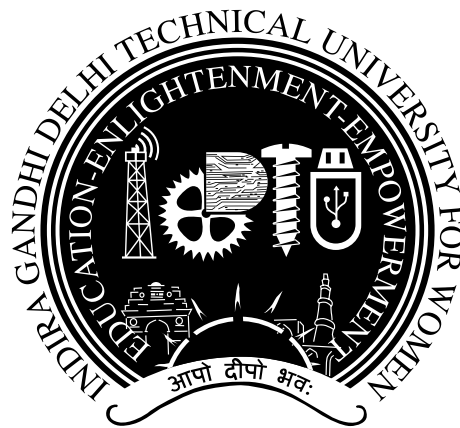


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QUALITY MANUAL



INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN
 GOVERNMENT OF NCT OF DELHI
 Kashmere Gate, Delhi - 110006
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This Quality Manual explains the way, Indira Gandhi Delhi Technical University for Women has developed and implemented its Quality Management System to ensure that its processes are established and standardised.

This Manual is developed in accordance with the requirements of ISO 9001:2015 Standard.

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Reviewed by

Approved by

Prof. Devendra Tayal
MR (QMS)

Dr. (Mrs) Amita Dev
Pro-Vice Chancellor

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Quality Policy

We at Indira Gandhi Delhi Technical University for Women are committed to achieve the highest standards in Technical Education, Research, Consultancy, Incubation and Innovation in order to produce women leaders in Engineering & Technology, Management, Architecture & other allied areas.

We shall achieve this through

- Assessing the needs of interested parties and strive to exceed their expectations.
- Develop and deliver courses to meet the contemporary needs of the industry.
- Carrying out multidisciplinary research programs and projects that are distinctive and relevant to technological, social and environmental needs.
- Adoption of constructive mechanism for building strong academic team and enhancing links between university, research institutions and the industry.
- Mentoring and supporting the development of start-ups by providing them advisory and administrative support services.
- Periodic monitoring and assessment of our services and continual improvement of performance of our facilities, personnel, processes and systems.
- Adhering to the applicable laws and regulations.

Dr. (Mrs.) Amita Dev
Pro Vice Chancellor

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Quality Objectives

1. To provide Intellectual and ethical environment where skill & spirit can thrive and provide state of art education alongwith social, cultural and human values.
2. To create environment of collaboration & enhance Industry Institute Interface.
3. To foster an ecosystem for incubation, innovation, product development, transfer of technology & entrepreneurship.
4. To develop Centre of Excellence in emerging areas of Science, Engineering & Technology, Management, Architecture and other allied areas.
5. To develop human values with analytical ability, ethics and integrity.

Dr. (Mrs.) Amita Dev
Pro Vice Chancellor

The targets for these objectives are defined annually and communicated to all concerned.

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Scope of ISO 9001:2015 QMS

“Curriculum Design & Development, Conduct and Assessment of Technical Programmes of B.Tech, B.Arch, M.Tech, MCA and PhD”. Involvement in Consultancy Services and Research Projects and facilitate Entrepreneurship Development. The scope also includes support services like GA Branch, Purchase Department, Incubation Centre, Hostel, etc.

The QMS applies to all processes, activities and staff.

ISO 9001:2015 requirements not applicable (Exclusion):

All Clauses of ISO 9001:2015 QMS standard are applicable and hence exclusions are not sought.

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Sl. No.	Abbreviation	Expansion
1	AQAC	Academic Quality Assurance Committee
2	BOM	Board of Management
3	COA	Council of Architecture
4	Doc	Document
5	DTTE	Directorate of Training & Technical Education, GNCT Delhi
6	GFR	General Financial Rules
7	IGDTUW	Indira Gandhi Delhi Technical University for Women
8	ISO	International Organisation for Standardisation
9	MR	Management Representative
10	MRM	Management Review Meeting
11	QM	Quality Manual
12	QMS	Quality Management System
13	QPM	Quality Procedure Manual
14	Rev	Revision
15	UGC	University Grants Commission

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For the purpose of this Quality Manual, the terms and definitions given in the following documents apply:

- a) ISO 9000:2015 Quality Management Systems - Fundamentals and vocabulary

The following terms and definitions are reproduced for ready reference:

- a) "Top Management" mean the Vice-Chancellor of Indira Gandhi Delhi Technical University for Women for the purpose of Quality Management System (QMS).
- b) "Master Copy" means the original document, which is endorsed by the person reviewing and approving, and thus authorised for use. The master document shall be used for generating all controlled and uncontrolled copies as required.
- c) "Controlled Copy," means document devised from the Master Copy and which is replaced with the updated version of the same after revision / change is made to the Master Copy.
- d) "Uncontrolled Copy" means document, which is not updated after a change and thus may not be the latest version.

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4.1 UNDERSTANDING THE ORGANIZATION AND ITS CONTEXT

4.1.1 Brief History & Background

Indira Gandhi Delhi Technical University for Women (IGDTUW) is a women's university located in New Delhi, India on the heritage campus at Kashmere Gate, Delhi. It was founded as the Indira Gandhi Institute of Technology in 1998.

In May 2013 it gained autonomy and became the first women's technical university in India established by Govt. of Delhi vide Delhi State Legislature Act 9, 2012, as a non-affiliating teaching and research University at Delhi to facilitate and promote studies, research, technology, innovation, incubation and extension work in emerging areas of professional education among women, with focus on engineering, technology, applied sciences, architecture, management and its allied areas with the objective to achieve excellence in these and related fields.

The objective of the University is to foster industry relevant research and innovations and empower the women of our country through value based higher education making them employable, self reliant, responsible citizen of the country with concern for environment and society.

4.1.2 Courses offered

A)	Title of the Programme	:	Bachelor of Technology – Computer Science & Engineering
	Duration of Programme	:	Four Years / Eight Semesters
	Type of the Programme	:	Full Time
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	153students

B)	Title of the Programme	:	Bachelor of Technology – Information Technology
	Duration of Programme	:	Four Years / Eight Semesters
	Type of the Programme	:	Full Time
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	76students

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C)	Title of the Programme	:	Bachelor of Technology – Electronics and Communication Engineering
	Duration of Programme	:	Four Years / Eight Semesters
	Type of the Programme	:	Full Time
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	76 students

D)	Title of the Programme	:	Bachelor of Technology – Mechanical and Automation Engineering
	Duration of Programme	:	Four Years / Eight Semesters
	Type of the Programme	:	Full Time
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	76 students

E)	Title of the Programme	:	Bachelor of Architecture
	Duration of Programme	:	Five Years / Ten Semesters
	Type of the Programme	:	Full Time
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	40 students
	Approval	:	Council of Architecture

F)	Title of the Programme	:	Master of Technology – Mobile and Pervasive Computing
	Duration of Programme	:	Two Years / Four Semesters
	Type of the Programme	:	Full Time
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	32 students

G)	Title of the Programme	:	Master of Technology – Information Security Management
	Duration of Programme	:	Two Years / Four Semesters
	Type of the Programme	:	Full Time
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	32 students

H)	Title of the Programme	:	Master of Technology – VLSI
	Duration of Programme	:	Two Years / Four Semesters
	Type of the Programme	:	Full Time
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	32 students

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I)	Title of the Programme	:	Master of Technology – Robotics and Automation
	Duration of Programme	:	Two Years / Four Semesters
	Type of the Programme	:	Full Time
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	32 students

J)	Title of the Programme	:	Master of Technology – Information and Communication Technology
	Duration of Programme	:	Three Years / Six Semesters
	Type of the Programme	:	Weekend Programme
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	32 students

K)	Title of the Programme	:	Master of Computer Application
	Duration of Programme	:	Three Years / Six Semesters
	Type of the Programme	:	Full Time
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	60 students

L)	Title of the Programme	:	Doctor of Philosophy (PhD)
	Duration of Programme	:	As decided by the Academic Council
	Type of the Programme	:	Full Time / Part Time
	Entry Qualification	:	As decided by the Academic Council
	Intake	:	As decided by the Academic Council

4.1.3 The internal and external issues relevant to the University are determined in the Form for Determination of External and Internal Issues (F-MR-01).

4.1.4 The University continuously determines external and internal issues that are relevant to its purpose and its strategic direction and that affects its ability to achieve the intended result(s) of its quality management system. The external and internal issues identified are continuously being monitored and reviewed by the MR & Department In-charges.

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4.2 UNDERSTANDING THE NEEDS AND EXPECTATIONS OF INTERESTED PARTIES

The University has identified the interested parties that are relevant to the QMS as:

S. No.	Interested party	Requirement
A	Students	Students are interested in getting quality education to enhance their competence & skills and achieve certifications/degree so that they are employable & contribute towards nation building.
B	Parents/Guardians of students	Parents/Guardians of students are interested to ensure that their ward achieve quality education to enhance their competence & skills and achieve certifications/degree so that they are employable & contribute towards nation building.
C	Industry	They require competent and skilled persons for placement.
D	AICTE, UGC & Council of Architecture	Being the promoter, their interest is in University's complying with the statutory and regulatory requirements as defined from time to time.
E	Administrative Dept., Dept. of Training & Technical Education, Govt. of NCT Delhi	(a) Compliance of all Govt. Rules & Regulations. (b) Provision of Grant-in-Aid for releasing salary, development of Infrastructure and procurement of Machinery and equipment.
F	Statutory Body	
	(i) Board of Studies	Each Department shall have a Board of Studies to advice on academic matters of the Department or school, as the case may, including matters relating to formulations of curriculum and its regular update.
	(ii) Academic Council	(a) Exercise general supervision over the academic policies of the University and to give directions regarding methods of instruction, evaluation or research or improvement in academics standards (b) Consider matters of general academic interest either on its own initiative or on a reference from the Planning Board or a Department/School of studies or the Board of Management and to take appropriate action thereon; and

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		(c) Frame such regulations as are consistent with the Statutes and the Ordinances regarding the academic functioning of the University, including discipline, admissions, award of fellowship and studentships, fees and other academic requirements.
	(iii) The Planning Board	The Planning Board shall design and formulate appropriate plan for development and expansion of the university, and it shall, in addition, have the right to advise the Board of Management and the Academic Council on any matter which it may deem necessary for the fulfilment of the objects of the University
	(iv) Finance Committee	The Finance Committee shall develop financial policies of the University and to oversee the revenues and expenditures of the University and shall make recommendations on generating revenues through the University's activities and these activities are placed before the Board of Management.
	(v) Board of Management	a. The power of management and administration of the revenues and properties of the University. b. Conduct of all administrative affairs of the University
F	Staff – Teaching & Non-Teaching	Ensure that their knowledge on the subject is kept updated so that they are able to deliver the output as per requirement and that their students get better placements.
G	Funding Agencies	Take up various research projects & provide grants to promote & perform various research, innovation & consultancy projects according to norms & guidelines framed by them.

The University monitors and reviews information about these interested parties and their relevant requirements during management reviews.

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4.3 DETERMINING THE SCOPE OF THE QUALITY MANAGEMENT SYSTEM

4.3.1 **Scope:** Based on the analysis of the above issues of concern, interests of stakeholders and in consideration of the services provided, the University has determined the scope of its QMS, which is documented at Section 1 of this manual.

4.3.2 **ISO 9001:2015 requirements not applicable (Exclusions):** There are no clauses of ISO 9001:2015QMS standard which are not applicable and hence no exclusions are sought.

4.4 QUALITY MANAGEMENT SYSTEM AND ITS PROCESSES

4.4.1 The University operates a documented Quality Management System established to ensure that specified educational, training and support requirements are met. The effectiveness of the Quality Management System (QMS) is monitored through a process of internal auditing, students & Industry feedback, analysis of that feedback, performance evaluation of our processes and management review. Staff who are an integral part in the application of the various components of the QMS can provide feedback regarding QMS to the Competent Authority and MR. Accordingly, appropriate and timely revisions will be made to correct the deficiency. Areas of non-conformance are addressed by raising corrective action requests and areas of potential non-conformance are addressed through actions to address risk and opportunities.

4.4.2 Support Staff (on need basis), Security staff and Sanitation staff are outsourced and the University exercises adequate control on these processes.

4.4.3 Documented information as identified in this Quality Manual, referred procedures and other documents to support the operation of processes are retained to verify and have confidence that these processes are being carried out as planned.

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5.1 LEADERSHIP AND COMMITMENT

5.1.1 The top management of the University is fully committed to the development, implementation and continual improvement of its QMS and takes accountability for the effectiveness of the QMS.

The top management has communicated the importance of meeting the customer requirements as well as other applicable statutory and regulatory requirements.

Management reviews the University's Quality Policy annually to ensure that it is compatible with the context and the strategic direction of the University. All staff members are encouraged to seek ways to continually improve the University's processes and the service provided to customers.

Quality objectives are communicated by senior management to all levels of the University. Divisions, Departments and individual staff are tasked with identifying methods and processes for achieving quality objectives that are applicable to them and documenting the results. The results of activities undertaken to realize the quality objectives are documented and reviewed by University's management on an on-going basis to ensure that these are compatible with the context and strategic direction of the University.

University's Management annually reviews the quality objectives established in the previous year with respect to their suitability, adequacy and effectiveness. Each year the quality objectives and the outcomes from the objectives are also reviewed. The quality objectives may be continued for the next year, revised, or new objectives may be identified and implemented.

The resources required for the QMS are provided and resource requirement, if any, is discussed during the management review. The management has promoted the use of the process approach and risk-based thinking. The management has been supporting other relevant management roles to demonstrate the leadership as it applies to their areas of responsibility.

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5.1.2 Customer Focus

The University's management is committed to determine customer as well as other applicable statutory & regulatory requirements to ensure that these are met mainly with the aim of enhancing customer satisfaction. The primary customers of the University are the students enrolled with the University, government agencies and private industries with which the University has a direct collaboration via acceptance of research/ consultancy projects or through signing of MoU. Secondary customers are the businesses organizations, industries and government agencies that hire the students.

Customers from all levels, both external and internal, provide feedback regarding the programs, courses and services provided by the University. Section 9.1.2 provides processes for gathering and utilizing this feedback.

The University in general and individual departments within the University has implemented various processes for monitoring and measuring customer satisfaction. When new courses are introduced, the requirements of the customer are automatically deemed to be an integral part of our QMS.

As an educational institution, the University is aware that students have other needs and there are other factors that may influence their ability to be successful in the program or course they have chosen. Towards this end, the University adopts thorough procedures described in Quality System Procedure Manual (QPM-01) and provides a range of services that includes providing merit scholarships, academic assistance, counselling, training & placement mock interviews and tests, industrial research and development, Seminars & Workshops, regular technical events and other support services.

Procedures also provide customers with the opportunity to register complaints regarding any service provided by the University. Student review meetings with student representatives or groups of students may also be held to address specific concerns or to obtain input with regard to a specific issue or issues under the supervision of concerned department HoD or assigned faculty mentor.

The University has made available faculty feedback form in each department, which is taken at the end of each semester. Besides this, the students may submit their suggestions either in Department in suggestion box provided in front of Department or through email. Through this form, anyone can submit a suggestion, comment, or concern regarding any information or service

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provided by our University. Submissions received are documented and forwarded to MR of QMS. All complaints received through this means are formally documented as a complaint and handled properly.

The University ensures that the risks and opportunities that can affect conformity of services and the ability to enhance customer satisfaction are determined and addressed by the concerned Deptt./Branch In-charges and the focus on enhancing customer satisfaction is maintained.

5.2 POLICY

The Competent Authority has established, implemented and maintains a quality policy, which is appropriate to the purpose and context of the University and supports its strategic direction. The quality policy provides a framework for setting quality objectives; includes a commitment to satisfy applicable requirements and commitment to continual improvement of the QMS.

Quality Policy Statement is documented at Section No. F of this manual.

The University meets the above Quality Policy statement of commitment by:

- a) Committing to a structured Quality Program that satisfies the requirements as outlined in our Quality Management System;
- b) Involving industry/business organizations in both the development and evolution of our training programs and courses;
- c) Ensuring that staff members are motivated, trained and updated to the latest emerging trends in the system of education ;
- d) Ensuring that standards are maintained and improved by active monitoring, reviewing and improving all activities;
- e) Ensuring that measurable and realistic quality objectives are established annually, communicated to all staff, and evaluated, reviewed and revised (as needed) on an on-going basis.

The management has ensured that the policy is available and is communicated, understood and applied within the University. Quality policy is displayed at strategic locations within the University and also made available on request to the relevant interested parties.

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5.3 ORGANIZATIONAL ROLES, RESPONSIBILITIES AND AUTHORITIES

5.3.1 The roles, responsibilities and authorities of all officials and staff who manage, perform and verify work affecting quality is described in this Quality Manual and also in Procedures Manual. The duties of key functions described below entitle Roles and Responsibilities of officials and Staff but quality-related responsibilities are also an integral feature of all other procedures.

5.3.2 Management Representative (MR)

The MR is nominated by the Competent Authority for managing the day-to-day operation of the QMS, and for reporting on its performance to the top management

Responsibilities and authorities of MR:

- a) Ensuring that processes needed for the Quality Management System are established, implemented and maintained conforming to ISO 9001:2015 requirements;
- b) Ensuring that the processes are delivering their intended outputs;
- c) Ensuring feedback from all concerned on effective implementation of the system;
- d) Reporting to Top Management on the performance of the Quality Management System and on opportunities for improvement;
- e) Ensuring the promotion of customer focus throughout the University;
- f) Ensuring that the integrity of the quality management system is maintained when changes to the quality management system are planned and implemented;
- g) Planning and Control of Internal Audits;
- h) Recording and follow-up of Management Review Meetings;
- i) Controlling QMS documents.

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6.1 ACTIONS TO ADDRESS RISKS AND OPPORTUNITIES

6.1.1 The University considers risks and opportunities when taking actions within the QMS, as well as when implementing or improving the QMS; likewise, these are considered relative to the services. Risks and opportunities are identified by the Departmental In-Charges in association with the MR as part of the implementation of Procedure for Risk Management defined at Section No. 6.1.2 as well as throughout all other activities of the QMS.

Risks are managed in order to minimise their likelihood and impact. Opportunities are managed to improve their likelihood and benefit. It is ensured that the actions taken to address risks and opportunities are proportionate to the potential impact on the conformity services.

6.1.2 Procedure for Risk Management

Sl. No.	Description of activity
1	Issues of concern
A	For each interested party, the related issues of concern are identified. These issues may reflect direct concerns of the party or there may be indirect concerns received from the party that affects the University.
B	Issues may be either internal or external, depending on whether the interested party is internal or external. In addition, a certain type of party may have both internal and external concerns.
C	When attempting to identify internal concerns, it may be useful to consider technological concerns, employee concerns, values, knowledge, culture and performance of the organisation.
D	When attempting to identify external concerns, it may be useful to consider concerns arising from competition, University culture, advancement in current state-of-the-art, statutory and regulatory issues, employee transfers & deputation, economic issues, etc.
E	Issues can include positive and negative factors or conditions for consideration.
F	Changes in external and internal issues that are relevant to the QMS are also reviewed during management reviews.
2	Risk and Opportunities
A	The MR along with Department Incharges then identifies risks and opportunities related to the issues of concern.
3.	Risk Assessment(Format F-MR-02)
A	Based on the Issues identified, risks & opportunities are noted along with the primary process; identify the process owner and the consequence.

B	<p>The criteria given in the Risk Evaluation Matrix below is used to determine the Likelihood and Impact rating.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" rowspan="3">Risk Evaluation Matrix</th> <th colspan="5">IMPACT</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> <tr> <th>Insignificant</th> <th>Low</th> <th>Medium</th> <th>High</th> <th>Very High</th> </tr> </thead> <tbody> <tr> <td rowspan="5" style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">LIKELIHOOD</td> <td style="text-align: center;">5</td> <td style="text-align: center;">Very Likely</td> <td>Medium Risk 5</td> <td>Medium Risk 10</td> <td>High Risk 15</td> <td>High Risk 20</td> <td>High Risk 25</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">Likely</td> <td>Low Risk 4</td> <td>Medium Risk 8</td> <td>Medium Risk 12</td> <td>High Risk 16</td> <td>High Risk 20</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">Possible</td> <td>Low Risk 3</td> <td>Medium Risk 6</td> <td>Medium Risk 9</td> <td>Medium Risk 12</td> <td>High Risk 15</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">Unlikely</td> <td>Low Risk 2</td> <td>Low Risk 4</td> <td>Medium Risk 6</td> <td>Medium Risk 8</td> <td>Medium Risk 10</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">Very Unlikely</td> <td>Low Risk 1</td> <td>Low Risk 2</td> <td>Low Risk 3</td> <td>Low Risk 4</td> <td>Medium Risk 5</td> </tr> </tbody> </table>							Risk Evaluation Matrix			IMPACT					1	2	3	4	5	Insignificant	Low	Medium	High	Very High	LIKELIHOOD	5	Very Likely	Medium Risk 5	Medium Risk 10	High Risk 15	High Risk 20	High Risk 25	4	Likely	Low Risk 4	Medium Risk 8	Medium Risk 12	High Risk 16	High Risk 20	3	Possible	Low Risk 3	Medium Risk 6	Medium Risk 9	Medium Risk 12	High Risk 15	2	Unlikely	Low Risk 2	Low Risk 4	Medium Risk 6	Medium Risk 8	Medium Risk 10	1	Very Unlikely	Low Risk 1	Low Risk 2	Low Risk 3	Low Risk 4	Medium Risk 5
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F	Risks with 'Medium Risk' significance may be accepted without a mitigation plan, unless otherwise directed by management.																																																												
G	Risks with 'High Risk' significance requires immediate action and Action plan along with responsibility and target date needs to be mentioned.																																																												

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H	Risks are managed with a focus on decreasing their likelihood, and minimizing their impact if they should occur.
I	Risks are then monitored to ensure they remain within control.
J	Options to address risks can include avoiding risk, taking risk in order to pursue an opportunity, eliminating the risk source, changing the likelihood or consequences, sharing the risk, or retaining risk by informed decision.
K	Risk Assessment Table is reviewed at least once every year and updated as required.
4.	Addressing Opportunities
A	Opportunities can be identified while practicing the procedures and initiating actions on non-conformities encountered.
B	Opportunities are managed to increase their likelihood, and to maximize their benefits if they should occur.
C	Opportunities can lead to the adoption of new practices, addressing new customers, building partnerships, using new technology and other desirable and viable possibilities to address the organization's or its customers' needs.
5.	Effectiveness
A	The effectiveness of the actions taken to address risks and opportunities is reviewed during management review.

6.2 QUALITY OBJECTIVES AND PLANNING TO ACHIEVE THEM

The University has established quality objectives. These are documented in Section No. G of this manual. Timelines are fixed for the realization of these objectives in a meaningful and measurable manner every year during management reviews. The quality objectives may be continued for the next year, revised, or new objectives may be identified and implemented. They also act as a means to verify the continual improvement.

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The management ensures that the objectives are available and are communicated, understood and monitored within the University. Quality objectives are displayed at strategic locations within the University and also available on request to the relevant interested parties. The management also ensures the availability of resources to meet the objectives and to also review the status during management reviews. When the objective does not meet the timelines, the corrective action process is initiated to resolve the issue. In addition, opportunities for improvement are sought and implemented for the identified process.

6.3 PLANNING OF CHANGES

Whenever the need for changes to the QMS is determined, the MR ensures that the changes are planned, implemented and then verified. The University also considers the following while planning the changes:

- a) The purpose of the changes and their potential consequences;
- b) The integrity of the QMS;
- c) The availability of resources;
- d) The allocation or reallocation of responsibilities and authorities.

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7.1 RESOURCES

Considering the capabilities of, and constraints on existing internal resources; and what needs to be obtained from external providers, the University determines and provides adequate resources for the establishment, implementation, maintenance and continual improvement of the QMS.

7.1.2 People

The management determines and provides the employees(FT/PT/Contractual) necessary for the effective implementation of its QMS and for the operation and control of its processes.

7.1.3 Infrastructure

The University determines, provides and maintains the infrastructure necessary for the operation of its processes and to achieve conformity of products and services. The University reviews the requirements for facilities and equipment through the Annual Planning and Budgeting processes. All In-charges annually review the availability of equipments (laboratories / library, etc.), computers and other items in the University and provides inputs to the Competent Authority either directly or through Registrar. This process involves an assessment of what the requirements of all users are and the allocation of more technically advanced computers / equipments / instruments to those areas where they are most needed, and the reallocation of other resources to other areas of the University as needed.

The University's PCs, Air Conditioners, machines and computer network system is outsourced for maintenance and is monitored by the concerned dealing department. The dealing department will provide support for a number of general software programs utilized by University's staff and students.

7.1.4 Environment for the operation of processes

The environment required for the operation of processes are ensured by the University and maintained by the respective In-charges. The concerned department representative ensures that essential safety and security procedures are followed within the University wherever required.

Safety and Security of work place is maintained round the clock. Fire Extinguishers are installed throughout the University and are periodically being inspected (once in a year). Lab In-charges make students aware of safety precautions that need to be taken during working in lab on regular basis during lab hours.

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7.1.5 Monitoring and measuring resources

IGDTUW determines and provides resources needed to ensure valid and reliable results. At least 10 % of evaluated answer sheets of Term End Examinations are selected randomly and are rechecked through another teacher to ensure that the resources provided are suitable for the monitoring and measurement activities being undertaken and they are maintained to ensure their continuing fitness for their purpose.

The lab equipments are used mainly for demonstration and elucidation of concepts. Also, in some cases, these devices are used for evaluation of the understanding of students during practical examinations. In order to ensure measurement capability to be consistent with the measurement requirements, the reliability and utility of the measurement systems are verified at the beginning of semester. It includes the following activities:

- Maintaining a Master List of key Monitoring and Measuring equipments being used in the department, where possible, practical and appropriate, identifying individual or families / groups of devices by unique identification codes.
- The functioning of key equipments is verified by the concerned faculty / In-charge at the beginning of semester in accordance with the established in-house verification procedures for the monitoring of operational correctness and usability of such identified key equipments.
- Identifying such devices as usable or otherwise for their intended purposes through "O.K" or "NOT O.K" stickers affixed on the devices.
- Maintaining records of verification results and any actions initiated consequent to the verification .
- Initiating appropriate actions, repair / replacement, of "NOT O.K" devices by reporting to the HoD and obtaining his approval.

7.1.6 Organizational knowledge

The University also determines the knowledge necessary for the operation of its processes and to achieve conformity of education services it provides. This may include knowledge and information obtained from:

- a) Internal sources (e.g. intellectual property; knowledge gained from experience; lessons learned from failures and successful projects; capturing and sharing undocumented knowledge and experience; the results of improvements in processes, products and services);
- b) External sources (e.g. standards; academia; conferences; gathering knowledge from customers or external providers)

It is ensured that this information is maintained and made available to others within the University to the extent necessary. When addressing the changing needs and trends, the

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University considers its current knowledge and determines how to acquire or access any necessary additional knowledge and required updates.

7.2 COMPETENCE

Regular teaching faculty and staff are appointed by Management from time to time on the basis of appropriate education, training, skills and experience. Part time / contractual employees and staff for support services are appointed by following the guidelines of DTTE and/or Govt. of NCT Delhi released from time to time. In addition to this, the University utilizes services of Eminent Personalities, Field Experts, Top Notch Professionals, Industry Professionals etc. from various fields relevant to the curriculum from educational institutions, industries and other organizations as and when required in the form of Guest Faculty and member of various Statutory bodies.

Staff Orientation, Appraisal, Training and Development are carried out to ensure that the University:

- employs staff with relevant qualifications and experience;
- keeps abreast with the latest developments in education and training;
- enhances and up-dates the skills of its staff;
- maintains the relevance and appeal of its programs and courses;
- Strengthens and improves the service provided to its students and customers.

The employees identify the training needs for themselves and undergo training after seeking approval from the Competent Authority. University also conducts training programmes regularly, which faculty members and staff can attend as per their need. The University ensures that staff members are competent for the tasks deputed to them.

The Personnel Branch is responsible for ensuring that employees have necessary competence for the effective and efficient operation of the University. In order to maintain the level of competence required, HOD/ Branch-in-charge ensures that employees under their responsibility remain updated in the field of expertise for which they are employed and that employees.

A record of the employee's education, skills, experience and training is maintained in the Personal file of employee. All new staff members furnish this information to the Personnel Branch on joining. Staff members are asked to retain a record of the External Workshops, Conferences, Seminars, Short Term Courses, Management Development Programmes, Faculty Development Programmes and Industry Training Sessions in their personal portfolio. Staff members who complete training, achieve professional recognition, earn a certificate/diploma/degree, etc., are asked to forward this information, along with a copy of any credentials received, to the Personnel Branch for enclosing in their respective personal file.

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7.3 AWARENESS

The University's management ensures that persons working under its control are aware of:

- a) the quality policy;
- b) relevant quality objectives;
- c) their contribution to the effectiveness of the QMS, including the benefits of improved performance;
- d) the implications of not conforming with the QMS requirements.

Key employees are made aware of their role and responsibility towards the achievement of the objectives through their In-charges. Wherever necessary, In-charges organize meetings with employees to determine the approach that will be taken to meet the relevant objectives.

7.4 COMMUNICATION

The University has established appropriate communication within and outside the University to ensure effectiveness of the QMS through various media like Email, issuance of Notices, meetings, discussions, personal interaction, etc.

Important communication is also put-up on the notice boards placed at strategic locations within the University. External communications are authorised by the Branch-Heads, Deans, Registrar or the Competent Authority.

7.5 DOCUMENTED INFORMATION

7.5.1 Documented information as required by ISO 9001:2015 as well as determined by the University as being necessary for the effectiveness of the QMS is identified in this manual and procedures.

7.5.2 Creating and updating

The University ensures as appropriate the following while creating and updating the documented information.

- a) Identification and Description: Quality Management System Documentation: University's QMS documentation includes the following types of documents: Quality Manual,

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Procedures, Reference Manuals, Standards and other technical reference material, other miscellaneous documents.

Identification of different level of documents has been done as follows:-

- Quality Manual: QM-01
- Quality Procedure Manual: QPM-01
- Formats: F-<Dept Code>-<Running No.>

Register, Files and Formats are also identified by the respective sections, and are mentioned in the respective Procedure.

- b) Format and media: Most of the documents are on paper and in English language.
- c) Review and approval for suitability and adequacy: All documents and data are reviewed and approved/re-approved as necessary for adequacy by authorized personnel as indicated below, prior to its issuance:

Level	Description of Document	Issued by	Reviewed by	Approved by
I	Quality Manual	MR	MR/Dy. MR	Competent Authority
II	Quality Procedures Manual	MR	MR/Dy. MR	Competent Authority
III	Templates for Records & Formats	MR	HoD / Branch Head	HoD / Branch Head

7.5.3 Control of documented information

The following are ensured:

- a) Documented information is available and suitable for use, where and when it is needed;
- b) Documented information is adequately protected;
- c) Distribution, access, retrieval of the documented information;
- d) Storage and preservation including preservation of legibility of the documented information;
- e) Control of changes of the documented information;
- f) Retention and disposition of the documented information.
- g) Control of external origin documented information.

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Documented information retained as evidence of conformity is also protected from unintended alterations.

Issue/Revision: The Issue/Revision status of each Quality Manual and Quality Procedures Manual document is mentioned at header of every page of the document. Whenever there is any minor change, the next Rev. No. along with the date shall be assigned to the document and revision record is updated as applicable. Issue No. and date shall be changed when there is any major change in the document. Formats shall have issue number only. Formats without issue number are deemed to be Issue number 01.

Distribution:

- Master Copy of all QMS documents are identified with an endorsement on the backside of all pages of the document as 'MASTER COPY' in Red Colour. Master Copy is the Original document, which is endorsed by the person reviewing and approving and thus authorised for use. The master document is used for generating all controlled and uncontrolled copies as required.
- Current versions of documents are identified with an endorsement on the front side of the cover/ first page as 'CONTROLLED COPY' in Red Colour along with the signature of the Management Representative. Controlled Copy is one which is replaced with the updated version of the same after revision / change is made to the Master Copy.
- Documents endorsed as 'UNCONTROLLED COPY' in Red Colour on the cover/first page can be issued to other persons as decided by the management / MR. These copies are not updated after any change.
- Obsolete documents are promptly removed from all points of use. If any obsolete document is retained for any purposes, it is endorsed with 'OBSOLETE COPY' on all pages to prevent the unintended use.

All staff ensures that the relevant versions of applicable documents are available at the point of use. It is the responsibility of the respective copy holders to whom the documents are issued to ensure that the documents remain legible, readily identifiable, protected from unintended use or alterations, preserved and are retrievable.

Document change: Any Officer can make a request for amendment in any document by filling Change Request Form in format F-MR-03 and giving relevant details. The Change Request Form is

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forwarded to the MR through the hierarchal channel.MR reviews the change requested and discusses with the concerned Approving Authority. The Approving Authority decides to reject or approve the change after discussions with affected functions. On approval, the document is amended by the Management Representative and all relevant functions are intimated about the change and revised documents are distributed as necessary.

Student Documents and Changes: Student documents are reviewed, returned, and preserved wherever applicable. The Departmental In-charges have the responsibility for resolving with the student any issues that were raised during the review.

Establishment of Records: Records are usually established by the personnel directly involved with the task, operation, or activity whose results need to be recorded. Records are dated; identify the service, person, or event to which they pertain; provide the relevant facts and data; and identify the function or person who established the record. Records can also be established and maintained in electronic media (computer files or databases).

Master List: Documented information list is established as part of procedures to identify the QMS documents and records along with their identification nos. and retention period.

Indexing, Filing, Storing, Maintaining and Protection of Records: All Records are legible and traceable to the service and process involved. Records are indexed and grouped to facilitate their retrieval. Binders, drawers, cabinets, etc., containing records are clearly labelled with identification of their content. Records may not be stored in private desk drawers or other obscure locations that are not generally known.

All files and registers are identified by a number in the form of:

F. No. <Dept Code><SI No.>/IGDTUW/<Subject Brief in short or Abbreviation>/<Financial Year>

Retention Time: All documents and records are kept for a minimum period as defined in the Master List of Documented Information or as per instructions of the Delhi Govt., UGC and Approving Boards (e.g. COA). The records are disposed-off after their retention as decided by the committee constituted for the purpose and record is maintained in Form F-MR-04.

External documents: External documents like Acts, Rules, Manuals, Standards and Circulars, etc. issued / published by Government bodies and other agencies and required for the QMS implementation shall be maintained and kept updated by concerned staff. The issue/distribution shall be organised through MR. The external documents identified by the University as part of the QMS are identified and listed at Appendix-

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8.1 OPERATIONAL PLANNING AND CONTROL

The University has planned, implemented and controlled the processes needed to meet the requirements for delivery of education and student support services, and to implement the actions determined in planning for QMS. The processes that have been identified as being relevant to supporting product realization are:

- Faculty and Staff Training & Development, Training and Placement of students, Infrastructure Maintenance(including classrooms & labs)
- Work Environment and Safety, Admissions, Course Planning & Scheduling,
- Student Support Services, Student Relations and Counselling
- Customer Communication and Complaints Handling, Purchasing
- Academic Administration, IT Services
- Programme / Course and Support Services Monitoring and Student Feedback,
- Employee Performance Review

Planning of service provision covers the following:

- a) Quality Objectives and time lines are established and monitored.
- b) Processes are established and documented as part of Quality Procedures Manual (QPM-01) and the resources are provided for meeting specific need of the services.
- c) The records are maintained to provide the evidence that the service realisation processes and resulting output meet the specified requirements.

8.2 REQUIREMENTS FOR PRODUCTS AND SERVICES

8.2.1 Customer communication

Documented procedures have been established to control program and continuing education. Product requirements are defined through syllabus, time-table, examination procedures, evaluation pattern and the University's Academic Calendar. These sources provide customers with accurate information regarding programs and courses. This information forms the basis for the identification of customer requirements. Student orientation sessions generally provide students with a broad range of information on the University, their program, what is expected of them as students, and the various services provided by the University.

Student feedback obtained through questionnaires provided to the students after completion of the courses (every semester), is also considered in program review and planning. Every student is

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given the opportunity to complete a course evaluation and provide comments which, in turn, are fed into planning for subsequent continuing education offerings.

Faculty members review each student's progress at identified intervals, document the review sessions and provide feedback to the students on their progress. Students are also encouraged to discuss any problems they may be experiencing with their Faculty Mentor/HOD/Dean(SW).

Procedures also provide customers with the opportunity to register complaints regarding any service provided by the University and for students who may not be satisfied with a decision regarding their academic performance. Student review meetings with class representatives and HoD/faculty mentor may also be held to address specific concerns or to obtain input with regard to a specific issue or issues.

Record of communication related to the following are maintained by the concerned In-Charges

- a) Services related information
- b) Handling enquiries related to admission, education delivery and examination
- c) Interested party feedback including complaints
- d) Handling or controlling customer property
- e) Establishing specific requirements for contingency actions, when relevant

8.2.2 Determining the requirements for products and services

The University's "services" are the educational programs, courses and services that it provides including research, consultancy and incubation services. The University's primary customers viz. the students enrolled with the University, government agencies and private industries with which the University has a direct collaboration via acceptance of research/ consultancy projects or through signing of MoU, expects:

- a) the services to meet stated standards and outcomes;
- b) the services to be upto date & relevant;
- c) any support services to meet or exceed the normal standard for that service;

Additionally, the students also expect the service to provide them with the opportunity to receive education & training that will assist them in meeting the requirements of the industry or business of their chosen career.

First and foremost the primary objective of any of the University's programs is to provide an educational service that is relevant to the applicable industry or business. During the delivery of

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education programs this is attained through the contribution by representatives from the related industry / business / government and forwarding of the inputs to concerned committees / councils for their review and necessary action. Course outlines and contents for all education courses are mentioned in their respective syllabus Scheme. This information is provided to students at the start of the course.

The applicable statutory and regulatory requirements include approvals/affiliations from UGC and COA etc.

8.2.3 Review of the requirements for products and services

The review of requirements related to educational programs is conducted by designated committees approved by Competent Authority on an on-going basis. Formal and informal feedback provided by students, recommendations from business and industry and a desire to keep programs current and relevant, all drive an on-going review process.

Students are made aware of program requirements through various information sources and communications from the concerned Department. Within the first few days of starting their program, new students are provided with orientation sessions and relevant information relating to their chosen program.

Before any training course is finalized, it is reviewed to ensure that:

- customer requirements are clearly defined;
- if the customer will be supplying facilities equipment and/or materials, necessary procedures are followed;
- the University has the capability to deliver the training;
- any differences between initial proposals and final specifications are resolved.

8.2.4 Changes to requirements for products and services

The concerned In-charge ensures that when the course requirements are changed / modified, the relevant communication/ documents are changed accordingly and the affected personnel including customers are made aware of the changes. When program requirements change, a development and implementation plan is developed that is forward to Competent Authority for approval.

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8.3 DESIGN AND DEVELOPMENT OF PRODUCTS AND SERVICES

8.3.1 The University has established, implements and maintains a Design and Development (D&D) process through Academic Council that is appropriate to ensure the subsequent provision of services.

8.3.2 Design and Development Planning

Every Departmental HOD nominates a committee to review and modify the scheme and syllabus of the existing courses and plan details of the new courses to be launched in the Department. This committee designs a framework for the new courses / modifications and sends its recommendation to the Dean (Academic Branch). The Dean (Academic Branch) then forwards the proposal to Academic council for its approval, which in turn submits its recommendation to the Board of Studies for final approval.

8.3.3 Design and Development Inputs

The Departmental committee proposes the framework / modification in the existing scheme or launching a new course(as the case may be), after considering the following inputs:

- a) syllabus, guidelines and guidelines of UGC including amendments made from time to time
- b) University capabilities in terms of resources and infrastructure,
- c) Customer feedback (students / industries)
- d) Quality Objectives

8.3.4 Design and Development Controls

- a) Concerned In-charge or any person / Committee as assigned on the direction of Competent Authority will review the relevance and adequacy of inputs and outputs to perform D&D tasks and identify and correction of problems.
- b) Concerned In-charge or any person / Committee as assigned on the direction of Competent Authority will evaluate the above inputs whether they are likely to give intended output as desired by the University considering past experience for similar or other services.
- c) Service requirements are validated by concerned In-charge or any person / Committee as assigned by Competent Authority based on successful installation of equipment, review of content of books and other support material purchased and engagement of right substitute based on appropriate competence for teaching and training.

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8.3.5 Design and Development Outputs

Based on final approval from Board of Studies/ Competent Authority the following outputs are finalised:-

- a) Departmental Timetable
- b) Lecture Planning
- c) Internal Assessments
- d) Laboratory Experimentation
- e) Other Activities as required

8.3.6 Design and Development Changes

Any changes as identified by the D&D evaluators will be incorporated and reviewed, verified and validated before service is delivered or equipment is put on use. The same will be endorsed by Competent Authority or any individual or Committee designated for the purpose.

All results of D&D will be recorded as Minutes and kept with In-Charges and recommendations will be forwarded to the relevant Staff Members for necessary action.

8.4 CONTROL OF EXTERNALLY PROVIDED PROCESSES, PRODUCTS AND SERVICES

8.4.1 General

The University ensures that the externally provided products and services confirm to the requirements. Appropriate controls as deemed suitable are applied to the externally provided products and services.

The purchasing activity is controlled through Procedure detailed at Section No. PC, GA and PD of QPM-01 and General Financial Rule except Anveshan Foundation (Incubation Centre), IGDTUW which is a Section-8 company.

Contracts for instructional services are covered through the mutual understanding between the University and its Guest / hired faculty.

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8.4.2 Type and extent of control

The University applies suitable controls and ensures that externally provided products and services do not adversely affect the University's ability to consistently deliver conforming services to the customers.

Delivered goods are checked for correctness against the original Purchase Order and examined for damage or faults. Defective items are segregated and/or labelled to prevent their inadvertent use.

The originator of the purchase requisition or appropriate designate, checks the items received to ensure they are working and are capable of performing the intended function.

The originator of the purchase requisition, or designate, inspects/tests the equipment for damage or malfunction. Problems with the equipment are reported to the concerned Purchasing Department (PU, GA or PD). The procedure is detailed at Section No. ST of QPM-01.

8.4.3 Information for external providers

Purchasing documents are required to contain clear descriptions of the goods and services ordered. Such documents are reviewed and endorsed by an authorized signatory prior to release.

The tendering process for other major purchases is controlled through normal tendering processes as per GFR. Contracts are awarded, reviewed and approved by the Competent Authority.

The purchase requirements (as applicable) in terms of the following are communicated to the external provider:

- a) Processes, products and services to be provided
- b) Requirements for approval of products and services, methods, processes and equipment and release of products and services
- c) Competence, including required qualification of persons
- d) External providers' interactions with the organisation
- e) Control and monitoring of the external providers' performance to be applied by the organisation, and

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- f) Verification or validation activities that the organisation intends to perform at the external providers' premises.

8.5 PRODUCTION AND SERVICE PROVISION

8.5.1 Control of production and service provision

The planning, delivery, monitoring and review of programs and courses are controlled in accordance with a comprehensive range of procedures. The QMS also includes, whenever it is applicable, provision for equipment maintenance and various student support mechanisms.

Program/Course Planning and Delivery

- a) A Curriculum Delivery Plan is prepared for all full-time programs. Planning, Advisory and Review meetings are also held.
- b) In-charges of the concerned departments oversee the delivery of all programs and courses.
- c) In-charges also review student progress and deal with concerns – student attendance, on-the-job training etc.

Equipment Maintenance and Repair:

Equipment used in the delivery of Education and Training is suitably maintained to ensure minimum disruption of learning activities. A fault reporting process ensures that unsafe equipment is removed from service and repaired or replaced. (Ref. Section No. 7.1.3 of QM-01 and Section No. GA and PD of QPM-01).

Student Support:

Procedures regarding the provision of support services to students are as per Section No. 8.2 of QM-01, Section No. AD , TP and SW of QPM-01 including Professional Counselling; Career Counselling; Academic Assistance Services; Student Testing and Assessment etc.

Assessment of Students:

In-Program/Course Assessment, methods and schedules are implemented according to the demands of the particular program or course and as decided by the Competent Authority. Student assessments and progress are recorded and regularly reviewed.

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Students experiencing difficulties may be referred by the Faculty Mentor (Section No. 9.2.1 of QM-01) to Student Counsellor. An appeal procedure exists for students who are dissatisfied with their ratings or grades (Section No. 8.2.1 of QM-01).

Validation of Processes:

- a) A Curriculum Delivery Plan is prepared for all full-time programs. Planning, Advisory and Review meetings are also held.
- b) In-charges of the concerned departments oversee the delivery of all programs and courses.
- c) In-charges also review student progress and deals with concerns – student attendance, on-the-job training etc.

8.5.2 Identification and traceability

Identification and traceability is ensured via a number of different procedures which record:

- student applications, registrations and transfers;
- the status of program/course delivery;
- individual student progress;
- student attendance;
- exits from courses;
- issuing of Degrees /Certificates.

8.5.3 Property belonging to customers or external providers

The University exercises care with property belonging to customers or external providers while it is under control of University or being used by the University.

Student's personal data is maintained in confidentiality. The University identifies, verifies, protect and safeguard customers' or external providers' property provided for use or incorporation into the products and services of the University.

The property of customers and external providers being used by them inside the University is not considered under the control of University.

When the property of a customer or external provider is lost, damaged or otherwise found to be unsuitable for use, the University reports this to the customer or external provider and retains documented information on what has occurred.

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8.5.4 Preservation of product

The conformity of educational programs provided by the University is controlled through the Head of the concerned Department.

Members of concerned Committee are responsible for designating individuals to be responsible for delivery of education courses, including training. These individuals, sometimes in consultation with others in the University, ensure the conformity of these courses to stated standards and/or requirements.

The Dean(AA) is responsible for ensuring that all Courses/ Programs meet the official minimum requirements for the course/ program and that the credentials presented meet the official regulations as prescribed by UGC /COA etc. and adopted by Board of Management.

8.5.5 Post-delivery activities

Post-delivery activities include Employment Assistance / Placement of the students/project completion as per agreements with Govt. and private agencies. This is ensured as per procedure at Section No. TP and IRD of QPM-01.

8.5.6 Control of changes

The University reviews and controls changes for delivery of courses/Programs, to the extent necessary to ensure continuing conformity with UGC/COA etc. requirements.

Appropriate documents are retained describing the person(s) authorizing the change, and any necessary actions arising from the review. The University retains records describing the results of the review of changes.

8.6 RELEASE OF PRODUCTS AND SERVICES

The University implements planned arrangements, at appropriate stages, to verify that the product and service requirements have been met. The University's main product (delivery of Education and Training to students including Support Services) is delivered through the processes identified under section 8.1 of this manual. Monitoring of these processes is included in the

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procedures identified and through the Management Review process. The student has to satisfactorily complete all the subjects as per course regulations to pass out from the University.

Products and Services procured from external providers are verified before acceptance as per Section No. 8.4.2 of this manual.

The University retains documented information on the release of products and services. The documented information includes evidence of conformity with the acceptance criteria and traceability to the person(s) authorizing the release.

8.7 CONTROL OF NONCONFORMING OUTPUTS

The University ensures that the students/processes that do not conform to acceptance criteria requirements are identified and appropriate action based on the nature of the nonconformity are taken so that they meet the criteria.

The potential non-conformities may be due to:

- poor performance of students
- inadequate coverage of subjects
- lack of discipline among students
- poor attendance of students
- inadequate infrastructure or resources
- failure to address and liquidate complaints

These nonconformities may be resolved by:

- correction
- suspending, terminating, modifying or repeating certain activities or processes;
- replacing, substituting or withdrawing staff, facilities, materials;
- amending documentation or data.

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Conformity to the requirements is verified when nonconforming outputs are corrected. The University retains documented information that:

- describes the nonconformity;
- describes the actions taken;
- describes any concessions obtained (if any);
- identifies the authority deciding the action in respect of the nonconformity.

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9.1 MONITORING, MEASUREMENT, ANALYSIS AND EVALUATION

9.1.1 General

As part of QMS implementation, the University has determined:

- a) what needs to be monitored and measured;
- b) the methods for monitoring, measurement, analysis and evaluation needed to ensure valid results;
- c) when the monitoring and measuring shall be performed;
- d) when the results from monitoring and measurement shall be analysed and evaluated.

The organization evaluates the performance and the effectiveness of the QMS and retains appropriate documented information as evidence of the results.

9.1.2 Customer satisfaction

A number of procedures including steps for determining the satisfaction of students admitted in University's Programs are taken. Students are provided with information regarding the course expectations and outcomes. All students are given an opportunity either during the program or prior to completion of a course to provide feedback through Student Feedback Form (F-AD-09).

Students, as well as any individual from the community, can at any time lodge a formal complaint through proper channel regarding the University or any of the services provided by the University.

Students may at any time express any concerns or dissatisfaction against programme staff, student services staff, admissions staff or any administrative staff member. Complaints are recorded in complaint register (F-AD-21). Staff members are encouraged to try and solve any student concerns themselves or direct the student to another member of staff who may be more appropriate for a particular concern. Concerns that cannot be resolved by staff are directed to the Faculty Mentors and subsequently to the HOD/ Dean(SW).

Student feedback from surveys and questionnaires are reviewed by department HoD / Competent Authority and reported to University Management with regard to any adverse trends. Any adverse trends about customer satisfaction are noted and addressed by the appropriate member of management.

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Complaints & RTIs if any received are also recorded and actions are taken without any undue delay (Section No. RT of QPM-01)

9.1.3 Analysis and evaluation

Procedures (Program/Course Monitoring, Evaluation & Review) and Quality Objectives (Performance Indicators) provide a process for analysing data gathered through the student feedback and evaluation processes described. The results of the analyses are reported to the University Management during Management Review Meetings. Information gathered is also used by the University Management in planning future strategies.

The appropriate data and information arising from monitoring and measurement related to the following are analysed by the MR to evaluate:

- a) conformity of products and services;
- b) the degree of customer satisfaction;
- c) the performance and effectiveness of the quality management system;
- d) if planning has been implemented effectively;
- e) the effectiveness of actions taken to address risks and opportunities;
- f) the performance of external providers;
- g) the need for improvements to the quality management system.

9.2 INTERNAL AUDIT

The University conducts internal audits atleast once every year to ensure that the QMS:

- a) conforms to its own requirements for its QMS and the requirements of ISO 9001:2015;
- b) is effectively implemented and maintained.

The MR is responsible for planning and conduct of internal audit, follow-up activities, closing the non-conformities and reporting to the top management on the outcome of the internal audit.

The MR prepares an annual audit plan taking into consideration the importance of the processes concerned, changes affecting the organization, and the results of previous audits. While preparing an Annual Audit Plan, the audit Program for a particular period is released in the form of Audit Schedule (Form F-MR-05).

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Services of only trained (certified) internal auditors are utilised. It is ensured that auditor are so deployed that they do not audit their own work so that objectivity and impartiality of the audit process is maintained. Services of External Auditors / Consultants can be taken to conduct Internal Audit.

The audit findings are properly recorded in form for Internal Audit Noting Sheet (F-MR-06) and Internal Audit Nonconformity cum Corrective Action Report (F-MR-07). The Competent Authority is apprised of the findings by the MR.

The audit findings relating to nonconformities are studied and appropriate correction and corrective actions are taken without undue delay. For each Audit Schedule, the follow up activities are initiated without any undue delay after the submission of Corrective Actions and completed NCR report (F-MR-07) from the Auditee.

A summary report in Form F-MR-08 is prepared by the MR and submitted as Input to Management Review.

9.3 MANAGEMENT REVIEW

General

Top management and other designated personnel meet to review the University's QMS at least once every year, to ensure its continuing suitability, adequacy, effectiveness and alignment with the strategic direction of the University.

Review meetings are chaired by the Competent Authority and agenda items for the meeting over the period of the year, covering all the requirements identified in the Agenda for Management Review format are discussed.

The degree to which the requirements of ISO 9001 and the University's Quality Policy and objectives are being satisfied is reviewed on an annual basis. Based on output of Management Review Meetings, necessary correction and corrective actions and improvements are initiated. Any items that are considered to be proprietary or sensitive in nature are excluded.

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9.3.2 Review input

Inputs for the Management Review include the following subjects / information:

- a) The status of actions from previous management reviews;
- b) Changes in external and internal issues that are relevant to the QMS;
- c) Information on the performance and effectiveness of the QMS, including trends in:
 - i. Customer satisfaction and feedback from relevant interested parties;
 - ii. The extent to which quality objectives have been met;
 - iii. Process performance and conformity of services;
 - iv. Nonconformities and corrective actions;
 - v. Monitoring and measurement results;
 - vi. Audit results;
 - vii. 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.
- g) Quality policy review

9.3.3 Management review outputs

On the basis of discussions in management review meeting, minutes are prepared as output of review. The Management Review outputs include decisions and actions related to:

- a) Opportunities for improvement;
- b) Any need for changes to the quality management system;
- c) Resource needs.

The records of management review (Form F-MR-09 and F-MR-10) comprise relevant information submitted by concerned member in the meeting and conclusions and decisions made by the Competent Authority are recorded in the minutes.

The MR carries out follow-up action on the decisions of the review for the timely actions, and whenever appropriate, informs the Competent Authority of undue delays, if any, in compliance to the recommendations of meeting.

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10.1 GENERAL

The University determines and selects opportunities for improvement and implements any necessary actions to meet requirements of Courses/Programmes including support processes. These include:

- a) Improving services to meet requirements as well as to address future needs and expectations;
- b) Correcting, preventing or reducing undesired effects;
- c) Improving the performance and effectiveness of the QMS.

10.2 NONCONFORMITY AND CORRECTIVE ACTION

When nonconformity occurs, including any arising from complaints or process deviations against the services of the University, the University:

- a) Reacts to the nonconformity and, as applicable:
 - i. takes action to control and correct it;
 - ii. deals with the consequences;
- b) Evaluates the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by:
 - i. reviewing and analysing the nonconformity;
 - ii. determining the causes of the nonconformity;
 - iii. determining if similar nonconformities exist, or could potentially occur;
- c) Implements any action needed;
- d) Reviews the effectiveness of any corrective action taken;
- e) Updates risks and opportunities determined during planning, if necessary;
- f) Makes changes to the QMS, if necessary.

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It is ensured that the corrective actions are appropriate to the effects of the nonconformities encountered.

The University retains the documented information as evidence of:

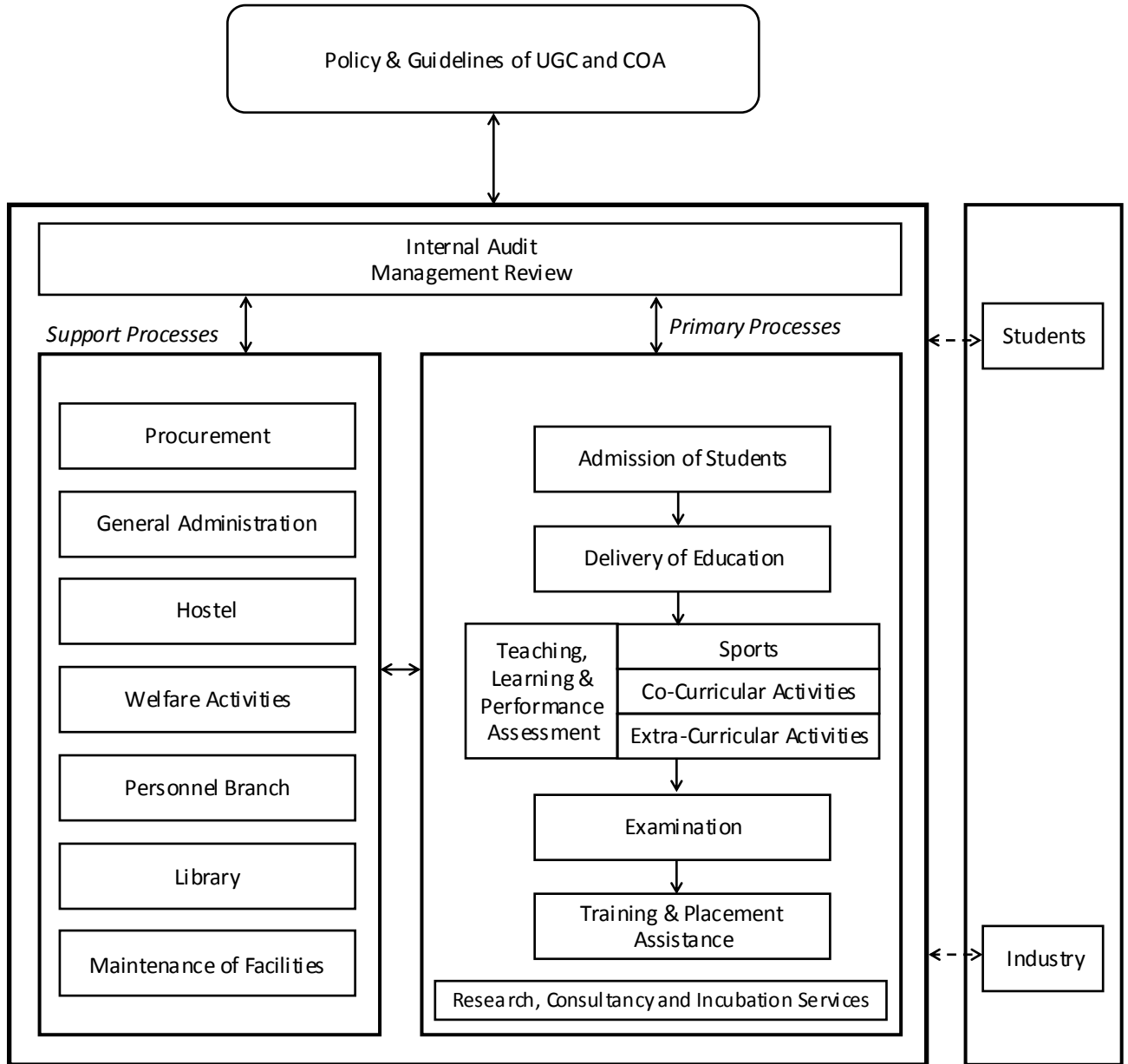
- a) The nature of the nonconformities and any subsequent actions taken;
- b) The results of any corrective action.

10.3 CONTINUAL IMPROVEMENT

The University continually improves the suitability, adequacy and effectiveness of the QMS by periodical reviewing of Quality Policy and Quality Objectives trends for its effectiveness, implementing corrective actions, addressing the risks and opportunities as identified and implementing the recommendations of reviews and the decisions of management review meeting.

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S. No	Title of external origin documents	Controlling Responsibility
<u>ACADEMIC SERVICES</u>		
1	UGC norms & rules	Dean(Academics)
2	COA norms and rules	HOD(A&P)
3	Directorate of Higher Education norms & rules	Registrar
4	Guidelines given by Supreme court / high court or any other government regulatory authorities towards social welfare, safety and security of students / staff / college falling under our scope of services from time to time	Registrar
<u>SUPPORT SERVICES</u>		
1	Fundamental Rules	Incharge-Personnel
2	Supplementary Rules	Incharge-Personnel
3	T.A. Rules	Incharge-Personnel
4	CCS (Leave) Rules	Incharge-Personnel
5	Medical attendance Rules	Incharge-Personnel
6	CCS (CCA) Rules	Incharge-Personnel
7	CCS (Conduct) Rules	Incharge-Personnel
8	C.P.F. Scheme	Incharge-Personnel
9	L.T.C. Rules.	Incharge-Personnel
10	Children educational assistance Rules	Incharge-Personnel
11	General Financial Rules	DFO
12	Delegation of Financial Power Rules	DFO
13	H.B.A. Rules	DFO
14	CCS (Revised Pay) Rules	DFO
15	Central Government Accounts (Receipts & payment) rules	DFO
16	Advances to Central Government Employees Rules	DFO
17	Complete manual on establishment & administration	Dean(Planning)
18	RTI Act	FAA / SPIO
19	ISO 9001:2015 QMS Standard	MR

*Any other rules, guidelines, instruction issued /endorsed by Delhi Govt.

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S. No.	Section No. of QPM-01	Title
1	AD	Academic Departments
2	AB	Academic Branch
3	AM	Admission Cell
4	EX	Examination Cell
5	SW	Student Welfare Cell
6	LB	Library
7	TP	Training & Placement Cell
8	GA	General Administration
9	PC	Purchase Cell
10	ST	Stores
11	RT	RTI Cell
12	PD	Planning & Development
13	RD	Industrial Research Development
14	RW	Research Wing
15	HF	Hostel
16	PB	Personnel Branch
17	AT	Accounts Branch
18	IC	Anveshan Foundation (Incubation Centre of IGDTUW)