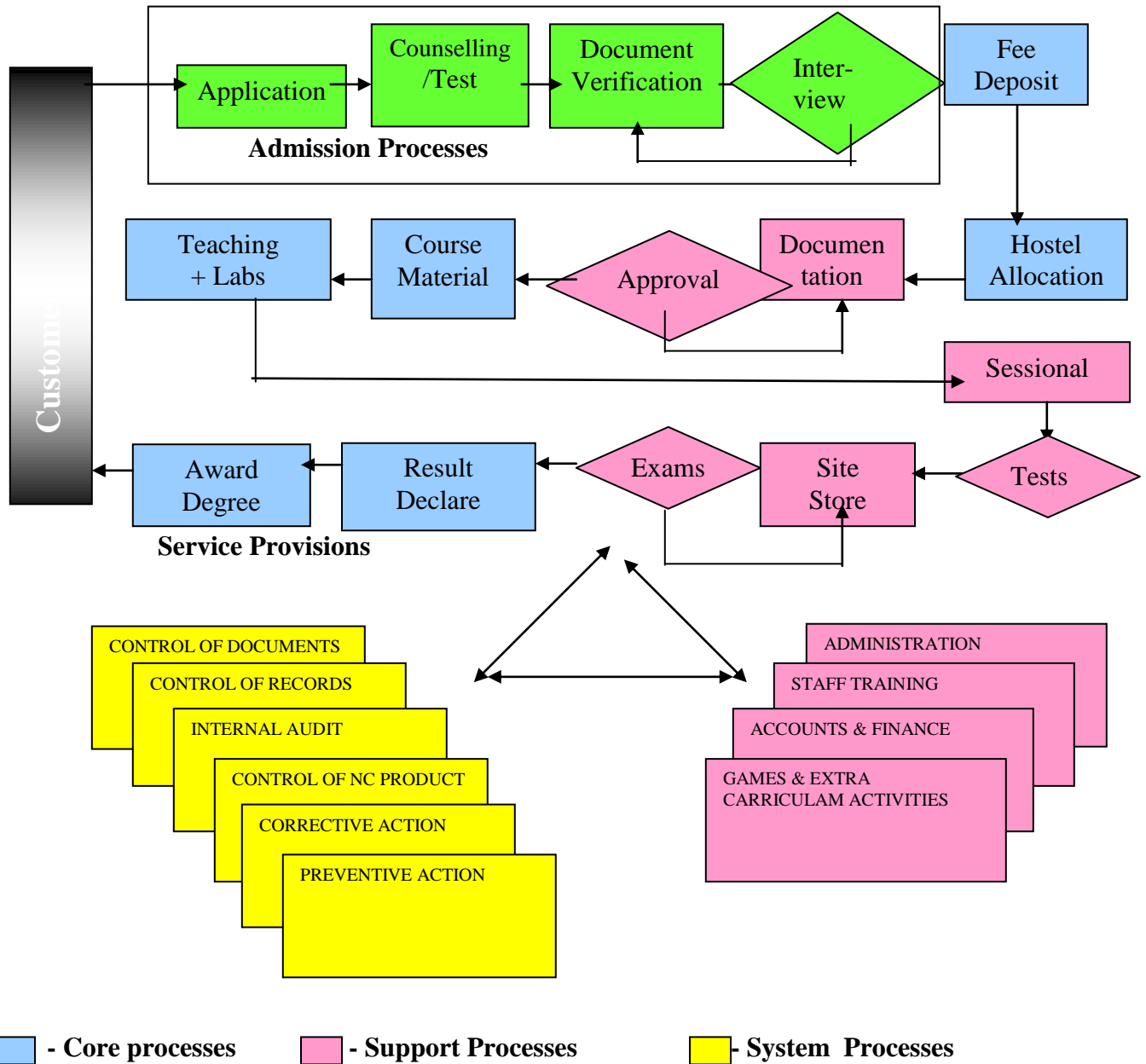
4.2.2 Quality Manual

Our quality manual is a controlled document, which is reviewed and approved by Vice Chancellor.

- a) In our quality manual, we describe the scope of the QMS (see Section 1.2) and justification of exclusions. (see page 8)
- b) The documented procedures necessary to meet the specified policies and approaches utilized by BU, Jhansi are referenced at respective clauses, where required.
- c) The interactions of the QMS processes are depicted as under (see page 13 & 14)



Figure 4.2.2 Sequence and Interaction of Processes





Typical Example of Process Definition

PROGRAM DIRECTOR

Admission Planning Teaching Laboratory Examination

DEAN (STUDENT WELFARE)

Hostel Transport Sports Student activities Career Review/ Placement

RESOURCES

Faculty recruitment, training & evaluation Infra structure and building maintenance Publicity Student Admin

GOVERNING BODY

General Administration Policy, objectives, Audit committees and decision making processes and Reviews	Education standards / syllabus Certification	Examination board CBSE Examination Process Grading policy
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4.2.3 Control of Documents

- a. BU, Jhansi identifies and controls documents and data in any media that relate to the requirements of ISO 9001. These documents are established, documented, implemented and maintained according to **Procedure on Control of Documents (SOP-01)**.
- b. Records are a special type of document and are controlled at (BU, Jhansi) according to Section 4.2.4.

4.2.4 Control of Records

- a. BU, Jhansi's QMS is documented through the use of records.
- b. Records at (BU, Jhansi) are controlled according to **Procedure on Control of Records (SOP-02)** to ensure they remain legible, readily identifiable and retrievable. This procedure defines the controls needed for the proper identification, storage, protection, retrieval, retention time and disposition of records.
- c. BU, Jhansi, has the following policies regarding records:
 1. Records shall be clearly identified and traceable to the Service / services, or to the QMS activity performed.
 2. Records shall be filed, indexed, and maintained in a manner that provides for ready access or retrievability, and prevents loss, damage, or deterioration. Retention times shall be defined for all records in **Record Control Matrix, (FM/424)**.
 3. Records shall be an accurate and truthful representation of actual events, documented in a timely manner.



5.1 MANAGEMENT COMMITMENT

The commitment to the development, implementation and improvement of the QMS by the Vice Chancellor is reflected in continually improving the effectiveness:

- a) The commitment to meeting students and other stakeholders needs is clearly embodied in our quality policy and objectives for quality. The quality policy, and objectives for quality are displayed openly as a sign of our pride and commitment, and as a clear reminder of our vision and direction. This information is also presented to new employees in our quality awareness / orientation training, and is continuously reinforced by management to ensure understanding and commitment at appropriate levels within our university including statutory and regulatory requirements.
- b) The top management is dedicated to the development of quality policy and objectives as described in Section 5.3 (Quality Policy) and Section 5.4.1 (Quality Objectives).
- c) Management Reviews are conducted according to Section 5.6 (Management Review).
- d) The top management ensures the necessary resources are available according to, in part, Section 5.4 (Planning), Section 5.6 (Management Review), and Section 6 (Resource Management).



Vision

The University aims to become a world-class institution by tapping human potential to lead the country in changing national, regional and global scenario.

Avinash C. Pandey
Vice Chancellor

Mission

To impart quality vocational and scientific education through basic and applied research, to improve the quality and value of human irrespective of gender, caste, nationality and religion.

Avinash C. Pandey
Vice Chancellor



5.2 STUDENT FOCUS

BU, Jhansi ensures that Student needs and expectations are determined, converted to requirements, and met with the aim of enhancing Student satisfaction according to the following policies:

1. Determination of Requirements Related to the Services: Section 7.2.1
2. Review of Requirements Related to the Services: Section 7.2.2
3. Student Satisfaction: Section 8.2.1
4. Monitoring and Measurement of Services: Section 8.2.4

5.3 Quality Policy

(BU, Jhansi)'s quality policy and objectives for quality are displayed openly as a sign of our pride and commitment and as a clear reminder of our focus and direction. Our quality policy statement is as follows:

On next Page...



QUALITY POLICY

The Bundelkhand University is committed to ensure that our services measure up to global standards. We are committed to serve our students and stakeholders by sensitively addressing their needs through strategically designed academic and administrative procedures.

We are conscious of the diversity of the student population and seek to create a sense of a beautiful mosaic amongst the students while at the same time strive to meet the social and corporate needs. To this end, we aim at constantly upgrading our curriculum, systems and procedures to ensure that the University fulfils its target of academic excellence, high competency and all-round education.

Avinash C. Pandey
Vice Chancellor



The top management is committed to ensure that the quality policy:

- a) Is appropriate to the purpose of our organization.
- b) Communicates our commitment to meeting requirements and to continually improving the effectiveness of our QMS.
- c) Provides a framework for continual improvement through establishing, tracking, reviewing and maintaining quality objectives.
- d) Is communicated and understood within the organization by way of displaying it at all prominent points, and presented to new employees in our quality awareness orientation training, and is continuously reinforced by management to ensure understanding and commitment throughout our organization.
- e) Is reviewed for continuing suitability during the Management Review Process.

5.4 PLANNING

5.4.1 Quality Objectives

- a. It is the responsibility of top management to ensure that quality objectives are established at the relevant functions and levels within BU, Jhansi and that they are consistent with Quality Policy.
- a. All quality objectives are measurable. The measurement of quality objectives provides a consistent basis for the monitoring of continual improvement.

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QUALITY OBJECTIVES

1. Identify and assist students with different categories of need;
2. Prepare and regularly update departmental documents for efficient and effective services delivery;
3. Improve faculty and staff competence through regular training
4. Continue improving the resources and services given to students
5. To have greater appreciation for professionalism, values and integrity
6. Maintain a high level of discipline and inculcate good habits amongst the students;
7. Facilitate students participation in co-curricular activities at national and international level;
8. Strengthen students participation in recreational activities on campus;

Avinash C. Pandey
Vice Chancellor



5.4.2 Quality Management System Planning

- a. It is the responsibility of the Management Representative to ensure that QMS planning is executed in the Organisation, to meet the requirements provided in Section 4.1. QMS planning assesses the following:
 1. The processes needed for the management system, including their sequence and interaction and criteria and methods to ensure their effective operation and control.
 2. The resources needed for the QMS.
 3. The quality objectives and other mechanisms for continual improvement.
 4. Changes, which may impact the QMS.
- b. QMS planning also ensures that the integrity of the quality management system is maintained when changes to the QMS are planned and implemented.
- b. QMS planning shows our commitment to the development, correction, maintenance, and continual improvement of our quality management system.

5.5 RESPONSIBILITY, AUTHORITY AND COMMUNICATION

5.5.1 Responsibility and Authority

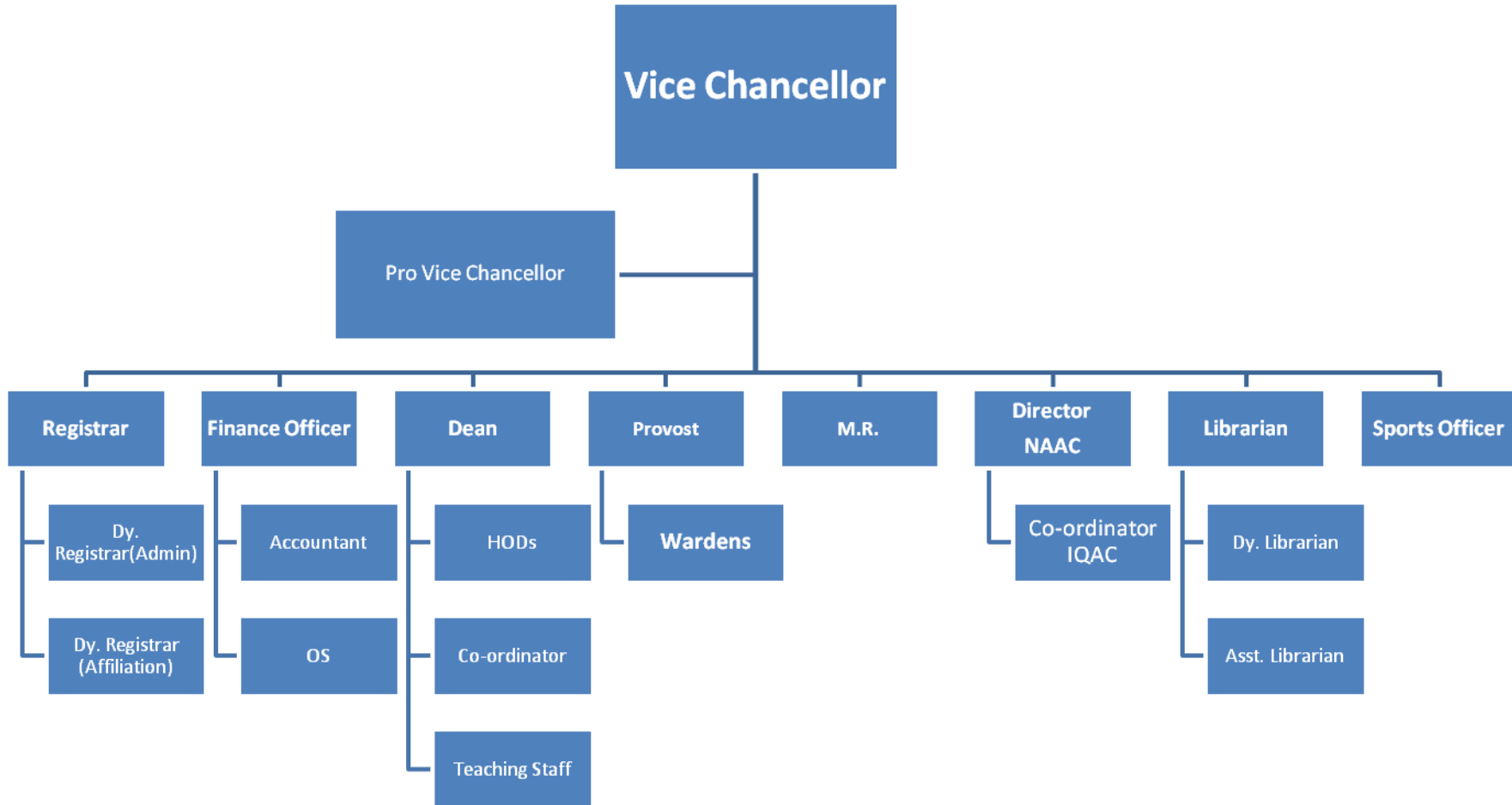
a. ORGANISATION CHART

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b. Responsibility and authority of key personnel is defined as under:

1. Vice Chancellor (VC)

- a) The VC is the overall In-charge of BU, Jhansi.
- b) To establish the Quality policy and objectives.
- c) To effective implementation of quality policy and objectives.
- d) To appoint the management representative and other executives.
- e) He is the Chief coordinator for all agencies working at BU, Jhansi like Students, Suppliers, Public, Government Department and other Stake holders.
- f) He is to chair all senior Management Committee Meetings. He has to ensure that all these Meetings are convened timely and take into account the various developments at BU, Jhansi for smooth functioning.
- g) He is to ensure that infrastructure as per Student requirements are supported by BU, Jhansi.

2. Pro Vice Chancellor

- a) Development of corporate planning across the university
- b) Setting academic and corporate goals and objectives for departments
- c) Line management responsibilities, including responsibility for department heads/deans
- d) Furthering the university's interests by networking with academic and business organizations across the world
- e) Progressing the academic interests of the university
- f) Project management
- g) Policy-making
- h) Overseeing learning, teaching, and the student experience across the university
- i) Attending meetings with academic staff, stakeholders, and others



- j) Representing the university in external and internal committees

3. Registrar

- a) To ensure that admission and examination processes are adequately and timely conducted as per the course curriculum.
- b) To ensure that all assigned projects are monitored efficiently and effectively completed as per target assigned from time to time.
- c) To ensure that verifications are done as per plan and non-conformance, if any are recorded in appropriate registers/records.
- d) To monitor performance / progress of works as per agreed targets and utilization of resources in very efficient manner.
- e) To take corrective and preventive action and record them.
- f) To ensure any other responsibility assigned time to time by competent authority.

4. Deputy Registrar – Administration

- a) To ensure smooth working of his section, for the allotment of work to the Assistant Administrative Officer, Superintendent etc.
- b) To responsible for the work of the highly confidential nature that may be undertaken by his section. He shall be responsible for preserving of the documents, deeds etc. concerning his section.
- c) To ensure and carry out his duties and responsibilities in a just manner without any discrimination and motivate his staff to take their work seriously and willingly and shall pay personal attention to their welfare.
- d) Must personally look into the court cases and all legal matters concerning his section and must take steps to deal with the legal matters of his section adequately.
- e) Must keep the Registrar informed about the cases and obtain his orders wherever necessary.
- f) To monitor all out-sourcing staff i.e. housekeeping staff and security staff.
- g) To ensure any other responsibility assigned time to time by competent authority.



5. Deputy Registrar – Academics

- a) The Deputy Registrar will be responsible for the daily internal administration of the University and provision of prompt and accurate service to students, alumni, faculty, administration and external agencies.
- b) The Deputy Registrar, (Admissions and Examinations) will be responsible for a whole range of activities associated with admissions and examinations in the University. These include the admission of students, the coordination of University-wide examinations and the graduation of students.
- c) He/she will oversee responses to queries from students, staff and external organizations; follow up with relevant parties in relation to prospective student enquiries, examinations and graduation as required; maintain accurate records; administer the printing, preparation, record-keeping and delivery of examination papers; and organize public events such as open days, promotional expos and convocation ceremonies.
- d) In addition, he/she will produce research data, analyses and reports as needed and perform other related duties and special projects as assigned or directed.

6. Dean

- a) Overall administrative functioning of the Institutes as governing council.
- b) To plan and monitor functioning of Institute with regard to resources and provide additional resources, as required.
- c) Responsible for the day today functioning of the Institute and follow the directions of governing body.
- d) To constitute functional committees for efficient running of Institute and monitoring its progress.
- e) To look after expansion programmes of the Institute and generate resources.
- f) To review the academic activities of the Institute with HODs & Faculty.
- g) To review of faculty performance



- h) To provide academic calendar
- i) To attend faculty requirements and follow the syllabus as per university requirements.
- j) To propose & implement new academic activities in conformance with policy & objectives of University.

7. HOD

- a) Overall responsible for functioning of department.
- b) To provide academic leadership in his/her specialist area.
- c) Assist Dean in the functioning of Institute and to follow the directions of governing body.
- d) Research activities and research guidance.
- e) Policy planning, monitoring and evaluation and promotional activities departmental level.
- f) Curriculum development and developing resources materials
- g) Distribution of teaching load & subject to the faculty.
- h) Review of syllabus and distribute to faculty /technician
- i) To monitor Conductance of classes , tutorials & practical
- j) Review of Lab requirements and facilities in each semester/ subject.
- k) To organize conference /seminar/ work shop in each semester.
- l) Review of the students results (internal & external examination both).
- m) Training needs identification of faculty/students and updating of training records.
- n) Look after the implementation of defined /documented system for pertaining to the affiliating university/AICTE/ISO 9001:2008 standards.
- o) Review of week students.
- p) Review /analysis student's perception survey/ feedback/ complaints after that reports to Dean and appropriate action.



- q) Timely completion & monitoring of syllabus of their department & report to Dean.
- r) Overall responsible for maintaining of discipline in their departments among faculty/technical/students.
- s) Any other work assigned from time to time.

8. Faculty Members (Professor/ Lecturer)

- a) Teaching as per syllabus
- b) Timely completion of syllabus
- c) Student attendance
- d) Maintain students test records.
- e) Deliver supporting teaching aid to students.
- f) Report to HOD about progress of syllabus /students.
- g) Assisting in departmental administration
- h) Co-curricular and extracurricular activities

9. Lab In-charge

- a) To ensure maintenance and functioning of lab
- b) To take corrective and preventive action and record them.
- c) To assess training needs and provide training to all staff.
- d) Any other work assigned from time to time.

10. Director NAAC

- a) Implement the standards and those specific to the Student requirements.
- b) To ensure that verifications, validation, monitoring, measurement, inspections are done as per quality plan and non-conformance, if any are recorded in appropriate registers/records, including site inspection.
- c) To take corrective and preventive action and record them.
- d) To plan / supervise / conduct internal audit of all processes as per ISO-9001.



- e) To take corrective and preventive action and record them.
- f) Any other work assigned from time to time.

11. Co-Ordinator IQAC & NAAC

- a) Development and application of quality benchmarks/parameters for the various academic and administrative activities of the institution
- b) Dissemination of information on the various quality parameters of higher education
- c) Organization of workshops, seminars on quality related themes and promotion of quality circles
- d) Documentation of the various programmes / activities leading to quality improvement
- e) Acting as a nodal officer of the institution for quality-related activities
- f) Preparation of the Annual Quality Assurance Report (AQAR) to be submitted to NAAC based on the quality parameters.

12. Finance officer

- a) To inform periodically the financial position of the University to the Vice-Chancellor.
- b) To ensure that the various payments made from the University funds are within budget provision and with the sanction of competent authorities.
- c) To examine and ensure that the Code and Financial norms are followed by the Section/Department/dealers etc. convene the meetings of the Finance and Accounts committees etc.
- d) To Prepare and present budget estimates with the help of these committees. Prepare the budget and income expenditure statement, maintain all accounts and get them audited.
- e) To responsible for the proper implementation of the financial transactions as per Accounts Code/Statutes/Ordinances/rules and regulations made in that behalf and monitor the finances of the University as per the directions and place before Vice-Chancellor, the financial position of the University



such as its receipts, payments and cash balances from time to time and also propose to the Vice-Chancellor that explanation called for unauthorized expenditure or other financial irregularities.

- f) To ensure any other responsibility assigned time to time by competent authority.

13. Account Officer

- a) To attend to correspondence with State/ Central Government/ U.G.C. and other higher authorities with the assistance of Accountant.
- b) To ensure accuracy in bank reconciliation statement and budget, final accounts of funds assigned to him and also to ensure that non-revenue accounts appearing in particular account of fund are reconciled.
- c) To attend to audit queries and to reply audit report. To submit necessary statement of accounts.
- d) To recover grants due to the University from the outside bodies including State Government.
- e) To attend to such other works assigned to him with the approval of the Finance Officer.
- f) To ensure any other responsibility assigned time to time by competent authority.

14. Librarian

- a) Manage the planning, administrative and budgetary functions of library and information Services.
- b) Establish and implement library and information policies and procedures.
- c) Develop and manage convenient, accessible library and information services.
- d) Establish and manage the budget for library and information services, technology and media.
- e) Develop and manage cost-effective library and information services, technology and media.
- f) Order materials and maintain records for payment of invoices.



- g) Analyze and evaluate library and information services, technology and media service requirements.
- h) Prepare reports related to library and information services, technology and media services, resources and activities
- i) Provide effective access to library collections and resources. Develop and maintain collections management policies and procedures
- j) Perform original cataloguing and classification of print, audio-visual and electronic resources.
- k) Develop and maintain special indexing systems and files for special collections. Maintain the organization of library materials
- l) Ensure an accurate inventory of resources. Ensure efficient retrieval by users.
- m) Search external database programs for the availability of cataloguing copy
- n) Maintain inventories, compile statistics and generate reports as required
- o) Develop and maintain cataloguing procedures.
- p) Distribute materials for cataloguing.
- q) Determine the type of cataloguing required.
- r) Enter cataloguing data into the library's automated system
- s) Process resources for placement on shelf.
- t) File cards in shelf list.
- u) Complete cataloguing records where only partial copy is available.
- v) Index materials for the pamphlet collection.
- w) Provide library services in response to the information needs of library users.
- x) Respond to daily on-site requests for information
- y) Train library users to effectively search the Library catalogue, Internet and other electronic resources.



- z) Provide an interlibrary loan service for both book and audiovisual materials and maintain records. Maintain records for the interlibrary loan service.
- aa) Maintain circulation files, records and statistics

15. Management Representative

- a) In addition to his functional responsibilities he is also responsible for MR.
- b) The responsibilities of MR is mentioned in 5.5.2

5.5.2 Management Representative

Dr. Rochana Srivastava, Director (NAAC), has been appointed as the Management representative to:

- a) Ensure that required processes of the QMS are established, implemented and maintained throughout BU, Jhansi.
- b) Coordinating management review meetings, and ensuring subsequent follow-up activities.
- c) Recommending areas of improvements for the QMS.
- d) Planning, implementing and ensuring conduct of internal quality audit and all actions related to it.
- e) Reporting to top management on the performance of the QMS.
- f) Promoting awareness of Student requirements throughout BU, Jhansi.
- g) Liaison with external agencies on matters related to the QMS.

This responsibility is in addition to his functional responsibilities.

5.5.3 Internal Communication

Employees at BU, Jhansi, has sufficient authority and the freedom to identify, document, and communicate any issues related to the processes of the QMS



and their effectiveness. Top management ensures that communication regarding the effectiveness of the QMS is facilitated throughout (BU, Jhansi) through the use of the following:

- Meetings
- Notice Board
- E-mails
- Mobile and Intercom
- Training
- One-on-one Coaching
- One-on-one Encouragement
- Employee surveys and suggestions

5.6 MANAGEMENT REVIEW

5.6.1 General

Top management conducts a review of the QMS (Management Review) at a minimum interval of 6 months. The review is a documented activity with the purpose to:

- a. Assess the suitability, adequacy, and effectiveness of the QMS in achieving the quality policy and quality objectives, in meeting Student needs, and in satisfying the requirements of ISO 9001, and
- b. Evaluate opportunities for improvement and the need for changes to the QMS, including the quality policy and quality objectives, to improve effectiveness and to better meet the needs and expectations of our Students.

5.6.2 Review Input

Inputs to the Management Review process include, but are not limited to, current performance data and potential improvement opportunities related to:



- a) Audit results;
- b) Student feedback (including Student satisfaction measurement data and Student complaints);
- c) Process/Service performance and conformity;
- d) Status of corrective and preventive actions;
- e) Follow-up actions from previous management reviews;
- f) Changes that could affect the QMS; and
- g) Recommendations for improvement.

5.6.3 Review Output

- a. The Management Representative creates written meeting minutes summarizing the Management Review activities, the conclusions reached and action items identified. These minutes are used to guide and improve our QMS at (BU, Jhansi) by documenting:
 1. Actions taken to continually improve the effectiveness of the QMS and related processes.
 2. Actions taken to continually improve our Service / services to maintain a high level of Student satisfaction and consistently meet Student requirements.
 3. Additional resources necessary for the effective operation of our QMS, including human resource, infrastructure and work environment needs.
 4. Changes to (BU, Jhansi) quality objectives (including those defined for Service / services).
- b. The head of the department in consultation with the Management Representative and/or managers, initiates corrective actions according to **Procedure on Corrective Action** (SOP-05) and/or preventive actions



according to **Procedure on Preventive Action** (SOP-06), as specified during the Management Review Process.

- c. The minutes of the Management Review (FM/563) serve as records for (BU, Jhansi) QMS and are filed and maintained according to **Procedure on Control of Records** (SOP-02).

6.1 PROVISION OF RESOURCES

The resource requirements for the implementation, management, and continual improvement of our QMS and activities necessary to enhance Student satisfaction by meeting Student requirements are explicitly defined in our procedures, work instructions, and the following sections of our quality manual:

1. Planning – Section 5.4
2. Management Review – Section 5.6
3. Human Resources – Section 6.2
4. Infrastructure – Section 6.3
5. Work Environment – Section 6.4
6. Planning of Service / services Realization – Section 7.1

6.2 HUMAN RESOURCE

6.2.1 General

Employees/Staff involved in the management, performance, and/or verification of work affecting quality are competent on the basis of education, training, skills and/or experience.



6.2.2 Competence, Training and Awareness

- a. It is the policy at BU, Jhansi, to identify competence and training needs and provide for the training of personnel performing activities affecting quality.
- b. HOD's is responsible for ensuring that the employees at BU, Jhansi, receive, and/or have, the proper competence, awareness, and training as per their respective job requirements. **Competency Matrix** (FM/621) and **Training Records** (FM/622) are maintained.
- c. After the training imparted to the identified personnel, the outcome of training is assessed to ensure the effectiveness of the training.

6.3 INFRASTRUCTURE

- a. To ensure that the infrastructure is suitable to create conforming Service / services.
- b. The Vice Chancellor is ultimately responsible to ensure the essential infrastructure is determined, provided and maintained, including buildings, workspace, associated utilities, communication & navigational equipments including software and support services.
- c. Infrastructure requirements are also identified and reviewed during the Service / services quality planning process (see Section 7.1) and during the Management Review process (see Section 5.6).
- d. Infrastructure where provided is maintained as per defined frequency of preventive maintenance and calibration, if any. Records are maintained.

6.4 WORK ENVIRONMENT

- a. It is the responsibility of each Head of Department (HOD) to identify and manage both the human and physical factors of the work environment that are necessary to achieve conforming services.



- b. Reviews of work environment conditions address the following issues:
 - 1. Assessment of Service requirements to identify where human and/or physical factors will affect Service quality (conducted primarily during infrastructure planning, see Section 7.1).
 - 2. Assessment of current working environment conditions to determine if the work environment is suitable to achieve conforming Service.
 - 3. Implementation of work environment improvements needed to achieve conforming Service.
 - 4. Continual assessment of work environment to ensure that adequate human and physical factors are maintained.
- c. The Vice Chancellor is ultimately responsible to ensuring that the appropriate resources needed for any necessary work environment improvements are available at the University.
- d. Work environment requirements are also identified and reviewed during the Management Review process (see Section 5.6).

7.1 PLANNING OF SERVICE REALIZATION

- a. All administrative officers and HOD's are responsible for ensuring that Service quality planning is performed according to the standard of service and infrastructure Planning. Service is consistent with the requirements of the other processes of the QMS (see 4.1). This procedure addresses the following:
 - 1. Definition, monitoring and updating of quality objectives and requirements for Service, projects or contracts.
 - 2. Determination and provision of the processes, documents, resources, infrastructure, and work environment necessary to produce conforming Service.



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Sr. No.	Committee Constituted	Chairman
1	Court	Chancellor
2	Executive Council	Vice Chancellor
3	Academic Council	Vice Chancellor
4	Finance Committee	Vice Chancellor
5	Examination Committee	Vice Chancellor
6	Admission Committee	Vice Chancellor
7	Planning Board	Vice Chancellor
8	Sexual Harassment Committee	Lady Prof. appointed by Vice Chancellor
9	Disciplinary Committee	Proctor
10	Purchase Committee	Vice Chancellor

3. Identification of the appropriate verification, validation, monitoring, inspection and test activities, and the criteria for the determination of acceptable Service..
 4. Identification of the records needed to provide evidence that the processes and resulting Service conform to Student requirements.
- b. Work instructions / Procedures and other documentation resulting from the Service and infrastructure planning process are provided in a form suitable for BU, Jhansi's method of operations.
 - c. The goal of the Service quality planning process at BU, Jhansi is to ensure that the integrity of the QMS is upheld, that Student requirements are achieved, and that continual improvement occurs.

7.2.1 Determination of Requirements Related to the Service

The Dean of Institute receives the information for new equipment or facility required by its Students. He then determines:

- a. Requirements specified by the students including other infrastructures



requirement such as NAAC.

- b. Requirements not stated by the stakeholders but necessary for the specified and intended use or safety requirements, where known.
- c. Statutory and legal requirements related to Service, if any. {Ref. S&R Requirements (FM/721)}
- d. The additional requirements/standards as planned or agreed by BU, Jhansi.

7.2.2 Review of Requirements Related to the Service

- a. The Dean has the primary responsibility for coordinating reviews of quotations, tenders, and Student orders for services and service prior to their issuance or acceptance, and assigning responsibilities for their execution. Each quotation, tender, contract or order is reviewed prior to the commitment to supply a Service and/or service to the Student to ensure:
 1. Service requirements are adequately defined,
 2. Any requirements differing from those previously expressed are resolved, and
 3. BU, Jhansi has the capability to meet the defined requirements.

Information reviewed includes both the identified Student requirements together with additional requirements determined by BU, Jhansi (see Section 7.2.1).

- c. BU, Jhansi does not accept any contract or order for which it cannot satisfy the above criteria.
- d. The results of Order / Contract Reviews, pertinent related correspondence, and necessary follow-up actions are documented by order number and Student name. This documentation is maintained in the Student order file by the



concerned Department.

- e. Student requirements are confirmed before acceptance in situations where the Student provides no documented statement of requirements.

7.2.3 Student Communication

The Registrar has the primary responsibility for ensuring that communication with the Students is established and effectively maintained. Student communication includes the following:

- a. Information on university services, capability and data (including website).
- b. Inquiries, contracts or order handling, including amendments
- c. Student Feed-back, including Student complaint.

7.3 DEVELOPMENT OF SERVICES

BU, Jhansi maintains to control service development activities, and to verify that the results meets specified requirements. Development of services is viewed at as a creative activity involving conceptual elements.

7.3.1 Design and Development Planning

- a. The Vice Chancellor (VC) is responsible for ensuring that a Service development plan is defined. This plan includes, at a minimum:
 - 1. Major stages of the development process.
 - 2. The design and development review, verification and validation activities that are appropriate to each design and development stage.
 - 3. The responsibilities and authorities for design and development activities.



- b. The VC is responsible for the organizational and technical interfaces in development control. This responsibility involves:
 - 1. Defining the appropriate organizational and technical interfaces between the different groups which provide input information to the development process, including clearly identified responsibilities;
 - 2. Ensuring proper documentation and review of the development input information prior to use, and;
 - 3. Maintaining the channels of communication and levels of involvement necessary for the effective execution of the Service development plan.
- c. Service development plans are created for each new Service development or major redesign of existing services, and the plan is reviewed and approved before detailed design and development begins. The plan is also updated as the Service evolves through the stages of design, development, and release of documents.

7.3.2 Design and Development Inputs

- a. The Dean/HODs are responsible for the identification, specification, documentation, communication, and review of design and development inputs, including functional and performance requirements, statutory and regulatory requirements, relevant information from previous designs, and other requirements essential to the project.
- b. Development characteristics are developed after the contract / Service requirements review has addressed the resolution of incomplete, ambiguous, or conflicting requirements by those responsible for their definition and specification and takes the results of all contract / Service requirements review activities into consideration.
- c. Development inputs are recorded and maintained.



7.3.3 Design and Development Outputs

- a. The Dean is responsible for ensuring that design and development outputs (Service specifications) are documented and expressed in terms of requirements, calculations, analysis, or other means that can be verified against input requirements. Design and development outputs:
 1. Meet the design and development input requirements.
 2. Provide appropriate information for purchasing, education and service operations.
 3. Contain or reference Service acceptance criteria.
 4. Specify the Service characteristics necessary to ensure its safe and proper use.
- b. All design output documents are reviewed and approved prior to their release.

7.3.4 Design and Development Review

- a. University carries out systematic reviews of design and development at suitable stages in accordance with planned arrangements
 1. To evaluate the results of design and development to meet the requirements its courses/degree, and
 2. To identify any problems and propose necessary actions.
- b. Development reviews are coordinated by the VC and include representatives from the functions concerned with the development stage being reviewed. Follow-up actions are proposed for any problems identified. Records of reviews and necessary follow-up actions are maintained according to **FM/563**.



7.3.5 Design and Development Verification

- a. The Dean is responsible for ensuring that activities for verification are defined, planned, executed, and recorded by competent personnel to ensure the output meets the design stage input requirements. Service development verification activities may include:
 - Conducting and documenting design and development reviews at the appropriate stages of the design and development process.
 - Performing Service performance, reliability and other qualification tests as appropriate.
 - Evaluating the design based on analysis, comparison with similar proven designs (if available), and other competitive or benchmark standards.
- b. Design and development verification results and necessary follow-up actions are recorded and maintained according to **FM/563**.

7.3.6 Design and Development Validation

- a. The Dean is responsible for ensuring that final services are capable of meeting the requirements for the specified application or intended use, where known, prior to release for delivery or implementation. Development validation is performed according to the development plan (see Section 7.3.1).
- b. If full validation is impractical prior to delivery or implementation, partial validation is performed to the extent applicable. Development validations are conducted and documented using the defined specification sheet for the contract / Service after completion of a successful design and development verification.
- c. Development validation results and necessary follow-up actions are recorded and maintained according to **FM/563**.



7.3.7 Control of Design and Development Changes

- a. The Dean review and coordinate requests for design and development changes or modifications (including those resulting from statutory and regulatory requirements) which are identified through a Non-Conforming Report or Student Request.
- b. Development changes are performed to ensure that design and development changes are reviewed, verified and validated, as appropriate, documented, controlled and approved before implementation. It also ensures evaluation of the impact that the change will have on constituent parts and services already delivered.
- c. Development changes and necessary follow-up actions are recorded and maintained according to **FM/563**.

7.4 PURCHASING

The Registrar is responsible for ensuring that purchasing processes in his department are controlled such that purchased services and subcontracted services which affect Service quality conform to specified requirements.

7.4.1 Evaluation of Suppliers & Sub-Contractors

BU, Jhansi is evaluated and selects suppliers based on their ability to supply the services in accordance with the requirements. Criteria for evaluation selection are established. Necessary records of evaluation and actions arising out of evaluation are maintained.

Where BU, Jhansi is out sourcing any of its Radiography, ultrasonic, chemical & metallurgical test process, the same shall be supervised in its extent of control and service factors agreed with the contractor.



7.4.2 Purchasing Information

The purchasing information is explicit as to the Item / service required, specification if any, source of supply etc to facilitate ease in procurement. Purchase information includes:

- a. Requirements for approval of the Service, procedures, processes and equipment
- b. Requirement of qualification of personnel responsible for development of the Service
- c. Quality management system requirements for the Service.

7.4.3 Verification of the Purchased Service:

Where BU, Jhansi intends to perform verification of the Service at the suppliers' premises BU, Jhansi is state the intention and the method of product release in the purchase document.

The purchased services are verified / inspected either at the premises of the supplier or on receipt at BU, Jhansi for ensuring that the purchased Service meets the specified requirements

7.5.1 EDUCATION AND SERVICE PROVISION

The Dean & HODs; involved in processes that directly affect quality of education and services are responsible for ensuring that these processes are identified, planned and executed under controlled conditions. Controlled conditions are defined to include the following requirements:

1. Availability of information describing Service characteristics - identified in Section 7.2.2 (Review of Requirements Related to the Service) and 7.3.6 (Design and Development Validation).
2. Availability of the necessary syllabus, statutes and work instructions
3. Use and maintenance of suitable equipment for education and service operations.



4. Availability and use of monitoring and measuring methods including the criteria for examination and sessional.
5. Implementation of monitoring and measurement activities - described in Section 8.2 (Monitoring and Measurement).
6. Implementation of defined processes for release, delivery and applicable post-delivery activities. Ensures that the student problems, complaints, feed-back and related solutions are managed appropriately and recorded for subsequent analysis and on-going improvement.

DOCUMENT MASTER LIST (Partial)

Document Number.	Document Title	Dates			Issued To.
		Issue	Next Rev.	Rev. no.	
Standard Operating Procedures SOP-01 ~06		25.01.2014			
SOP-07	Teaching Process	25.01.2014			
SOP-08	Admission Process	25.01.2014			
SOP-09	Examination process	25.01.2014			
SOP-10	Lab Practical's Process	25.01.2014			
SOP-11	Hostel Management Process	25.01.2014			
SOP-12	Purchase Process	25.01.2014			
SOP-13	Stores Process	25.01.2014			
SOP-14	Engineering Maintenance Process	25.01.2014			
SOP-15	Infrastructure Maintenance Process	25.01.2014			
SOP-16	Staff Training Process	25.01.2014			
SOP-17	Affiliation of Colleges	25.01.2014			
SOP-18	Library Management Process	25.01.2014			

7.5.2 Validation of Process

The Dean is responsible for allocating responsibility of validation by competent persons. Special emphasis is made for accurate work instructions. The following processes require validation.

Teaching Process
Laboratory Process



The Dean defines

- a. The criteria for review and approval for these processes including, as applicable.
- b. Approval of equipment and qualification of personnel,
- c. Use of specific methods and procedures,
- d. Requirements for records, and
- e. Revalidation.

7.5.3 Identification & Traceability

Where appropriate, books, documents and records throughout the stages of education and services are identified will include unique identification, the status of required monitoring activities, and where traceability is a requirement, traceability data is controlled and recorded.

7.5.4 Student Property

- a. The Dean has the primary responsibility for ensuring that BU, Jhansi exercises care with student property and that the property is identified, verified against specified requirements, protected, and safeguarded until required for use or incorporated into our services. Student property may also include intellectual property.
- b. BU, Jhansi ensures that materials and intellectual property, are properly controlled and safeguarded. The specific assignment of responsibilities for control of student property, and the reporting and documentation of lost, damaged, or unsuitable property, are informed to them.

7.5.5 Preservation of Product

HODs responsible for identification, handling, packaging, storage, protection, and delivery of materials are also responsible for establishing, documenting, and maintaining methods appropriate to preserve conformity of products during



internal processing and delivery. BU, Jhansi ensures the preservation of product provisions in the following ways:

- a. Identification: Specific details on the identification of product at BU, Jhansi are described in Section 7.5.3 (Identification and Traceability).
- b. Handling: BU, Jhansi's policy is to use methods and means appropriate for the handling and transporting of product provisions in a manner that prevents loss and ensures employee safety.
- c. Packaging: Services are appropriately packed and identified on the packaging in a manner that allows for ready identification through the stages of processing and prevents the loss of product value.
- d. Storage: BU, Jhansi maintains facilities, equipment, and designated areas to store records. Methods and means appropriate for ensuring proper storage are responsible for assessing the condition of those records at intervals sufficient to guarantee the prevention of their damage or deterioration.
- e. Protection: Product is protected during internal processing and delivery to maintain the Service is under BU, Jhansi's control.
- f. Delivery: The quality of the product is protected. Where contractually specified, BU, Jhansi is responsible for packaging and preservation during transit, including delivery to destination.

7.6 Control of Monitoring and Measurement Equipments

- a. BU, Jhansi is identifying the monitoring and measurement devices needed to provide evidence of desired level of service. The records are kept in form no FM/760. Including details of equipment type, unique Tag no, location, frequency of checks, check method, acceptance criteria and the action to be taken when results are unsatisfactory.
- b. The instrument are calibrated or verified or both at specified interval mentioned on the list. The calibration / verification of instrument is done on the basis of measurement standard traceable to international or



national standards. Where standard not exist, the basis used for calibration/verification is recorded.

Where this process is outsourced, the skill requirements are assessed and traceability to inter-national standards is ensured / verified.

- c. The instrument calibrated / verified and adjusted or re-adjusted as necessary.
- d. After the calibration / verification identifying the instruments with a suitable indicator or approved identification record to show the calibration status.
- e. Safeguard the instrument (including software and hardware) is done from adjustment, which would invalidate the calibration setting.
- f. Instruments are protected from damage and deterioration during handling, maintenance and storage.
- g. Validity of previous inspection and test results is assess and documented when instruments found to be out of calibration.

8.1 GENERAL

- a. All Registrars/Deans/HOD's are responsible for ensuring plans and implements monitoring, measurement and analysis activities that are necessary to assure conformity of the Service and the QMS and to achieve improvement.
- b. To effectively assess the performance of our processes, the following activities are follows:
 1. To demonstrate conformity to the Service requirements.
 2. To ensure conformity of QMS.
 3. To show the effectiveness of the QMS.



8.2 MONITORING AND MEASUREMENT

8.2.1 Student Satisfaction

- HODs are responsible for ensuring that Student communication is maintained and that Student satisfaction data is collected, analysed and used for monitoring and measuring Student satisfaction.
- BU, Jhansi periodically undertakes Student satisfaction surveys to measure Student satisfaction index. Such surveys are conducted once in a year and the weak areas are identified by The Dean for taking necessary steps to improve them.
- Student feedback (including Student satisfaction measurement data and Student complaints) is utilized in the Management Review process (see Section 5.6).

8.2.2 Internal Audit

- a. BU, Jhansi plans and conducts internal audits at planned intervals according to **Procedure on Internal Audits (SOP-03)** for the following purposes:
- b. Internal audit identifies when each element or process of the QMS will be audited. A minimum of one internal audit is conducted in a year. The frequency of audit for process is based upon the importance and status of the process and the results of previous audits.
- c. MR is responsible for organizing and coordinating the internal audit to ensure that the audit criteria, scope, frequency and methods are defined. An annual internal audit plan (**FM/822a**) is prepared for audits.
- d. MR is responsible for ensuring the selection of auditors and the conduct of audits ensures objectivity and impartiality of the audit process. Auditors do not audit their own work.



- e. Only qualified personnel may perform internal auditing activities. External auditors may conduct the audits. These qualified personnel are classified as internal auditors and have received the training course on internal auditing techniques. This training may be performed by a certified lead auditor or by previously trained internal auditors. Records of internal audit training are maintained.
- g. In the case of noncompliance or weaknesses, an auditor initiates CAR REPORT (FM/852)
- h. The Department head responsible for the area audited ensures that the corrective and/or preventive actions are resolved in a timely manner to eliminate detected problems and their causes. Follow-up audits are used to verify the implementation and effectiveness of the corrective and preventive actions. The verification results are recorded and reported to the appropriate personnel.
- i. Records of the audit process and results are maintained.

8.2.3 Monitoring and Measurement of Processes

- a. Monitoring and, where applicable, measurement activities are performed on the QMS processes necessary to meet Student requirements and track quality objectives and to additional processes where the potential benefit is identified.
- b. Monitoring and measurement of processes demonstrate the ability of the processes to achieve the planned results.

8.2.4 Monitoring and Measurement of Service

BU, Jhansi establishes and maintains document, work instructions, which define the required monitoring and measurement activities and related records used to verify that Service characteristics and requirements are met prior to information distribution, processing, for Students (see Section 7.1).



8.3 CONTROL OF NON-CONFORMING SERVICE

BU, Jhansi ensures through established and maintained procedure to deal with any non-conformity observed during the process and at any stage of the process to prevent the delivery of the non-conformity Service.

The nonconformity is detected as per **Procedure on control of Non-Conforming Service (SOP-04)**

8.4 ANALYSIS OF DATA

- a. HODs are responsible for ensuring that collection and analysis of data occur in their specific department. The data collected determines, in part, the suitability and effectiveness of the QMS and identifies areas for improvement
- b. Input data for this analysis includes, but is not limited to, data collected from the following processes:
 1. Section 5.4.1 – Quality Objectives
 2. Section 6.2.2 – Competence, Awareness and Training
 3. Section 7.1 - Planning of Service Realization (Quality Objectives)
 4. Section 7.4.1 – Purchasing Process (Supplier Performance)
 5. Section 7.5.1 – Control of Serviceion and Service Provision
 6. Section 8.2.1 - Student Satisfaction
 7. Section 8.2.2 - Internal Audit
 8. Section 8.2.3 – Monitoring and Measurement of Processes
 9. Section 8.2.4 – Monitoring and Measurement of Service
 10. Section 8.3 - Control of Nonconforming Service
 11. Section 8.5.2 - Corrective Action
 12. Section 8.5.3 - Preventive Action
- c. Data is collected and analyzed to provide information related to:
 1. Student satisfaction.
 2. Conformity to Service requirements.
 3. Characteristics and trends of processes and services, including



- opportunities for preventive action.
4. Supplier performance, including capability, on-time delivery, and conformance to specified requirements and cost.

8.5 IMPROVEMENT

8.5.1 Continual Improvement

It is the overall responsibility of top management at BU, Jhansi to continually improve the effectiveness of the QMS. Each department head is responsible for the continual improvement of the QMS in his / her respective areas. Effectiveness of continual improvement activity is assessed during the Management Review Process.

8.5.2 Corrective Action

- a. Corrective action at BU, Jhansi is directed at revising its QMS, policies, procedures, and work instructions in order to eliminate the root cause(s) of quality problems and nonconformities and prevent their recurrence as per **Procedure on Corrective Action (SOP-05)**.
- b. Corrective actions taken are appropriate to the effects of the nonconformities encountered.
- c. Student complaints are managed according to the **Student Complaint Register FM/851 & CAR Report FM/852**.
- d. The responsibility for undertaking the corrective action lies with the HOD who is responsible for the related QMS element and/or process.
- e. Records of corrective actions taken are maintained in CAR Report FM/852.

8.5.3 Preventive Action

- a. Preventive action is directed at improving at (BU, Jhansi) to eliminate the causes of potential non-conformities in order to prevent their occurrence, quality systems, procedures, and policies as per **Procedure on Preventive Action (SOP-06)**.
- b. The HOD is responsible for ensuring the preventive action process is managed



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effectively in the following situations:

- c. Preventive actions taken are appropriate to the effects of the potential problems encountered.
- d. Records of preventive actions taken are maintained in PAR Report **FM/853**.