

ISO 9001:2015: Audit Report
 Order no.: 4153322186 Client no.: 377231-01
 Client: Shivaji University



Management Service

Audit type (standard / Revision):	Certification Audit (ISO 9001:2015)		
Audit date (on site):	2019-08-29 - 2019-08-30		
Company / customer:	Shivaji University		
Street / P.O. box:	Vidyanagar		
Zip-Code / state / city:	IN - 416004 Kolhapur		
Audit representative:	Dr. Kamat		
Leadauditor/ auditor:	Sunil Raghunath Joshi / Sujit Patil, Dhananjay Patil, Suhas Chinchani, Rajashree Valsangkar		
Technical expert/ trainee:	--/--		
Observer:	NA		
Scope of certification:	Academic Governance, Design of Curriculum, offer Education to Under Graduate, Post Graduate and Research Programmes through Admissions, Teaching, Evaluation, Examinations, Declaration of Results and Award of Degrees.		
Branch scope (EA/NACE Code):	EA 37, (EA 35)		
Enclosed documents:	<input checked="" type="checkbox"/> <u>Audit report Annex 1</u> : Action list including opportunities for improvement and positive aspects <input checked="" type="checkbox"/> <u>Audit report Annex 2</u> : Site specific information <input checked="" type="checkbox"/> <u>Audit report Annex 3</u> : Audit program / audited elements <input type="checkbox"/> <u>Multi-Site / Sampling</u> : Multi-Site / Sampling plan <input type="checkbox"/> <u>Print order</u>		
Audit results ISO 9001:	<input checked="" type="checkbox"/> Audit objectives for the management system (MS) have been fulfilled; scope of certification is appropriate; a (centrally) managed MS is in place; release of certificate recommended (subject to effective closure of nonconformities) <input type="checkbox"/> Audit objectives for the MS have NOT been fulfilled; suspension / withdrawal of certificate recommended; certification cannot be granted or maintained		
Next audit date scheduled:	July 2020		
Re-Audit:	<input type="checkbox"/> on site / date: <input type="checkbox"/> submit documentation	Duration in hours:	

31/08/2019

lnwl

Date

Lead Auditor(s) ISO 9001



1 General information

1.1 Certification scheme

The audit in question has been conducted within:

- Single-site certification
- Multi-site certification (see Multi-site plan)
- Multi-site certification based on sampling (see Multi-site plan)
- Certificate transfer
- Combined / integrated certification
- Special audit
- Transition Audit (from ISO 9001:2008 to 9001:2015)
- Others (please add): _____

1.2 Specific information about the client

See "Annex 2: Site specific information".

1.3 Audit objectives

- Determination of the conformity of the management system with audit criteria.
- Evaluation of the ability of the management system to ensure that it meets the applicable statutory, regulatory and contractual requirements.
- Evaluation of the effectiveness of the management system to ensure the client organization is continually meeting its specified objectives.

ISO 9001:2015: Audit Report
 Order no.: 4153322186 Client no.: 377231-01
 Client: Shivaji University



Management Service

1.4 Significant changes which took place since the last audit

Topic	Changes
Management System / documented information	<input checked="" type="checkbox"/> none <input type="checkbox"/> yes:
Scope of certification	<input type="checkbox"/> none <input checked="" type="checkbox"/> yes: Academic Governance, Design of Curriculum, offer Education to Under Graduate, Post Graduate and Research Programmes through Admissions, Teaching, Evaluation, Examinations, Declaration of Results and Award of Degrees.
Number of employees	<input checked="" type="checkbox"/> none <input type="checkbox"/> yes:
Others	Nil

1.5 Particularities of this audit

Deviations from the audit plan:	<input checked="" type="checkbox"/> none <input type="checkbox"/> yes:
Significant issues impacting the audit program (<i>planned activities for the certification cycle</i>)	<input checked="" type="checkbox"/> none <input type="checkbox"/> yes:
Changes in audit objectives or audit criteria:	<input checked="" type="checkbox"/> none <input type="checkbox"/> yes:
Other particularities:	



2 Effectiveness of corrections and corrective actions from previous audit

<p>The audit team evaluated the corrective action taken for the nonconformities/ areas of concern from the previous audit.</p> <p>In the case of RA / Re-Certification audits, the audit team considered the audit reports for the last two audits in the audit planning / performance of the audits and in particular checked the nonconformities / areas of concerns.</p> <p>The corrective actions were found to be:</p>	<p><input type="checkbox"/> Effective</p> <p><input type="checkbox"/> Not effective (MiN or NC)</p> <p><input checked="" type="checkbox"/> Not applicable (no existing MiN or NC)</p>
---	---

3 General evaluation of effectiveness of the management system

Refer to level of maturity of the MS, commitment of top management, guaranteeing the continuous compliance with the legal and other requirements , application of performance indicators, continuous improvement, meeting of objectives and targets, competence of personnel, effectiveness of internal audits and management reviews, etc.

<p>Level of maturity of MS – University is already NAAC accredited since last 15 years, having „A“ Grade so maturity level of system is very good.</p> <p>Commitment of Top Management – Vice Chanaceller Hon Dr. Devanand Shinde is highly committed to provide resources required for effective implementation of MS. He is comitted towards continual improvement of management system and effectively monitors performance through quaterly meetings of IQAC and MRM. He approves AQAR (Annual Quality Assurance Report). Quality policy is signed by Vice Chancellor. Roles, responsibilities & authorities are documented. MRM is conducted once in 4 months and chaired by VC. Internal & External issues are identified along with needs and expectations of Interested parties.</p> <p>Legal requirements – University is governed by UGC. UGC Recognition under section 22 & section 12B, of UGC Act 1956 – F No 5-5/2014 (CPP-I/PU) – 27 FEB 2017 NIRF – UNIV-626 – National Institute Ranking Framework EC(SC)/04/RAR/75 – NAAC – Grade A (GPA 3.16, Valid up to Dec 09,2019). Performance Indicators & Objectives – Performance is monitored through objectives and KPI. Examples - Sponsored Research Projects – Target 1 per teacher – (199) – Actual – 78 (17-18), 79(16-17), 79 (15-16) Placement & Higher studies – Target – 60% - 51.53%(15-16), 46.79(16-17), 47.31(17-18) Carry out responsibility of creation, preservation and dissemination of Knowledge – H Index (Average citations per researcher) – target > 100. Actual status – 95. Use of LMS (Learning management Systems) – Target 100%, Performance- 70%</p> <p>Competence of People – Competency of people working in various Departments, sections &</p>
--

ISO 9001:2015: Audit Report
 Order no.: 4153322186 Client no.: 377231-01
 Client: Shivaji University



Management Service

disciplines is very good and governed by UGC & AICTE.

Internal Audits – Internal audits are planned once in four months basis however each department is covered once in a year so effectively audit is done once in a year. Audit was conducted on 29/07/2019 where all departments are covered being first audit.

Management Review Meetings – MRM is planned once in 4 months basis. Recent MRM conducted on 29/07/2019 and chaired by VC. MOM of MRM evident with action plan, responsibility and target date.

Total number of findings for the certification area:

Certification area	Major non-conformities	Minor non-conformities	Opportunities for improvement	Positive aspects
ISO 9001	00	03	04	05

Standard elements with findings are listed in the action list (Annex 1).
 The audit findings are based on the audit evidence collected during the audit and available to the certification body.

For multi-site audits (with and without sampling): Not Applicable

Additional aspects for multi-site audits:	ISO 9001
All requirements by the certification body for conducting a multi-site audit were	<input type="checkbox"/> fulfilled <input type="checkbox"/> not fulfilled ^{1) 2)}
Under consideration of all audit reports from all sites, the management system of the organization is:	<input type="checkbox"/> effective <input type="checkbox"/> not effective ^{1) 2)}
When planning corrective actions for non-conformances, all sites of the organization were considered in order to detect systematic errors:	<input type="checkbox"/> effective <input type="checkbox"/> not effective ¹⁾
The organization effectively uses information from corrective actions from each individual site in order to increase the overall effectiveness of the management system :	<input type="checkbox"/> effective <input type="checkbox"/> not effective ¹⁾

1) listed in the action list (Annex 1) as a nonconformity

2) Certification cannot yet be recommended

4 Controlling the use of certification documents and marks

The evidence collected during the audit demonstrates that the use of certification documents and marks applied by the organization is:

- Conformance
- Major non-conformance (NC)
- Not applicable (ex. initial certification)



5 Additional remarks

5.1 Disclaimer statement

Auditing is based on a sampling process of the available information. Any audit recommendations are subject to an independent review prior to a decision concerning the awarding or renewal of certification.

A management system certification audit (initial, surveillance or recertification audit) is not a legal compliance audit (ISO 17021:2015, 9.2.1.2).

5.2 Duty of information

The Certification Body shall be notified by the client without delay of all changes that may impact on the management system's capability to continue to fulfill the requirements of the relevant standard now and in the future.

These matters include major changes regarding:

- legal, commercial, organizational status or ownership
- organization and management (e.g. key managerial, decision-making or technical staff)
- change of address and sites
- scope of operations under the certified management system

5.3 Due dates

The due date (last day of the certification audit) must be considered for the planning of any additional audit. The respective due dates should be coordinated with the lead auditor.

5.4 Confidentiality

The Certification Body will treat all received documented information related to the certification process as strictly confidential.

Copies to:

- Members of the audit team
- Certification body
- Client

Audit Report

Annex 1 : Action List including opportunities for improvement and positive aspects

Order no.: 4153322186 Client no.: 377231-01
Client: Shivaji University



Comments

An audit cannot cover each and every detail of the management system. Therefore, there may still be nonconformities not addressed by the auditors in the closing meeting or the audit report. Audit results are always evaluated on the basis of the following classification:

Nonconformities (NC):	<p>Failure to fulfill one or more requirements of the management system standard or a situation that raises significant doubt about the ability of the client's management system to achieve its intended outputs. (Classification: Major nonconformities).</p> <ul style="list-style-type: none"> • Corrections (immediate solution) of the audit finding are to be implemented • The causes of the identified nonconformities shall be analyzed • Corrective actions for the causes of the nonconformities shall be effectively implemented prior to the decision on certificate issue/renewal • The auditor generally verifies the effectiveness of corrective action in an on-site re-audit unless verification is possible on the basis of submitted new documentation.
Minor nonconformities (MIN):	<p>In individual cases some of the requirements of the management-system standard are not fulfilled completely. However, this does not jeopardize the effectiveness of the management-system element (chapter of the standard). (Classification: Minor nonconformities).</p> <ul style="list-style-type: none"> • Corrections (immediate solution) of the audit finding are to be implemented • The causes of the identified nonconformities shall be analyzed • The lead auditor is to be informed of the intended corrective actions for the causes of the nonconformities within 14 days prior to the decision on certificate issue/renewal • The lead auditor evaluates the submitted corrective actions and confirms acceptance thereof. The implementation of the corrective actions will be verified in the next audit.
Opportunities for improvement (I):	<p>Aspects that would lead to management system optimization with respect to a requirement of the standard. (Basic requirement for the identification and recording of opportunities for improvement is that the requirements of the standard regarding the process element have been fulfilled but that there are still areas for potential improvement of system effectiveness and efficiency. Implementation by the organization is recommended.)</p>
Positive aspects (P):	<p>Positive aspects of the management system meriting special mention</p>

All elements of the standard in each clause of the standard were found to be "in conformity/effective" except for those elements of the standard for which this action list includes nonconformities or minor nonconformities.

Audit Report

Annex 1 : Action List including opportunities for improvement and positive aspects

Order no.: 4153322186 Client no.: 377231-01
Client: Shivaji University



Action List

The following table shall be used for all findings recorded by the audit team during an audit (certification, change, repeat, sample, special or surveillance)

Nonconformities:

Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (Incl. due dates and responsible)	Evaluation of CA		
		Description <i>(to be completed by auditor)</i>	Type NC/MIN			Date	Effective (E) / Accepted (A)** <i>(to be completed by auditor)</i>	Evidence provided <i>(only for NC findings)**</i>
8.1	Commerce & management	<p>Requirement (if not covered by clause number):</p> <p>Finding: Teaching & learning is done as per teaching plan however in one of case teaching plan is not evident.</p> <p>Supporting audit evidence: Teaching plan not evident for – Business Finance – M Com – II Sem-III.</p>	MIN	Teaching plan for Business Finance – M.Com- II-Sem III Was there but Auditee unable to show to auditor	<p>Immediate solution for the correction of the finding: Teaching plan for Business Finance – M.Com- II-Sem III</p> <p>Corrective Action to eliminate the cause: At the time of Starting of Semester Teaching plan will be prepared and communicated and made aware to all conceren</p> <p>Responsibility & target – HOD 30.09.19</p>	02/09/2019	CA Accepted. Effectiveness will be verified in next audit.	
7.2	HR & training	<p>Requirement (if not covered by clause number):</p> <p>Finding: Training effectiveness is evaluated after imparting training however in one of cases effectiveness records are not evident.</p> <p>Supporting audit evidence: Training dated 13 to 15 Feb 2019 – 3 days Workshop Principles MBA unit</p>	MIN	Missed out due to Transfer of In charge of Department	<p>Immediate solution for the correction of the finding: Training Effectiveness update for Training Dt. 13-15 Feb 2019 – 3 Days workshop Principles MBA Unit</p> <p>Corrective Action to eliminate the cause: Hence forth on periodic Basis Training effectiveness will be monitored by the concerned In charge of the Department. Responsibility & target – Administrator 30.09.19</p>	02/09/2019	CA Accepted. Effectiveness will be verified in next audit.	

Audit Report Annex 1 : Action List including opportunities for improvement and positive aspects

Order no. : 4153322186 Client no. : 377231-01
Client: Shivaji University



Clause no.	Process	Findings		Results of root cause analysis*	Intended correction and corrective action (CA)* (incl. due dates and responsible) <i>(to be completed by client)</i>	Evaluation of CA		
		Description <i>(to be completed by auditor)</i>	Type NC/MIN			Date <i>(to be completed by auditor)</i>	Effective (E) / Accepted (A)** <i>(to be completed by auditor)</i>	Evidence provided (only for NC findings)** <i>(to be completed by auditor)</i>
8.3.2	Design & Development	<p>Requirement (if not covered by clause number):</p> <p>Finding: Design & development plan not evident for syllabus design in one of case.</p> <p>Supporting audit evidence: Design & development plan not evident for syllabus of MSC- Part 1 - Microbiology</p>	MIN	<p><i>(to be completed by client in case of NC and MIN)</i></p> <p>For syllabus of MSC-1-Microbiology design plan in the format of University was made but missed to use new format of ISO 9001 made for D&D Planning as per D&D Procedure.</p>	<p>Immediate solution for the correction of the finding:</p> <p>Design and Development plan for MSC- Part- Microbiology will be prepared as per D&D procedure. HOD 31.10.19</p> <p>Corrective Action to eliminate the cause: At University level Design and Development plan will be prepared for different programs and the same will be discussed in the meeting of Internal Quality Assurance Cell (IQAC). Responsibility & target – M.R. October 2019</p>	02/09/2019	CA Accepted. Effectiveness will be verified in next audit.	

Note 1 : Root cause analysis and corrective action are only mandatory for NC or MIN findings.

* see "Guideline for Corrective Actions Acceptance" at end of document for further assistance

** The intended corrections and implemented corrective actions have to be verified. The Auditor shall evaluate "Effective" (E) in the case of NC and "Accepted" in the case of corrections for MIN findings, if appropriate.

*** A NC requires a re-audit, during which the corrective actions are evaluated for effectiveness.

Audit Report

Annex 1: Action List including opportunities for improvement and positive aspects

Order no.: 4153322186 Client no.: 377231-01

Client: Shivaji University



Management Service

Opportunities for improvement and positive aspects::

Clause no.	Process	Findings		Type	Action for optimization <i>(optional for client to fill out)</i>		
		Description <i>(to be completed by auditor)</i>	Findings:		Action	Responsible	Date
6.2.1	Objectives - Key Performance Indicators	Quality objectives and Key performance indicators found established at each and every department however link may be established between both to demonstrate achievement against objectives.		I			
9.1.2	Students Feedback	Centralised system for collecting and analysing feedback from students is found established and records are evident. Criteria and calculation methodology may be documented more in detail and may be circulated to all departments.		I			
7.5.3	Computer Centre	System for data back-up is established and running effectively. Keeping data back-up outside seismic zone may be considered.		I			
8.3.2	Design & Development	Records of validation of syllabus are evident however may be documented more in detail.		I			
10.3	Department- Marathi	Very good initiative to build state of the art museum of "V. S. Khandekar"		P			
7.1.3	Computer Centre	Advanced data centre and network designed with multilevel securities/redundancies working with zero downtime. INR 82 L saved in 2018 because of in-house maintaining computer hardware.		P			
7.5.3	Department – Computer Science	Excellent work on cyber security. More than 3000 teachers all over Maharashtra are trained for cyber Security by this department. Good Initiative of "Saturday Club"		P			
10.3	Continual Improvement	Distance learning for Prisoners. Online communication of absent students for exams to parents. Library is equipped with manuscripts and old archives.		P			
5.1	IQAC	IQAC is committed for quality incuication across the university and has contributed in may innovations and initiatives for quality education		P			

Audit Report

Annex 1 : Action List including opportunities for improvement and positive aspects

Order no.: 4153322186 Client no.: 377231-01
Client: Shivaji University



Guideline for Corrective Actions Acceptance

Objective: The purpose of this section is to provide a consistent set of criteria for the development, acceptance and implementation of corrective action responses. These guidelines apply to all standards on the basis of the ISO 17021 (i.e. QMS, EMS, AMS, ENMS). They are intended for TÜV-SÜD auditors and audited organizations to help them understand how nonconformities should be addressed.

1. Was correction to eliminate existing finding completed?

Describe corrections for NC and Min taken under "intended correction and corrective action".
e.g.: Completed missing internal audits; Conducted supplier evaluations; Segregated nonconforming material, etc.
Provide evidence that actions were planned, taken and are effective.

2. Have the appropriate root causes been identified? Consider the following:

- what caused the actual nonconformity (for NC and Min) (occurrence of systematic failure)?
 - what allowed the problem to occur without being detected internally?
 - which part of the organization's processes failed to address this issue or is the organization lacking a specific process, method, etc.?
 - is the nonconformity also applicable/found in other sites (in case of multi-site and sampling certification)?
- The cause shall not be a repeat or a rewording of the nonconformity statement nor of the objective evidence.
e.g.: apply the 5-Why method for root cause analysis

3. Has a corrective action been determined for each identified root cause? Each root cause must have at least one identified corrective action that eliminates / addresses the specific cause(s) and prevents recurrence of the nonconformity.
In the case of multi-sites and sampling certification, verify if the corrective action can be applied in other sites as well.

4. Has appropriate evidence been provided to verify that actions taken have been implemented and are effective?
It is the responsibility of the organization to provide evidence of internal verification of the corrective action(s), or a plan to do so. The Lead Auditor will provide due dates for submitting evidence of implementation. This could vary depending on the circumstances and standards involved.

Audit Report (combined) Annex 2: Site specific information



Management Service

Order no.: 4153322186 Client no.: 377231-01
Client: Shivaji University, Kolhapur

Characteristics of sites within the designated scope of certification

For multi-site organizations to be filled in for each site audited and to be updated for each audit!
(Exceptions for ISO 50001: For the stage 1 audit, the site specific information must be provided for all sites of a multi-site organization, not only those sites audited.)

Site:	Shivaji University Vidyanagar, Kolhapur – 416004, IN
Date of data collection:	14/08/19
Integration of the management system (MS) / documented information:	<input checked="" type="checkbox"/> Independent MS without interaction with other management systems <input type="checkbox"/> Independent MS with interaction with other management systems <input type="checkbox"/> Integrated management system
Site specific scope:	Academic Governance, Design of Curriculum, offer Education to Under Graduate, Post Graduate and Research Programmes through Admissions, Teaching, Evaluation, Examinations, Declaration of Results and Award of Degrees.
Products /Services:	Curriculum, Degrees,
No. of employees (total / effective per standard):	615 nos
Similarity of shift working scheme:	<input checked="" type="checkbox"/> Not applicable...Single Shift – 10.00 am to 6.00 pm <input type="checkbox"/> The character of each shift is mainly the same with regard to processes and/or environmental impacts and/or OH&S risks - <input type="checkbox"/> The shifts differ significantly with regard to processes and/or environmental impacts and/or OH&S risks; at least the change-over of shifts must be audited in order to track the character of each shift
Temporary sites/projects:	<input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Applicable

Audit Report (combined)
Annex 2: Site specific information



Order no.: 4153322186 Client no.: 377231-01
 Client: Shivaji University, Kolhapur

Management Service

ISO 9001	
Requirements of this International Standard which cannot be applied:	NIL
Quality relevant manufacturing/realization processes:	Governance, Designing of Curriculum, Teaching - Learning, Evaluation, Examination, Research Papers.
Risk category (low/medium/high):	Medium
Significant KPI's and trends:	Comments: Sponsored Research Projects – Target 1 per teacher – (199) – Actual – 78 (17-18), 79(16-17), 79 (15-16) Placement & Higher studies – Target – 60% - 51.53%(15-16), 46.79(16-17), 47.31(17-18)
Quality objectives:	Min. of 2 ex.: Carry out responsibility of creation, preservation and dissemination of Knowledge – H Index (Average citations per researcher) – target > 100. Actual status – 95. Use of LMS (Learning management Systems) – Target 100%, Performance- 70%
Relevant compliance obligations / Significant legal requirements with regard to processes/ products/ services:	Extract from the list of relevant laws and regulatory requirements (if applicable): UGC Recognition under section 22 & section 12B, of UGC Act 1956 – F No 5-5/2014 (CPP-I/PU) – 27 FEB 2017 NIRF – UNIV-626 – National Institute Ranking Framework EC(SC)/04/RAR/75 – NAAC – Grade A (GPA 3.16, Valid up to Dec 09,2019.