

ACADEMIC & ADMINISTRATIVE AUDIT REPORT

2022-2023



Prepared by: Internal Quality Assurance Cell
ANDHRA UNIVERSITY
VISAKHAPATNAM

530003

Andhra University is 97years oldUniversity in the state of Andhra Pradesh. Considering the merits of the University, the National Assessment and Accreditation Council of India has reaccredited at "A" Grade with a CGPA of 3.60 out of four point scale in 2016. The University got ISO 9001:2001 certification in 2006, ISO 9001:2008 upto 2017 and presently it possesses ISO 9001:2015 certification for its quality standards. It is the 1st general University in the country to have ISO certification and the present certification is valid upto 2024.

Andhra University conducts internal and external academic and administrative audits annually. The office of IQAC conducts academic and administrative audits through its 20 trained internal auditors. The external audits are done annually by TUV SUD.

Academic and Administrative Audit enhances quality and continuous improvement leading to one of the best practices of Andhra University. The audits aim to identify any drawbacks or weakness in any department or section based on the observation of the trained internal auditors. They are reviewed by the Top Management regularly and the audit findings help the administration in implementing the necessary steps for quality enhancement.

1. Scope of the Internal AAA:

The audit process strictly adhered to a proforma structured by the IQAC for the evaluation based on NAAC criteria's as given:

- i. Curricular Aspects: Curriculum design, development, BOS, framing of COs, POs, PEOs, PSOs for each course and programs, Curriculum enrichment, feedback
- ii. Teaching-Learning & Evaluation: Student mentoring, student assessment, student diversity, Teaching learning process, usage of ICT enabled tools, evaluation process and reforms, Faculty profiles, Student learning outcomes
- iii. Research, innovation & extension: Research facilities, papers published, patents, research, projects
- iv. Feedback system
- v. Research
- vi. Infrastructure
- vii. Department Administration
- viii. Other academic-oriented activities

PERIOD OF ASSESSMENT: 2022-2023

DATE(s) OF Internal AUDIT: 05th July 2023 to 25th July 2023

2. The list of trained internal auditors and the departments to be audited are as follows:

The Internal Audit Committee and departments to audit by the auditors:

Team	Name of the Internal	Principal office/
Team	Auditor	Department/Others
A	Prof.G.Girija Sankar	Top Management
	Prof. D.LalithaBhaskari	
	Prof.G.GirijaSankar	
В	Prof.K.RamaSudha	IQAC Office
		Anthropology
		Statistics
	Prof.P.K.Ratna Kumar 9848806706	Applied Mathematics
C		Mathematics
	D GW D:	Marine Engineering, AUCE
	Dr.G.Naga Raja 8466902549	Microbiology
	8400902549	Biochemistry
		Engineering Chemistry
		Mechanical Engineering, AUCE
		Directorate of Admissions
	D CMALE CM 4	Human Resources Management
	Prof.N.V.E.S.Murthy	Physics,
D	9440702314	Biotechnology
		Nuclear Physics
	Prof. M.VijayaSanthi	Geo-Engineering, AUCE
	9989012529	Electrical Engineering, AUCE
	7707012327	Philosophy
	D CALC: " C	Journalism and Mass Communication
	Prof. V.GirijaSastry	Library Information Science
E	9866771724	University Library
L		History & Archaeology
	Prof. K.Basavajah	Meteorology & Oceanography
	9908036203	Instrument Technology, AUCE Humanities and Social Sciences, AUCE
	7675079052	,
		Principal office, College of
	Durch W. Cuining and Dog	Pharmaceutical Science
	Prof. K.SrinivasaRao 9866037087	Psychology & Parapsychology
F	9800037087	Metallurgical Engineering, AUCE
r	Prof. Balarampadal	Mechanical Engineering, A.U.
	9441586593	Engineering College for Women Organic Chemistry
	3111300333	Chemical Engineering, AUCE
		Computer Science & System
		Engineering, AUCE
		Sanskrit
		Architecture, AUCE
		Examination section
		Electronics & Communication
	Prof.G.GirijaSankar	Engineering, A.U. Engineering College
		for Women
G	9866937957	Electronics & Communication
		Engineering, AUCE
		Fine Arts
	Dr. P.YedukondalaRao	Social Work
	9490132294	Sociology
		Principal, College of Arts & Commerc
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		Engineering Mathematics
	Prof. M.S. Anuradha	Environmental Sciences
	9441209464	Geography
		Principal, College of Law
H		Engineering Physics
	D 4D 4	Engineering College for
	Prof.P.Suneetha	Women(Principal office)
	9848250429	Electrical Engineering & Civil
		Engineering
		A.U. Engineering College for Women
		Computer Science & System Engineering
		A.U. Engineering College for Women
	Prof.N.KishoreBabu	School of Economics
I	9848112219	Music
		Telugu
		Education
	Dr. T.Anuja	Zoology
	8639349308	Systems Design
		Marine Living Resources
		College Development Council
	Prof.T.V.K.BhanuPrakash	Principal office, College of Science &
	9440973800	Technology
J		Civil Engineering, AUCE
	Prof.V.Sridevi	Geo-Physics
	9848961427	Geology
		Hindi
		English
		Principal office, A.U.College of
	Prof.P.Vasudeva Reddy	Engineering
	9885000274	Politics and Public Administration
K		Human Genetics
	Dr. K. SitaManikyam	Botany
	9440084024	Commerce & Management studies
		Physical Education
		Physical and Nuclear Chemistry
		Inorganic & Analytical Chemistry

Prof.D.Lalitha Bhaskari Dept.of Computer Science & Systems Engineering & Coordinator, IQAC, Andhra University

3. General Observations:

- 1. The University is Category 1 institute recognized by MHRD, GOI
- 2. The University accredited by NAAC with a CGPA of 3.60 in 2016 valid upto 7years(cycle 3)
- 3. Progressive vision of the Top Management with a definite plan of action following a decentralized and participative management.
- 4. Qualified and committed faculty members with rich experience
- 5. Most of the departments are funded by government agencies like DST, DBT, AICTE, DRDO, TEQIP and from other funding agencies.
- 6. The University is RUSA funded
- 7. The University is ISO 9001:2015 certified valid upto 2024
- 8. Departments function in alignment with the University QMS and policies
- 9. Total number of programs offered during 2022-2023 are 178

Among them UG Programmes offered are 20; PG Programmes- 96,Integrated programs – 4, Ph.D - 57, PG Diploma-1

- 10. 97% faculty members are PhD holders with an average experience of 25 years.
- 11. Being a reputed Government funded state university, the demand ratio is very high and student enrolment is always high.
- 12. Achievers Day was celebrated in the University and all the students who got placement were given orders and the parents of the achievers were felicitated by the university authorities and students. Ms. Eswari Priya of Engineering College and her parents. She got the highest placement package of Rs. 84.50 Lakh per annum for the Academic Year 2022-23.
- 13. Total Research and Academic centres 16

Research Centres:

- (1) Agro Economic Research Center
- (2) Dr. Durgabhai Deshmukh Centre for Women studies
- (3) Delta Studies Institute
- (4) Population Research Centre
- (5) Centre for Studies on Bay of Bengal
- (6) Centre for study of Social Exclusion and Inclusive Policy(CSSEIP)
- (7) Centre for Environment, Sustainable development and climate change(CESCC)
- (8) NMR Research Centre
- (9) Centre for Nano-Technology

Academic Centres:

- (10) The Japanese Information and study centre
- (11) Prof.K.Satchidananda Murthy Centre for Religion studies
- (12) Centre for Defense studies
- (13) Centre for Gandhian Studies
- (14) Centre for Cyber security and Data Analytics
- (15) Dr.B.R.Ambedkar Study centre.
- (16) Alluri Seeta Ramraju History and tribal studies
- 14. JRFs, SRFs, Post Doctoral Fellows, Research Associates and other researchfellows

Enrolled in the institution: 347

4. NCRs:

The Non conformities (NCRs) of all the departments are attached here



ANDHRA UNIVERSITY AUDIT NON-CONFORMITY REPORT

2023

VISAKHAPATNAM ANDHRA PRADESH



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AUDIT NON-CONFORMANCE REPORT (NCR)

NCRNO.: 2023 OF [TM]

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Responsibility: Admissistation of the university Dept./Function: VC office : Date of Audit : & Arg \ \ \sigma 23

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Date:

ANDHRA UNIVERSITY VISAKHAPATNAM

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AUDIT NON-CONFORMANCE REPORT (NCR)

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Responsibility: Academic & Admenistration Dept./Function: Recton Office 07 |08 | 2023 Audit No. Date of Audit: **DETAILS OF NONCONFORMAITY (To be filled by Auditor)** ISO 9001 Clause: Reference Document(s): Nonconformity: No NCR'S Prob. G. Grisiga Shankas Auditor Name: Pour L Rama Sudha Signature & Date: **CORRECTIVE ACTION REPORT (To be filled by Auditee) Proposed correction** NIL **Root Cause Analysis Proposed Corrective Action:** Proposed Completion Date: Parob. K. Samotha Auditee Name: the time of closure) Verification of corrective actions (To be filled by Kd Auditor Name LT Aubb. Gr. Gregga Shankagy & Status: Open / Closed. Signature & Date: Proof. K. Roma Sudha, Lews Verification of effectiveness of corrective action (To be filled by auditor during next internal audit) Auditor Name / Signature



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AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Education Responsibility: Department
Audit No. : Date of Audit : 02.08.2023
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DYT.SHARON RATU Signature & Date Mark University
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AUDIT NON-CONFORMANCE REPORT (NCR)

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AUDIT NON-CONFORMANCE REPORT (NCR)

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Proposed Corrective Action:	Dr. V. DHANA RAJU, Pn.D. Head Head Head Grantion Science
n and Completion Date:	Dr. V. DHANA RAJO, This Head Dept. of Library and Information Science Dept. of Library and Information Science
Proposed Completion Date:	Dept. of Library and Indiversity Andhra University
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AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Music Responsibility: Department	
Audit No. : 2 Date of Audit : 21-07-2023	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
Nonconformity: No Non Conformity	
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Auditor Name: PROF. ANUJA 7164A Signature & Date: Anuja 11 gg 21.07.2023	•
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction: None	
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Auditee Name: PROF. A. ANURADHA Signature & Date: A. Angelia	
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Status: Open / Closed. Auditor Name : Pro N LISTO Uniforsum A 7164 A Signature & Date : Now 1 2 1 Sakhanatrum	
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AUDIT NON-CONFORMANCE REPORT (NCR)

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Proposed Completion Date: 2 Auditee Name: V. Vlukata & Signature & Date: Auditee Name: V. Vlukata & Signature & Date:	Studio
Proposed Completion Date: 2 Auditee Name: Volukata Ru Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open / Closed. Auditor Name: 2. Prof. M. Vijaya Santhi. Vijaya Santhi.	and John
Proposed Completion Date: 2 Auditee Name: Volukata Ru Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open / Closed. Auditor Name: 2. Prof. M. Vijaya Santhi. Vijaya Santhi.	and John
Auditee Name: Volume at a Rough Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) I Prof. N.V.E.S. Murthy Auditor Name: 2 Prof. M. Vilaga Santhi M. M.	and John



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Physical E	Responsibility:	ffead
Audit No. :	Date of Audit :	2023
DETAILS OF N	ONCONFORMAITY (T	o be filled by Auditor)
ISO 9001 Clause:	Reference Document(s):	
Nonconformity: ADF -	20, AUF-30,3	.5 to updated.
) P Vasudevo	e feder	1. Dela
Auditor Name: Soleman k	Signature & Dat	e: K, Silanoile
CORRECTIVE	ACTION REPORT (To	be filled by Auditee)
Proposed correction :	OF-20, 30,35.	AAR - to be apoloti
	, ,	,,,,,,
Root Cause Analysis :		· ·
Proposed Corrective Action :		Had of the Department Department of Phycial Education
Proposed Completion Date : 21	17/2023	and Sports Sciences ANDHRA UNIVERSITY VISAKHAPATNAM-530-603
Auditee Name:	Signature & Date	e :
Verification of corrective actions All Yelords up la lael.	s (To be filled by Auditor at	the time of closure
Status: Open / Closed.	Auditor Name :	
		2. K Sib moule
Verification of effectiveness of co	orrective action (To be fille	d by auditor during next internal audit)
	•	, and saming more internal addit)
Auditor Name / Signature		
Date:		



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Political	Science afResponsibility:	Head
Audit No. :	Date of Audit:	29/7/2023
DETAILS O	F NONCONFORMAITY (To be	filled by Auditor)
ISO 9001 Clause:	Reference Document(s):	
Nonconformity: AUF-	18,20, 27, 36 velora 1- Not Completed.	is to be updated.
AAR	- Not completed.	1. Delog
Auditor Name:	deva ledov Signature & Date: IVE ACTION REPORT (To be f	2. K. Sib mack
ĆORRECT	IVE ACTION REPORT (To be f	illed by Auditee)
Proposed correction :	AUF-18,20,27,36].	relards to be updated
Root Cause Analysis :		
Proposed Corrective Action	:	* S. My
Proposed Completion Date:	24/7/2023	Dept. of Political Science
Auditee Name:	Signature & Date:	and Public Administration Andhra University Visaking cotnam-530 002
Verification of corrective ac Status: Open / Closed.	tions (To be filled by Auditor at the ti	ime of closure)
	Signature & Date.	2. K. Silinou
Verification of effectiveness	of corrective action (To be filled by	auditor during next internal audit)
Auditor Name / Signature		
Date:	•	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

TCRITO	
Dept./Function: Dept of Scenting Responsibility: Dept K. Yeder Kondalu HOD	
Audit No. : Date of Audit : 34-67-2023	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
Nonconformity: Nil -	
Nonconformity: Nonconformity:	
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction :	
Root Cause Analysis :	
HEAD	
Proposed Corrective Action: — Department of Sanskrit	
Proposed Completion Date: Andhra University	
Auditee Name: Pro K. Pederkandela Hop Signature & Date: 24 7 23	
Verification of corrective actions (To be filled by Auditor at the time of closure)	
	خوابية
Status: Open / Closed. Auditor Name:	MIN
Status: Open / Closed. Signature & Date: My K: 7. Balcon Real - (Backet)	24/H
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	DAM
Auditor Name / Signature	
Date:	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

NCR No

		NCR NO
Dept Function Sou	alwork Responsibility	
Audit No	A. U. Arti Collage Date of Audit	- H 0712023
DE	TAILS OF NONCONFORMITY (To be filled	,
SO 9001 Clause :	Reference Document(s):	
Nonconformity:	nL	C
Pint-C	· Girijasonkar · Yedukondala Rao Signature & Dale	- पु. स जामान
	RRECTIVE ACTION REPORT (To be fille	
Root Cause Analysis		
Proposed Corrective A	ition:	HEAD
Proposed Completion Da Auditee Name 5	DEPARTME ANDH HARANATH Signature (1) DAMH	ENT OF SOCIAL WOR! HRA UNIVERSITY HAPATNAM-530003 DHRA PRADESH
Verification of correctly	ections (To be filled by Auditor at the time	
Status Open / Closed.	Auditor Name : Signature & Date :	pot G. Rivija sankarti. At put P. yadukondala Raco 25/03/123
Verification of effective (to be filled by auditor du	less of corrective action ng next internal audit)	25/03/23
Auditor Name / Sign.		



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

NCR No

Dept Function Solid	N EG U Responsibility	
4.17	Land Avit	
Audit No	Date of Audit 25 07/23	
DET	AILS OF NONCONFORMITY (To be filled by Auditor)	
ISO 9001 Clause :	Reference Document(s):	
Nonconformity:	NIL	
Auditor Name PH+ P	ininija (ankar 2/07/23) . Yadukondala Ragnature & Date: 2/07/23	
COF	RRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction	: Nt .	
•		
Seet Come Anabula		
Root Cause Analysis		
Proposed Corrective Ac	Head of the Dept. of Spciology Andhra University	
•	Head of the Dept. of Sections Andhra University	
Proposed Completion Date	Andhra Giller Visakhapatnam	
Audite Name Dr. V Tre	emannanyan Husty Signature & Date:	
Verification of corrective	actions (To be filled by Auditor at the time of closure)	
	not confinia santage	14 No.
Status Open / Closed.	Auditor Name: Prf. Cr. Ginja Scontar ?!	15
Verification of effectiven	ses of corrective action	25/01
(to be filled by auditor durin	ng next internal audit)	77/01/
Auditor Name / Sign. Date .	/	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

·	_
Dept./Function: Telugy Responsibility: Department	
Audit No. : Date of Audit : 27.07.2023	_
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
Nonconformity: No Non Confiamity	254
Auditor Name: TROF. ANOJA TIGGA Signature & Date: Amya Tigga 27.07.2023	
Auditor Name: TROF. ANDJA TIGGA Signature & Date: Fruga 17 27.07.2023	_
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction: None	
Root Cause Analysis : Proposed Corrective Action :	
Proposed Completion Date	
Verification of corrective actions (To be filled by Auditor at the time of closure)	7
Verification of corrective actions (To be filled by Auditor at the time of closure) Head of the Dept. of Telugu Status: Open / Closed. When Carly And DHRA WIVERSITY No. K. W.	0A 07.20
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	
Auditor Name / Signature Date:	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Dyicipal Rience	-collet Responsibility:
Audit No. : Privicipal	Date of Audit:
DETAILS OF NO	NCONFORMAITY (To be filled by Auditor)
ISO 9001 Clause:	Reference Document(s):
Nonconformity: TVK Blance V. Ser Per	ighaber Food
Auditor Name: 2 V. Sar Pen	Signature & Date :
CORRECTIVE A	CTION REPORT (To be filled by Auditee)
Proposed correction :	
Root Cause Analysis :	
Proposed Corrective Action:	
Proposed Completion Date:	
Auditee Name :	Signature & Date:
Varification of corrective actions	To be filled by Auditor at the time of closure)
verification of corrective actions (
Status: Open / Closed.	Auditor Name : Signature & Date :
Verification of effectiveness of cor	rective action (To be filled by auditor during next internal audit)
, 6.2.2.2.2	
Auditor Name / Signature Date:	
	2) Prof. V. Sinden
	2) Prof. V. Snalen



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Applied Mathematics Responsibility:
Audit No. : Head of the Defending Date of Audit : 20-07-2023
DETAILS OF NONCONFORMAITY (To be filled by Auditor).
ISO 9001 Clause: Reference Document(s):
Nonconformity: 1- Prof. P.K. RATWAKONAR 1-K. L.
Auditor Name: 2. Dr. G. NAGA RASA Signature & Date:
CORRECTIVE ACTION REPORT (To be filled by Auditee)
Proposed correction :
D. 4 C Analysis
Root Cause Analysis : -
Proposed Corrective Action:
Read of the Department
Proposed Completion Date: Applied Mathematica Andhra University
A time Name: V. DATE INDA PRASAN Signature & Date: Meakhapatnam 530 00:
Varification of corrective actions (To be filled by Auditor at the time of closure)
POP-PIK. RATINA KUMAR & E-PL-
Status: Open / Closed. Auditor Name: Signature & Date: Dr.G. NAGARATA
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)
Auditor Name / Signature
Date:



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Brochemistry Responsibility:	
Audit No : Head of the Deportuna Date of Audit 10 - 07-2023	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
Nonconformity:	
Nonconformity: 1. Prf. P.K. RATNA KUNAR & K. P. J. 19/7	,
Auditor Name: 2710-G WASA KRAH. Signature & Date.	
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction :	
Root Cause Analysis :	
MEAN 19/11/23.	
Proposed Corrective Action :	
Department of Biochemistry	
Proposed Completion Date: - Andhra University	
Visakbapatnam-536 occ	
Auditee Name: Dr. P. SUBHAGHWIDGSignature & Date:	
Verification of corrective actions (To be filled by Auditor at the time of closure)	
Verification of corrective actions (10 be fined by radice) at the time of electric	
Auditor Nama) Prof. P.K. RATWA KUNAR. 2) Dr.G.	uacia rata
Status: Open / Closed. Auditor Name .	
Signature & Date: 17/1123 Man	4/19/7
Status: Open / Closed. Auditor Name:	1 10
	V
A. ditan Nama / Signatura	2.
Auditor Name / Signature	
Date:	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Biotechnology	Responsibility:
Audit No. :	Date of Audit :
DETAILS OF NONCO	NFORMAITY (To be filled by Auditor)
	ence Document(s):
Nonconformity: Noncon	Murthy Santh: Signature & Date: ON REPORT (To be filled by Auditee)
CORRECTIVE ACTION	ON REPORT (To be filled by Auditee)
Proposed correction : _ Ni C -	
- 101 C	
Root Cause Analysis :	
Proposed Corrective Action :	rica ha
Proposed Corrective Action :	Hear Hear 1 Papt of Biotechia Aurilia
Proposed Completion Date:	Heal 1 apt. of Biotechii Avib. Andhra University
Proposed Corrective Action: Proposed Completion Date:	Heal 1 - pt. of Biotechi Avis Andhra University 19 7 2 Vicahhapaham
Proposed Corrective Action: Proposed Completion Date: Auditee Name: Pop Goodbakas	Signature & Date:
Proposed Corrective Action: Proposed Completion Date: Auditee Name: Par Goodbakar Verification of corrective actions (To be	Signature & Date: Signature & Date: filled by Auditor at the time of closure)
Proposed Corrective Action: Proposed Completion Date: Auditee Name: Proposed Completion Date: Verification of corrective actions (To be	Signature & Date: Signature & Date: filled by Auditor at the time of closure)
Status: Open / Closed. Au	Signature & Date: Signature & Date: Filled by Auditor at the time of closure) Prof. N.V.E.S. Murthy District of the part of the par
Status: Open / Closed. Au	Signature & Date: Signature & Date: Prof. N.V. E.S. Murthy Inditor Name: 2. Prof. M. Vijaya Santhi M. Raufind
Status: Open / Closed. Au	Signature & Date: Signature & Date: Prof. N.V. E.S. Murthy Inditor Name: 2. Prof. M. Vijaya Santhi M. Raufind
Status: Open / Closed. Au	Signature & Date: Signature & Date: Prof. N.V. E.S. Murthy I Prof. M. V. E.S. Murthy
Status: Open / Closed. Au	Signature & Date: Signature & Date: Prof. N.V. E.S. Murthy Inditor Name: 2. Prof. M. Vijaya Santhi M. Raufind
Status: Open / Closed. Au Sig Verification of effectiveness of corrective	Signature & Date: Signature & Date: Prof. N.V. E.S. Murthy Inditor Name: 2. Prof. M. Vijaya Santhi M. Raufind
Status: Open / Closed. Au	Signature & Date: Signature & Date: Prof. N.V. E.S. Murthy Inditor Name: 2. Prof. M. Vijaya Santhi M. Raufind



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Bolany	Responsibility: Head
Audit No. :	Date of Audit : $2 - 7 - 2013$.
DETAILS OF NONCO	NFORMAITY (To be filled by Auditor)
	rence Document(s):
Nonconformity - NII -	
1. Prof. P. Vasudeva	Reddy
Auditor Name: Prof. K. Sitamon	Signature & Date: 2. K. Sikmenly ON REPORT (To be filled by Auditon)
COICECTIVE NCT	ON REPORT (To be filled by Auditee)
	0) L _
Root Cause Analysis :	•
Proposed Corrective Action :	0 -
	P.K.R.
Proposed Completion Date:	HEAD
Auditee Name: Brf-P.K.RATNA KOM	DEPARTMENT OF BOTANY A C Signature & Date DHRA UNIVERSITY
Verification of corrective actions (To b	e filled by Auditor at the time of classical M
	J. Jahr
Status: Open / Closed. A	uditor Name :
Si	gnature & Date: 2. K Sik week
Verification of effectiveness of correcti	ve action (To be filled by auditor during next internal audit)
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Auditor Name / Signature	
Date:	
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AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Environmental Scale Responsibility: Audit No. : Date of Audit: 1107/23 DETAILS OF NONCONFORMAITY (To be filled by Auditor) ISO 9001 Clause: Reference Document(s): Nonconformity:		
DETAILS OF NONCONFORMAITY (To be filled by Auditor) ISO 9001 Clause: Reference Document(s): Nonconformity: Auditor Name: 2 Pd M. S. Aswell Signature & Date: CORRECTIVE ACTION REPORT (To be filled by Auditee) Proposed correction: Root Cause Analysis: Proposed Corrective Action: Proposed Completion Date: Auditee Name: Detailed by Auditor at the time of closure) Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open/Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	Dept./Function: Environe	intal Scene Responsibility:
DETAILS OF NONCONFORMAITY (To be filled by Auditor) ISO 9001 Clause: Reference Document(s): Nonconformity: Auditor Name: 2 Pd M. S. Aswell Signature & Date: CORRECTIVE ACTION REPORT (To be filled by Auditee) Proposed correction: Root Cause Analysis: Proposed Corrective Action: Proposed Completion Date: Auditee Name: Detailed by Auditor at the time of closure) Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open/Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)		
Nonconformity: Nonconformity: Proposed Corrective Action: Proposed Completion Date: Auditee Name: Proposed. Auditee		F NONCONFORMALTY (To be filled by Auditor)
Nonconformity: Part Part	ISO 9001 Clause:	
Proposed correction: Root Cause Analysis: Proposed Corrective Action: Proposed Completion Date: Auditee Name: Description of corrective actions (To be filled by Auditor at the time of closure) Status: Open/Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)		- Nil- 1. P. Genette
Proposed correction: Root Cause Analysis: Proposed Corrective Action: Proposed Completion Date: Auditee Name: Description of corrective actions (To be filled by Auditor at the time of closure) Status: Open/Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	Auditor Name: 2 Pg M. S	S. Aswed Signature & Date: 11/07/13
Root Cause Analysis: Proposed Corrective Action: Proposed Completion Date: Auditee Name: Proposed Completions (To be filled by Auditor at the time of closure) Status: Open/Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	CORRECTI	IVE ACTION REPORT (To be filled by Auditee)
Proposed Corrective Action: Proposed Completion Date: Auditee Name: Proposed Completion Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open/Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	Proposed correction :	
Proposed Corrective Action: Proposed Completion Date: Auditee Name: Proposed Completion Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open/Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)		
Proposed Completion Date: Auditee Name: Description Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open/Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	Root Cause Analysis :	Couronmontal Science
Proposed Completion Date: Auditee Name: Problem Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open/Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	Proposed Corrective Action	* ** ** *** *** *** *** *** *** *** **
Auditee Name: N. P. Schaeling Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open/Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	Proposed Completion Date:	
Status: Open / Closed. Auditor Name Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	Auditee Name : D. Co	Library & Signature & Date
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	Verification of corrective acti	ions (To be filled by Auditor at the time of closure)
	Status: Open / Closed.	Auditor Name: Signature & Date: Sunth
	Verification of effectiveness of	f corrective action (To be filled by auditor during next internal audit)
rate.		
	Jaie: 2	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Food, Nutrition Responsibility:	
Audit No. : Dietetics Date of Audit : 1917/23.	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
Nonconformity: No	
1. Prof. N.V. E.S. Murthy July 1911/23	
Nonconformity: No. 1. Prof. N.V. E.S. Murthy Server 19/4/23 Auditor Name: 2. Prof. M. Vijaya Santsignature & Date: CORRECTIVE ACTION REPORT (To be filled by Auditee)	
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction : No	
Post Course Analysis	
Root Cause Analysis : —	
Proposed Corrective Action:	
Proposed Completion Date: Head of the Department	
Food, Nutrition & Dietetics	
Andhra University	
Verification of corrective actions (To be filled by Auditor at the time of closure)	
1. Prof. N.V. F.S. Merrthy What	M123
Status: Open / Closed. Auditor Name: 1. Prof. N.V. E.S. Murthy White Prof. M. Vijaya Santhi Sunt	7 1/25
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	3/7/25
verification of effectiveness of corrective action (10 be filled by auditor during next internal audit)	
Auditor Name / Signature	
Date:	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function:	cography Dept	Responsibility:
Audit No. :	0 1 7 1	Date of Audit: 17/02/23
DETA	ILS OF NONCO	NFORMAITY (To be filled by Audit(1)
ISO 9001 Clause:	Refere	ence Document(s):
Nonconformity:	P-sunects.	-Nil- 1, P. Sweitte
Auditor Name : 2 B	M.S. Howald	ON REPORT (To be filled by Auditer)
Proposed correction	:	
	-1	<i>ū</i> -
Root Cause Analysis	:	Pluetta 12023
Proposed Corrective	Action:	Llaad
Proposed Completion	Date:	rtment of Geography Andhra University Signature & Date: 1524 hapathan-530003
Auditee Name :		Signature & Date:
Verification of corre	ctive actions (To be	Par P. Surcott
Status: Open / Closed	l. Au Sign	ditor Name: P. Surette 11-36 Alle
Verification of effect		
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Auditor Name / Signa Date: 25/57/23	ture 2, R ₇ H	, sunasta P- unthe , sunasta H-St Alfred 2 To This



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function:	Geology	Responsibility:	1 1		
Audit No. :	1	Date of Audit :	17/7/2023		
DE.	TAILS OF NONC	CONFORMAITY (To	be filled by Audito	or)	
ISO 9001 Clause		ference Document(s):		\cap	
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Nonconformity:	NI		N. S.	k	
1	Drof T. K.K. RI	heny Dried	71		
1		renu profesh Cy Signature & Date THON REPORT (To)	. 10.2	,	
Auditor Name :	hint. N. Zwa	Signature & Date	be filled by Audite	<u>, </u>	
C	ORRECTIVE AC	TION REPORT (To I	be inted by Audite	c)	
Proposed correct	ion :				
Deat Cours Analy	voio .				
Root Cause Analy	ysis .				
Proposed Correc	tive Action :				
110poseu correc					
Proposed Complet	tion Date :		and only	1	\ \ \
1 Toposta i	1000		1 Chear	ALACAUANA	REDDA
Auditee Name :	Ma offer.	Signature & Date	Resedent	NAKATATO	
Verification of co	rrective actions (T	o be filled by Auditor at t	the time of closure)	riead of the f	Jepaiime
				DEPARTMENT (F GEOL
Status: Open / Clo	osed.	Auditor Name :		Andhra U	niversi
		Signature & Date:	11 12 12	Visakhapatna	m-530
Verification of eff	fectiveness of corre	ective action (To be filled	d by auditor during n	ext internal audit)	
Auditor Name / Si	gnature				
Date:					
2000					



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Geoghyercy Responsibility:
Audit No. : Date of Audit : 22 67 20 23
DETAILS OF NONCONFORMAITY (To be filled by Auditor)
ISO 9001 Clause: Reference Document(s):
Nonconformity: Prof: T.V. Je. Bhang process Auditor Name: Drof: V. Sviden Signature & Date:
Auditor Name: Drof. V. S'vi de u Signature & Date:
CORRECTIVE ACTION REPORT (To be filled by Auditee)
Proposed correction :
Root Cause Analysis: Proposed Corrective Action: Proposed Completion Date: Prof C.V. wash Auditee Name: Signature & Date - pertment of Geophysics
Verification of corrective actions (To be filled by Auditor at the time of executive
Status: Open / Closed. Auditor Name : Signature & Date :
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)
Auditor Name / Signature Date:



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Human General General Head
Audit No. : Date of Audit : 20/7(2023
DETAILS OF NONCONFORMAITY (To be filled by Auditor)
ISO 9001 Clause: Reference Document(s):
Nonconformity: -NIL -
Auditor Name: 2. Sitamani kyosignature & Date:
CORRECTIVE ACTION REPORT (To be filled by Auditee)
Proposed correction :
Root Cause Analysis :
Proposed Corrective Action: Head of the Department Dept. of Human Genetics
Proposed Completion Date: Andhra University Visakhapatnam-530 003 Auditee Name: Signature & Date:
Verification of corrective actions (To be filled by Auditor at the time of closure)
Status: Open / Closed. Auditor Name: Signature & Date: 2. K. Sit weeks 2d 7/23
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)
Auditor Name / Signature Date:



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

NCRNo.:	
Dept./Function: Marine Living Responsibility: Department	
Date of Audit : 22,07,2023	
THE TY CONTONICONICONICONICONICON A ITV (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
ISO 9001 Clause: Nonconformity: No Nonconformity: No Nonconformity:	rợ.
Prg. N. KUHORE BINC Wheel and Date: Manya Dices 22. 07.2023	
101 A COLUMN TO A	
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction : None	
Troposed correspond	
Root Cause Analysis :	
Proposed Corrective Action:	
Proposed Completion Date: Oepi o Marine Sing Resource Andhra University Signature & Date:	
Dan C. D. JANAK PART J DIGITATAL OF 2 MILE	
Auditee Name: Prof. P. JANAKI RAM Signature & Date? Verification of corrective actions (To be filled by Auditor at the time of closure) Ref. Anuja	7146
DE AN IN WHOLE BAN	⊶ .
Auditee Name: Post 1 Symbols (To be filled by Auditor at the time of closure) Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open / Closed. Auditor Name: Post k block Brad Signature & Date: Notate B	. 07-2
Signature & Save Stilled by auditor during next internal audit)	
Verification of effectiveness of corrective action (
	1
Auditor Name / Signature	
Date:	



Date:

ANDHRA UNIVERSITY VISAKHAPATNAM

AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Mathematics Responsibility:	
Audit No. : Head of the Depertment Date of Audit : 21-07-23	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
Nonconformity: 1.87. P.K. RATWA KWAAL P.K. K. Auditor Name: 2. D&G. NAGA RAJA Signature & Date: 21/2/202	
Auditor Name: 2. D&-G. NAGA RAJA Signature & Date: 21/2/202	
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction :	
Root Cause Analysis :	
L. How -i No	
Proposed Corrective Action:	
Proposed Completion Date: — ARD: ARD: ASITY	
Proposed Completion Date: —	
auditee Name: Prod. L. MANAJINSignature & Date: 21-07-2023	
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1.804. P.K. RATINA KUMAR P.K. R. 17/22	
tatus: Open / Closed. Auditor Name	
Signature & Date: 2 Da	10
erification of effectiveness of corrective action (To be filled by auditor during next internal audit)	_
uditor Name / Signature	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: male	
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Audit No. :	Date of Audit · Lo \ 7\ 2 3 ·
DETAIL	S OF NONCONFORMAITY (To be filled by Auditor)
ISO 9001 Clause:	Reference Document(s):
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Nonconformity:	Mil 1 12 22
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CORRE	CTIVE ACTION REPORT (To be filled by Auditee)
Proposed correction	:
Root Cause Analysis	:
Proposed Corrective Act	ion:
Proposed Completion Date	e:
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Auditee Name: Prof P	Signature in Pater Meteorole 3
Verification of corrective	actions (To be filled by Audido Partie Ship of closure)
Status: Open / Closed.	Auditor Name VISARMARATON AND AUDITOR
-	Auditor Name: Signature & Date Poly Lisa value 25
Verification of effectivene	ess of corrective action (To be filled by auditor during next internal audit)
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Date:	Mk. Bosevarah. Bearch
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AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Microbiology Responsibility:	`
Dept./Function: Microbiology Responsibility: Audit No. : Head of Audit : 19-07-23 DETAILS OF NONCONFORMAITY (To be filled by Audit 150, 2001 Clause: Reference Document(s):	
DETAILS OF NONCONFORMAITY (To be filled by Aug	ditor)
ISO 9001 Clause: Reference Document(s):	,
Nonconformity:	
1. PA. P.X. BATNAKUNAR - P.X. K.	
Auditor Name: 2. PTG. NAGA KAJA Signature & Date: 19/9/23	-
CORRECTIVE ACTION REPORT (To be filled by Audi	itee)
Proposed correction :	
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Root Cause Analysis : —	
Proposed Corrective Action :	
Proposed Completion Date: —	DE MICROBIOLOGY
Auditee Name: Poof G. Sudvakau Signature & Date: COLLEGE OF SCIE	NCE & TECHNOLOGY
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1-80f. P-X. 24 100 100 100	1 (MM 15 220 002
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Verification of effectiveness of corrective action (To be filled by auditor during	next internal audit)
Auditor Name / Signature	
Date:	
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AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Nuclear Physics Responsibility:	
Audit No. : Date of Audit : 8 8 2023 .	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
Nonconformity: Nil 1. Prof. N.V.E.S. Murthy Auditor Name: 2. Prof. M. Vijaya Canthisignature & Date: Auditor Name: 2. Prof. M. Vijaya Canthisignature & Date:	
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction : _	
Root Cause Analysis : — Proposed Corrective Action : — Dept. of Nuclear Physics Andhra University Andhra University	
Proposed Corrective Action: Proposed Completion Date: And Market Strain And Visakhapatnam. And Visakhapatn	
Auditee Name: Signature & Date: 08.08.2023 Verification of corrective actions (To be filled by Auditor at the time of closure)	
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Status: Open / Closed. Auditor Name: 1. Prof. N. V. E.S. Murthy, 2. Prof. M. V. So. Signature & Date:	anth.
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	
Auditor Name / Signature Date:	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

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Dept./Function: Chemistry	Responsibility:	Head
Audit No. :	Date of Audit:	2417(2023
DETAILS OF NONCON	FORMAITY (T	o he filled by Auditor)
ISO 9001 Clause: Referen	ce Document(s):	o be fined by Auditor)
- Keleren	ce Document(s):	
Nonconformity: AAR 1. P. Vovindera Rea Auditor Name: 2. Site Mannityon CORRECTIVE ACTION		1. Delar
1. P. Vovandera Rea	lor	, 20
Auditor Name: 2. Sita man tyon	△Signature & Dat	te: 2. K. Set meules
CORRECTIVE ACTION	N REPORT (To	be filled by Auditee)
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Root Cause Analysis :		
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Proposed Corrective Action:		* Stroole:
Proposed Corrective Action: Proposed Completion Date: 25) 7 (20)	23	Department of Chemistry
·	Signature & Date	Department of Chemistry
Proposed Completion Date: 25)7(20) Auditee Name:	Signature & Date	College of Science & Technology e: Andhra University
Proposed Completion Date: 25) (20) Auditee Name: Verification of corrective actions (To be fi	Signature & Date	College of Science & Technology te: Andrea University the time of closure)
Proposed Completion Date: 25) 7 (20) Auditee Name: Verification of corrective actions (To be fi	Signature & Date	College of Science & Technology te: Andrea University the time of closure)
Proposed Completion Date: 25) (20) Auditee Name: Verification of corrective actions (To be fi	Signature & Date	College of Science & Technology te: Andrea University the time of closure)
Proposed Completion Date: 25) 7 (20) Auditee Name: Verification of corrective actions (To be fi	Signature & Date lled by Auditor at tor Name : ture & Date :	the time of closure) 1. K. Sibrucal



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dent /Function:	
Dept./Function: Psychology & Poccepsychology Por M. V. R. Raju Hoo	
Date of Audit : \20 \tau-2023	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
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Proposed correction : -Ni -	
Root Cause Analysis :	
Root Cause Analysis :	
Proposed Corrective Action :	
Proposed Completion Date :	
Auditee Name: M. W.R.R. Signature & Date sychology and Parapsychology	
Auditee Name: O Signature & Date scychology and Parapsychology	
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A The No. 10th	
Auditor Name / Signature	
Date:	
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AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Dept. of Physics Responsibility:
Audit No. : Date of Audit : 21 07 23
DETAILS OF NONCONFORMAITY (To be filled by Auditor)
ISO 9001 Clause: Reference Document(s):
Nonconformity: Ni
Auditor Name: 2 Prof. M. Vijoya Sanfhi Signature & Date:
Auditor Name: 2. Prof. M. Vijoya Santhi Signature & Date:
CORRECTIVE ACTION REPORT (To be filled by Auditee)
Proposed correction : NiL
Root Cause Analysis :
Proposed Corrective Action :
Proposed Completion Date : Department of Physics
Auditor N. C. a. a.
Verification of corrective actions (To be filled by Auditor at the time of closure)
Verification of corrective actions (To be filled by Auditor at the time of closure) of Physics Status: Open / Closed. Auditor Name: 2. Prof. N. Varis Marketing Signature & Date: Verification of effective actions (To be filled by Auditor at the time of closure) of Physics Signature & Date:
Status: Open / Closed. Auditor Name : 2 Page 1971
Signature & Date:
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit
auditor during flext internal audit
Auditor Name / Signature
Date:



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Statistica Responsibility:	
Audit No. : Head of the Department ate of Audit : 2/2/2007	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
Nonconformity:	
1. Prof. P.K. RATNA KUMAR P. K K.	
Auditor Name: 2. Do.G. NAGARAJA Signature & Date:	
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction :	
1707/2023 HLAD	
Root Cause Analysis : Department of State of Andhre University	
Proposed Corrective Action : —	
Appets Pradesh. India	
Proposed Completion Date :	
Auditee Name: B.MUNZSWAMY Signature & Date:	
Verification of corrective actions (To be filled by Auditor at the time of closure)	
1. Pod. P.K. RATION KUMAR P.E. R.J.	nlas
Status: Open / Closed. Auditor Name: 1-8-9-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-8-	رد،)
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Auditor Nama / Signature	
Auditor Name / Signature	
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AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

NCRNo.: \angle_{1}	
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Audit No. : 4 Date of Audit . 14 07 0700	
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DETAILS OF NONCONFORMAITY (To be filled by Auditor) ISO 9001 Clause: Reference Desument(s)	7
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Auditor Name: Post Assess as Assess	,484
Tradition Traine:) ROT. HAUJA IIUUA Signature & Date: A. \	1
Proposed correction CORRECTIVE ACTION REPORT (To be filled by Auditee)	R
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roposed correction:	
Root Cause Analysis :	
Proposed Corrective Action:	
Proposed Completion Date:	
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Auditee Name: Prof P JANAKIRAM Signature & Date: 1/2 26/7/23	
Verification of corrective actions (To be Silvette & Date: 1977 26/7/23	
Verification of corrective actions (To be filled by Auditor at the time of closure)	
Status: Open / Closed. Auditor Name : Bot Al tichnes and Rot Alma	
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Signature & Date:	07-29
Signature & Date: Dec To Annie Piece Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	
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Auditor Name / Signature	
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Auditor Name / Signature

Date:

ANDHRA UNIVERSITY VISAKHAPATNAM

AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

NCRNo.: Dept./Function: Principal office Responsibility: principal 22/7/2023 Date of Audit: Audit No. **DETAILS OF NONCONFORMAITY (To be filled by Auditor) ISO 9001 Clause:** Reference Document(s): Nonconformity: AUF-15, 16, 17, Signatures to be expobled

1. Prof p. vorsnder a beddy

Auditor Name:

Signature & Date: 2. Prof Site-manifyana CORRECTIVE ACTION REPORT (To be filled by Auditee) Instructed to Att update Signatures in **Proposed correction** AUF-15, 16,17. **Root Cause Analysis Proposed Corrective Action:** Proposed Completion Date: DONORAN -Signature & Date: Auditee Name: 🍂 -Verification of corrective actions (To be filled by AudRoll College of Engineering (**) Status: Open / Closed. Signature & Date: 9. Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Dept of A	relitaring Responsibility: Af G. Visuocerath Kleins
Audit No. :	Date of Audit : 20-7-2023
DETAILS OF I	NONCONFORMAITY (To be filled by Auditor)
ISO 9001 Clause:	Reference Document(s):
Nonconformity: -NIL-	
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A Disablement No. 14 of 1	0 1 Pallymon December 20/3-12
Auditor Name: Name	E ACTION REPORT (To be filled by Auditee)
Proposed correction :	EACTION RELIGION
Proposed correction .	N12-
Root Cause Analysis :	
Proposed Corrective Action:	
n 10 seletion Data:	\0.11W2
Proposed Completion Date :	Www. 2012/2023
Auditas Name: Prof Coli	Sware & Date: Head of the Department
Varification of corrective action	ons (To be filled by Auditor at the unreproductive Architecture
Vermeation of correspond	
Status: Open / Closed.	Auditor Name : Put Andhra University Visakhapatham 245
	Signature & Date: Date K.T-Baleschall K. 1 Al
Verification of effectiveness of	f corrective action (To be filled by auditor during next internal audit)
Auditor Name / Signature	
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Date:

ANDHRA UNIVERSITY VISAKHAPATNAM

AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

NCRIVO	
Dept./Function: Engineering Chiningesponsibility:	
Audit No. : Date of Audit : 19-7-2023	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
Nonconformity: 1 Prof. f. K. Ratua Kuway 1 f. 1c. R 19/7/2023 Auditor Name: 2 Prof. g. Naguras, Signature & Date: 1 Prof. g. Naguras, Signature & Date: 1 Prof. g. Naguras, Signature & Date: 1 Prof. g. R. R. Popper (To be filled by Auditee)	
Auditor Name: 2 Prop. 6 Nagura, Signature & Date:	
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction :	
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Root Cause Analysis :	
Proposed Corrective Action:	
Z Drof Al Annua	
Proposed Completion Date : Prof. N. ANNAPURNA	
Auditee Name: Signature & Date: Dept. of Engineering Chemistry Auditee Name: Signature & Date: Dept. of Engineering Chemistry AU College of Engineering Verification of corrective actions (To be filled by Auditor at the time of Girls University Visakhapatnam-530,003, A.P.	
Varification of corrective actions (To be filled by Auditor at the time of Glosufe Igineering	
Visakhapatnam-530 003, A.P. Q. A	
Status: Open / Closed Auditor Name Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	Viel
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Auditor Name / Signature	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

D ₂ + /B	NCRNo.:
Dept./Function: Civi	Engl. Responsibility:
Audit No.	• -
•	Date of Audit: 18-07-2023
ISO 9001 Clause:	THORCONFURMATTY (To be filled by A. W.
	Reference Document(s):
Nonconformity:	B
	Prof. T. V. E. Blenn Proch, Signatura & Date: Svideni Co. O.
Auditor Name:	The last of the la
	Signature & Date: Swider (O-)
Proposed correction :	IVE ACTION REPORT (To be filled by Auditee)
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Root Cause Analysis: Proposed Corrective Action Proposed Completion Date:	
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Verification of corrective act	Signature & Date: Che Disartroes : Signature & Date
	(10 be fined by Auditor at the time of closure) of Civil Engineering
Status: Open / Closed.	Auditor Name : College of Engineering
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verification of effectiveness o	of corrective action (To be filled by auditor during next internal audit)
	daring next internal audit)
Auditor Name / Signature	
Pate:	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Degrangibility: D.A. L. L. & D.
Dept./Function: Dept of Coupy ten sciences Responsibility: Dry K. Constant Res Hop
& Southern Coope news
Audit No. : Date of Audit : 28-07-2023
DETAILS OF NONCONFORMAITY (To be filled by Auditor)
ISO 9001 Clause: Reference Document(s):
150 7001 Clause.
Nonconformity. NIL
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Auditor Name: My K.T-Belose P. Signature & Date - Signature & Date - Signature
Auditor Name: M Kil- Below Signature & Date: 28 375
CORRECTIVE ACTION REPORT (To be filled by Auditee)
Proposed correction : NIL -
Root Cause Analysis : - NIL-
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Proposed Corrective Action:
Proposed Corrective rection
Proposed Completion Date:
Proposed Completion Date ?
M. Veescelle Signature & Date: MEAD OF THE DEPARTMENT
Auditee Name: Duy K. Veesca & Date Date COMPUTER SCIENCE & SYSTEMS ENGINEERING A
Stories Open / Closed Auditor Name : Dut K. Sainives Comp. 2107123
Status: Open / Closed. Auditor Name : https://www.sain.oege.html
Signature & Date:
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)
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Auditor Name / Signature
Date:



AUF - 06

AUDIT NON-CONFIRMANCE REPORT (NCR)

NCR No:

Dept:/ Function: Electrical Engineering Responsibility:
Audit No. Date of Audit: $ 5 7 23$.
DETAILS OF NONCONFORMITY (To be filled by Auditor) ISO 9001 Clause: Reference Documents(s):
Nonconformity: N:1
Auditor Name: 1. Prof. N. V. E.S. Murthy Signature & Date: 75/7/23 W Santh:
CORRECTIVE ACTION REPORT(To be filled by Auditee)
Proposed correction: NIL
Root Cause Analysis:
Proposed Corrective Action: N/A
Proposed Completion Date: N/ N
Auditee Name: P. MALLIKARIVNA RAN Signature & Date: The Department of Head of the Head o
Verification of corrective actions(To be filled by Auditor at the time of closures and the time
Status Open / Closed: Auditor Name: 1. Prof. N. V. E. S. Murthy Signature & Date: 2. Prof. M. Vijaya Santhi. M. Santhi.
Verification of effectiveness of corrective action (to be filled by auditor during next internal audit)
Auditor Name / Sign. Date:



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

NCR No.

Dept / Function ECE - A·U·	Enginee magesponsibility
Audit No	College Date of Audit 26/07/2023
DETAILS OF	NONCONFORMITY (To be filled by Auditor)
ISO 9001 Clause :	Reference Document(s):
Nonconformity: NIL	200
Prof. G. Givijas Auditor Name Prof. P. yedu	Sankar Raw Jahan J
	ACTION REPORT (To be filled by Auditee)
Proposed correction	L C26/07/23
Root Cause Analysis :	Head of the Department Head of Electroden & Comm. Engl. A.U. Colomb of Engl. A.U. Colomb of Engl. A.U. Colomb Mulmorthy
Proposed Corrective Action:	Vizekhape nam-600 668
Proposed Completion Date:	
Audhor Name Part. P. Roget	Kurnels Signature & Date :
Verification of corrective actions (To be filled by Auditor at the time of closure)
Status Open / Closed.	Auditor Name Signature & Date: Prof. Pryeduriordal and 2007 2667
Verification of effectiveness of corr to be filled by auditor during next inte	rective action 25/67



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: C100-Engineering Responsibility:	
Audit No. : Date of Audit : $28 7 23$	
Audit No. : Date of Audit : 28 (4/25)	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
Nonconformity: N: 1. Prof. N. V. E.S. Murthy Ambie Nonconformity Noncon	
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction : N:	
Proposed correction . [4.1]	
Root Cause Analysis : -	
Proposed Corrective Action : -	
Proposed Completion Date: Auditee Name: VAZLER MAHAMMO Signature & Date: Auditee Name: Constitute actions (To be filled by Auditor at the time of closure) A.U. Engg. College	rimei
Auditee Name: VAZEER MAHAMMOOD Signature & Date:	RING
Verification of corrective actions (To be filled by Auditor at the time of closure) A.U. Engg. College Verification of corrective actions (To be filled by Auditor at the time of closure)	- 530 (
1. Prof. M. V. E.S. Murthy Ormy	
Status: Open / Closed. Auditor Name Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Auditor Name Signature & Date:	28/7/2
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Auditor Name / Signature Date:	



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AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Cherectal Queries Responsibility: My P. Padrie Sie &	
Audit No. : Date of Audit : 31-07-2023	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	}
ISO 9001 Clause: Reference Document(s):	
Nonconformity:	
and K. Snineiverse his M. Cut 3/1/27	
Nonconformity: -NIL- My K. Svincivese has v. white Auditor Name: My K & Balesco Pesignature & Date: Condematical 21/21/23	a.
CORRECTIVE ACTION REPORT (To be filled by Auditee)	
Proposed correction :	
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Root Cause Analysis : Nu-	
Proposed Corrective Action: — No	
Proposed Completion Date:	
Auditee Name: Proposed Completion Date: Auditee Name: Proposed Completion Date: Signature & Date: Real and proposed 21 7 2. Verification of corrective actions (To be filled by Auditor at the time of closure) against the signature of closure actions.	•
Verification of corrective actions (To be filled by Auditor at the time of closure)	
Status: Open / Closed. Auditor Name : Pro K. Grachia wasein Resident Name :	lows
Signature & Date: (NJ KIT Balcieu Ceald - (Bass)	ada
Status: Open / Closed. Auditor Name: Signature & Date: W K T Balcaca leads Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	21/2/2
Auditor Name / Signature	
Date:	
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AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Engineering Mathemalia Responsibility: Audit No.: Date of Audit: 24/07/2023
Audit No. : Date of Audit : 24/07/2023
DETAILS OF NONCONFORMAITY (To be filled by Auditor)
ISO 9001 Clause: Reference Document(s):
Nonconformity: -Nil- 1. Por P. Sarcetta 2. H-S. J. 24076.
Auditor Name: 2, Ry M. Sate Aren Signature & Date: 2, March 24/07/23
CORRECTIVE ACTION REPORT (To be filled by Audițee)
Proposed correction :
- N:1-
Root Cause Analysis :
Proposed Corrective Action :
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Proposed Completion Date:
Auditee Name: HEAD Signature & Date: Head of the Department of Engineering Mathematics
Verification of corrective actions (To be filled by Auditor at the time of chosure)
Status: Open/Closed. Auditor Name: 1. R. P. Sunectta 2. P. M. Salya Arun Signature & Date: P. Sunectta 11. S. In Ill.
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)
Auditor Name / Signature Date: 24/01/23 1. Ry P-Survette 1. Ry P-Survette 1. Ry P-Survette 1. Ry D-Survette 1. Ry D-Survette 1. Ry D-Survette 2. Ry M. Satz Houredleg, H. S. J. Alle



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AUDIT NON-CONFORMANCE REPORT (NCR)

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Dept./Function: Engineering Physics Responsibility:
Audit No. : ANCE Date of Audit : 22/07/2023
DETAILS OF NONCONFORMAITY (To be filled by Auditor)
Nonconformity: 1. Pr. Suncette 1. P. Suncette Auditor Name: 2. Pr. M.S. Armede Signature & Date: 2. Mes. f. 4D-30/03/3 CORRECTIVE ACTION REPORT (To be filled by Auditor)
Auditor Name: 2. Py M.S. Arwelle Signature & Date 2 Mes & Alb- 52/03/23
CORRECTIVE ACTION REPORT (To be filled by Auditec)
Proposed correction :
Root Cause Analysis :
Proposed Corrective Action:
Proposed Completion Date:
Auditee Name: Signature & Date:
Verification of corrective actions (To be filled by Auditor at the time of closure)
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Status: Open / Closed. Auditor Name: Signature & Date: 2 Ry M. S. Anwedt. M.S. J. A. L.
Signature & Date: 2 11 1112 Proceed Proceedings and internal question (To be Ciled by question during part internal question (To be Ciled by question during part internal question)
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AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

NCRNo.: Dept./Function: Humanics Responsibility: and sowal vertere 22/7/2023 Date of Audit: Audit No. **DETAILS OF NONCONFORMAITY (To be filled by Auditor)** ISO 9001 Clause: Reference Document(s): Nil Nonconformity: Pry V- Culimins MITTY And K-Besaveral Auditor Name: Signature & Date: CORRECTIVE ACTION REPORT (To be filled by Auditee) **Proposed correction Root Cause Analysis Proposed Corrective Action:** Dept of Humanities & Social Sciences Proposed Completion Date: A U. College of Engineering Prof A. R. N. herumen Signature & Date ISAKHAPATNAM-530 003 Auditee Name: Verification of corrective actions (To be filled by Auditor at the time of closure) Auditor Name Status: Open / Closed. Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit) Auditor Name / Signature Date:



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Depertuality	Responsibility:
Audit No. :	Date of Audit: 19-7-2023
DETAILS OF NONCON	FORMAITY (To be filled by Auditor)
	nce Document(s):
Nonconformity:	•
Auditor Name:	V-L 1917/2023. Signature & Date:
	N REPORT (To be filled by Auditee)
Proposed correction :	
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Root Cause Analysis :	
Proposed Corrective Action :	Tiere
Down and Completion Date	Head of the Department
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Auditee Name :	
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Status: Open / Closed. Aud	itor Name
Signa	itor Name Prof V. GIRITMINITRY ature & Date: V. J. ~ [917/207]
Verification of effectiveness of corrective	action (To be filled by auditor during next internal audit)
Auditor Name / Signature Date:	J. GIRITA SATRY V. L. J. A. S. 1917/2023



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Date of Audit: 28-7-2023 DETAILS OF NONCONFORMAITY (To be filled by Auditor) ISO 9001 Clause: Reference Document(s): Nonconformity: I Prof. P. K. Patro Kunnol Auditor Name: 2 Prof. G. Nagaray Signature & Date: CORRECTIVE ACTION REPORT (To be filled by Auditee) Proposed correction: Root Cause Analysis: Proposed Corrective Action: Proposed Completion Date: Proposed Completion Date: DEPT. OF MECHANICAL ENGINEERING Auditee Name: Prof. K. Ramj Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open / Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit) Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	Dept./Function: Me Chan'al Engineery Respons	sibility:
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Auditor Name: 2. Prof. G. Nagaran Signature & Date: CORRECTIVE ACTION REPORT (To be filled by Auditee) Proposed correction: Root Cause Analysis: Proposed Corrective Action: Proposed Completion Date: Proposed Completion Date: Proposed Completion Date: Prof. K. Ramj: Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open / Closed. Auditor Name: Signature & Date: Prof. K. Raman P. R. Raman Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit) Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	ISO 9001 Clause: Reference Docu	ment(s):
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Root Cause Analysis: Proposed Corrective Action: Proposed Completion Date: Auditee Name: Prof. K. Ramj) Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open / Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit) Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	CORRECTIVE ACTION REPO	ORT (To be filled by Auditee)
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Proposed Completion Date: HEAD OF THE DEPARTMENT	Root Cause Analysis :	21.
Proposed Completion Date: HEAD OF THE DEPARTMEN!	Proposed Corrective Action :	29/07/2023
Auditee Name: Prof. K. Ramji Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open / Closed. Auditor Name: Prof. K. Ratha kuna P. R. R. Signature & Date: Prof. K. Ratha kuna P. R. R. Signature & Date: Prof. G. Magalaga Magalag	Proposed Completion Date:	HEAD OF THE DEPARTMENT
Status: Open / Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit) Verification of corrective action (To be filled by auditor during next internal audit)	Auditee Name: Prof. K. Ramji Signatu	AU COLLEGE OF ENGINEERING
Status: Open / Closed. Auditor Name: Prof. K. Rathra kuna Prof. K. Rath	Verification of corrective actions (To be filled by A	uditor at the time of closure)
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	Verification of effectiveness of corrective action (T	To be filled by auditor during next internal audit)
Auditor Name / Signature Poto: Poto:	Auditor Name / Signature	. P.K Latua Kunny - P.K.R. N-
Date: 2 Proj. G. Nagarag. Mystolzozz	Date: 2 Pro	J. G. Nagarag. Un setolzos



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Dept of Metallugial Responsibility: Pry J. Balsu Ros HOD	
Audit No. : Date of Audit : 20-7-2023	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	1
ISO 9001 Clause: Reference Document(s):	
Nonconformity: Ni	
Auditor Name: pry K.T. Baleur Bignature & Date: 20/7/20	
Auditor Name: Pry K.T. Beleur Roll - Waller 201712	
CORRECTIVE ACTION REPORT (To be filled by Auditee) Proposed correction: AR	
Proposed correction : Wil	
Root Cause Analysis : ***	
Proposed Corrective Action : Nh	
Proposed Completion Date:	
Auditee Name: Py J. Belsue Ruo Signature & Date: 120 20 20 100 1000 1000 1000 1000 1000	na
Verification of corrective actions (To be filled by Auditor at the time of closure)) "
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Status: Open / Closed. Auditor Name: Dy K. Suinive Se ho - 1. W	20/00/25
Signature & Date: Org 11-T. Balone Rad Come	10/5
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	00
(10 00 times of addition during next internal addit)	20/2/2
Auditor Name / Signature	
Date:	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Marine Lay Responsibility: Audit No.: Date of Audit: 24-7-2023 DETAILS OF NONCONFORMAITY (To be filled by Auditor) ISO 9001 Clause: Reference Document(s): Nonconformity: , Rod. Ik Rodrakumay Auditor Name: 2 Prof. G. Magaras. CORRECTIVE ACTION REPORT (To be filled by Auditee) Proposed correction: Root Cause Analysis:
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Auditor Name: 2 Prof. G. Magaras. CORRECTIVE ACTION REPORT (To be filled by Auditee) Proposed correction: Root Cause Analysis:
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Proposed correction : Root Cause Analysis :
Root Cause Analysis :
Proposed Corrective Action :
Proposed Completion Date :
Auditee Name: Not #VS Prasad Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) the Department of Marine Engineering
Verification of corrective actions (To be filled by Auditor at the time of closure) the Department
Status: Open / Closed Auditor Name :
Signature & Date:
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)
Auditor Name / Signature Date: 2 Prop. P.K. Radnakumar. P.19.K. Nagarag. Magarag. Mysulal.



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

	TICKNO.:	
Audit No. Date of Audit: 15-07-2023 DETAILS OF NONCONFORMAITY (To be filled by Auditor) ISO 9001 Clause: Reference Document(s): Nonconformity: Auditor Name: 2, 1, 1, 2, 1, 2, 1, 3, 4, 4, 5, 1,	Dept./Function: Principal Office Responsibility:	
Date of Audit: 15-07-2023 DETAILS OF NONCONFORMAITY (To be filled by Auditor) ISO 9001 Clause: Reference Document(s): Nonconformity: Proposed Corrective Action : Proposed Completion Date : Signature & Date : Auditor Name : Signature & Date : Signature &	$A(f \in f(x))$	
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Nonconformity: Auditor Name : 2 P. Succelle 1 2 1 2 2 2 2 2 2 2	DETAILS OF NOW CONTROL OF A COLUMN TO THE CO	
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Root Cause Analysis: Proposed Corrective Action: Proposed Completion Date: Auditee Name: Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure in the status: Open / Closed. Auditor Name: Signature & Date:	COMMECTIVE ACTION REPONDT (To be con the control of	
Proposed Corrective Action: Proposed Completion Date: Auditee Name: Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open / Closed. Auditor Name: Signature & Date: Signatur	rroposed correction :	
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Auditee Name: Signature & Date: All College of Engineering for Winner Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open / Closed. Auditor Name: 2, Ry My Signature & Date: 15/07/2003 Verification of effectiveness of corrective action (To be filled by auditor during post internal actions)	Proposed Corrective Action :	
Auditee Name: Signature & Date: All College of Engineering for Winner Verification of corrective actions (To be filled by Auditor at the time of closure) Status: Open / Closed. Auditor Name: 2, Ry My Signature & Date: 15/07/2003 Verification of effectiveness of corrective action (To be filled by auditor during post internal actions)	Proposed Completion Date :	
Status: Open / Closed. Auditor Name Signature & Date: A. College of Engineering for Name Signature & Date: A. College of Signature for Name Signature & Date: A. College of Signature for Name Signature & Date: A. College of Signature for Name Signature & Date: A. College of Signature for Name Signature & Date: A. College of Signature for Name Signature & Date: A. College of Signature for Name Signature for Name Signature for Name Signature for Name Sig	Julian Jan 107 (107)	
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Auditor Name / Signature Date: 2. Market action (10 be filled by auditor during next internal audit) 15/01/2	Verification of effectiveness of corrective action (To be filled by	
Auditor Name / Signature Date: 2. M_3 f_All INOTE:	(10 be filled by auditor during next internal audit)	ali'
Date: 2, M 3 f All	1, J. Sienette	./~
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	15/07/23	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

D	NCRNo.:
Dept./Function: Civil Engineering Respons Audit No. : $Av \in E(\omega)$	ibility:
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DETAILS OF NONCONFORMA ISO 9001 Clause: Reference Documents	AITY (To be filled by Auditor)
	ment(s):
Nonconformity: -Not -	1. P. Cumthe
Auditor Name 2. Pr. M. S. Anurell Signature CORRECTIVE ACTION DEPO	ire & Date: All Hoy/21
CORRECTIVE ACTION REPO	PRT (To be filled by Auditec)
Root Cause Analysis :	Head of the Department Dept. of Civil Engineering
Proposed Corrective Action : Proposed Completion Date :	College of Engineering for Women Andhra University Visakhapatnam
Ruc Co. 1	re & Date:
vernication of corrective actions (To be filled by A	uditor at the time of closure)
Signature & Do	re & Date: uditor at the time of closure) 1. Pag P. Syncethe A. Ry Mr. S. Arter II. ite: P. Swithe Mr. S. Ash.
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1. Py P. Synee	the PC H
Auditor Name / Signature 2. Ry Mr 1. F	towed Meshall



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: CS28 = Responsibility: Department	
Audit No. : 1, Date of Audit : 18, 07, 2023	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
150 7001 Clause.	
Nonconformity:	
Auditor Name: Prof. ANDJA 7164A Signature & Date: Anuja 7,76 18.07.23 CORRECTIVE ACTION REPORT (To be filled by Auditee) Proposed correction: Councilling on academic problems Suggested. Paper to be cept as Root Cause Analysis: 2 record.	
Andison Name: D. I. Annaga Girl A. Signature & Date: Annaga Grace 18: 17: 23	
Auditor Name: Prof. HNUTT 11661 Signature & Date: No filled by Auditee)	
CORRECTIVE ACTION REPORT (10 be fined by Additice)	
Proposed correction: Councilling on academic proposed	
suggested. I have to be kept in	
Typed querran paper	
Root Cause Analysis : 9 xicordi	Mous
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Proposed Completion Date In Pr	rement
Dept. of CS &	SE
Proposed Corrective Action: Proposed Completion Date: Auditee Name: Prof. B Program Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closs the College of Engo. To the College	or Wome
Verification of corrective actions (To be filled by Auditor at the time of closure visathapatham)	30 017
Kap Halos	II III
Status: Open / Closed. Auditor Name : No Notate like Signature & Date : No Oue Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	
Signature & Date:	See.
auditor during next internal audit	107 07 23
Verification of effectiveness of correctiveness	
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Date: 18. 4.2023.	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Responsibility:
Audit No. : AUCEW Date of Audit 15/07/2023
ISO 9001 Clause:
ISO 9001 Clause: Reference Document(s):
Reference Document(s):
Nonconformity: 1. Psy P. Sunette
Auditor Name: 2, Ry M.S. Arrundla 2. 41. Styr Allo 23
CORRECTIVE ACTION REPORT (To be filled by Auditer)
Proposed correction :
Root Cause Analysis :
Proposed Completion Date :
A) ()
Auditee Name: Signaturally The Auditee Name:
Verification of corrective actions (To be filled by Auditor algebraic for the AU Conege of Engineering for Wo.)
Status: Open / Closed. Auditor Name . Andhra University A
Status: Open / Closed. Auditor Name Andhra University Signature & Date Signature & Date Auditor Name Andhra University
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1. By . F. Sweette P. Sunattu
Auditor Name / Signature
Date:



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: ECE- Wor	Responsibility:
Audit No. :	Colling Date of Audit : 24/07/23
DETAILS OF NO	ONCONFORMAITY (To be filled by Auditor)
<u>ISO 9001 Clause</u> :	Reference Document(s):
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CORRECTIVE	ACTION REPORT (To be filled by Auditee)
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	λ, ι.
Root Cause Analysis :	S. Ques
Proposed Corrective Action :	Head of the Department Electronics & Communication Engineering A.U. College of Engineering for Women Andhra University
Proposed Completion Date :	A.U. College Andhra University Andhra University Visakhapatham-530 003
Auditee Name: Dr. S. ARUN	(To be filled by Auditor at the time of closure)
Verification of corrective actions	(To be filled by Auditor at the time of closure)
Status: Open / Closed.	Auditor Name: Prof. P. policoidala Rao Signature & Date: RA-G-G1RIJASANNAR GILLIA
Verification of effectiveness of on	rective action (To be filled by system 1)
or effectiveness of co	rrective action (To be filled by auditor during next internal audit)
Auditor Name / Signature	
Date:	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

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Dept./Function: Mecleanical Engray Responsibility: Prof. S. K. Bhatte	
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Audit No. : Date of Audit : 11-07-2023	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	7
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Auditor Name: Pro K.T. Beleur Bignature & Date:	2
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Proposed correction : NI	-
Root Cause Analysis : —	
Proposed Corrective Action :	
Proposed Completion Date:	
Auditee Name: PROFESSOR AND HEAD Signature & Date: PROFESSOR AND HEAD Signature & Date: PROFESSOR AND HEAD	
Verification of corrective actions (To be filled by Auditor at the time of clother annexing FOR WOMEN	-
U. COLLEGE OF ENGINEERS	
Status: Open / Closed. Auditor Name: Prof K. Shini VISAKHAPATNAM	गार्थार्
Signature & Date: Pry K.T. Balance Paul - R	
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	200
	11/2/23
Auditor Name / Signature	
Date:	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

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Proposed Completion Date:	
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Auditee Name: Prof. Regresse prosed Prof. R. Procad	
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Signature of D	Wheeler
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To be filled by auditor during next internal as the	50
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	2/2/2
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Auditor Name / Signature Date:	
Date,	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

NCRNo.:			
Dept./Function: VS knows	Responsibility:		
Audit No. :	Date of Audia 19-7-202)		
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ISO 9001 Clause: Refere	NFORMAITY (To be filled by Auditor)		
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Nonconformity:	wi!		
Auditor Name:	Signature & Data . /		
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Proposed correction : W	o Corrections		
Proposed Corrective Action:			
Proposed Completion Date: Prof. P. v cubates werly. Auditee Name:	Signature & Date: V.S. Krishna Linfary		
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Status: Open / Closed. Aud	tor Name : Aldhra Pradesh		
Verification of effectiveness of some di	action (T-1 CU)		
e corrective	action (10 be filled by auditor during next internal audit)		
Auditor Name / Signature Date:	estastry V. L. W.		
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AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Directorate Responsibility:
Of Admissions. Date of Audit: 2107/23
Audit No. : Date of Audit . Date of Audit . DETAILS OF NONCONFORMAITY (To be filled by Auditor)
DETAILS OF NONCONFORMATT (10 be fined by
ISO 9001 Clause: Reference Document(s):
Nonconformity: No. 1. Frof. N.V. E.S. Murthy Andrew & Date: Auditor Name: 2. Prof. M. Vijaya Santhignature & Date: CORRECTIVE ACTION REPORT (To be filled by Auditee)
CORRECTIVE ACTION REPORT (To be filled by Auditee)
CORRECTIVE
Proposed correction : —
Root Cause Analysis : —
Proposed Corrective Action: — DIRECTOR OIRECTORATE OF ADMISSIONS Andhra University, Visakhapatham-17
Proposed Completion Date:
Auditee Name: D. A. Naide Signature & Date: Conducted 21/07/2013
Verification of corrective actions (To be filled by Auditor at the time of closure)
Status: Open / Closed. Auditor Name : 2 Prof. M. Vijaya Sonthi
Status: Open / Closed. Auditor Name: Signature & Date:
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)
Verification of effectiveness of corrective action (10 be fined by addition daring new methods)
Auditor Name / Signature
Date:



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: CDC Responsibility: Dean
Audit No. : Date of Audit : 11-07-2023
DETAILS OF NONCONFORMAITY (To be filled by Auditor)
ISO 9001 Clause: Reference Document(s):
reference Document(s):
Nonconformity: NIL
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Auditor Name: 2. V. S& Peve Signature & Date:
CORRECTIVE ACTION REPORT (To be filled by Auditee)
Proposed correction :
Root Cause Analysis :
Proposed Corrective Action :
Proposed Completion Date :
Auditee Name: Signature & Date:
Verification of corrective actions (To be filled by Auditor at the time 600 ment Council 2 3.
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Status: Open / Closed. Auditor Name : 2 V. Ship Wissenberg Town And Only
Signature & Date:
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)
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Auditor Name / Signature Date:



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function: Examination Section Responsibility:	
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Audit No. : Date of Audit : 03/08/2023	
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	_
ISO 9001 Clause: Reference Document(s):	
Nonconformity: NIL Noncon	>
Auditor Nama: P. H. P. Undukondala Signature & Date: 03/08/23	
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Proposed correction : NOL	
Root Cause Analysis :	
Proposed Corrective Action :	
Dean of Examin	atter
Proposed Completion Date:)T-
Proposed Corrective Action: Proposed Correct	35
Auditee Name: / Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure)	(2)
Status: Open / Closed. Auditor Name: Signature & Date: No. Crinica Contact All Raw.	93
Verification of effectiveness of corrective action (To be filled by auditor during next internal aud	180/20 (tit
, , , , , , , , , , , , , , , , , , , ,	
Auditor Name / Signature	
Date:	



AUF-06

AUDIT NON-CONFORMANCE REPORT (NCR)

Dept./Function par le le le le Responsibility: HDD Dr B. R. Arnbedler College of 2000	
Dr B. R. Arnbedker college of 200	
Audit No. : Date of Audit : \$\\\\ \(\otimes \) \\ \\ \(\otimes \) \\ \(
DETAILS OF NONCONFORMAITY (To be filled by Auditor)	
ISO 9001 Clause: Reference Document(s):	
111	
Nonconformity:	
1. Fry P. Sureetta	
Nonconformity: 1. Pry P. Suneette Auditor Name: 2. Pry M.S. Anurcds Signature & Date: 24/04/25	
CORRECTIVE ACTION REPORT (To be filled by Audite()	
Proposed correction :	
Nil -	
Root Cause Analysis :	
Proposed Connective Action .	
Proposed Corrective Action :	
Proposed Completion Date : Dr B R. Ambedkar College of Law	
Proposed Completion Date : Andhra University Visakhapatnam-530 003	
Auditee Name:	
Verification of corrective actions (To be filled by Auditor at the time of closure)	/
Signature & Date: Verification of corrective actions (To be filled by Auditor at the time of closure) 1. R. P. Suncette 2. R. M. S. Aner Status: Open/Closed. Auditor Name: Signature & Date: Verification of effectiveness of corrective action (To be filled by auditor during next internal audit) Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	rook
Status: Open / Closed. Auditor Name : P (+++++++++++++++++++++++++++++++++	
Signature & Date: 1 Scruttle M.S. 19	>
Verification of effectiveness of corrective action (To be filled by auditor during next internal audit)	1
1. R. P. Quagetta	
1. Ry P. Suncetta & Surutto	
Date: 2, Ry M. S. Anuredla M. S. Anuredla	
24/07/23	,



AUF-07

INTERNAL AUDIT NCR SUMMARY

Audit Date(s): 5th July to 25th July 2023

S.No.	College / Department / Section	Total no. of Nonconformities
1.	Vice-Chancellor	Nil
2.	Rector	Nil
3.	Registrar	Nil
4.	MR Office	Nil
5.	Principal, AU College of Arts & Commerce	Nil
6.	Anthropology	Nil
7.	Commerce & Mgt. Studies	Nil
8.	Economics	Nil
9.	Education	Nil
10.	English	Nil
11.	Fine Arts	Nil
12.	Hindi	Nil
13.	History and Archaeology	Nil
14.	Human Resource Management	Nil
15.	Journalism & Mass Comm	01
16.	Library & Information Science	Nil
17.	Music & Dance	Nil
18.	Philosophy	Nil
19.	Political Science & Public Admn	Nil
20.	Sanskrit	Nil
21.	Social Work	Nil
22.	Sociology	Nil
23.	Telugu	Nil



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24.	Physical Education	Nil
25.	Principal, AU College of Science & Technology	Nil
26.	Applied Mathematics	Nil
27.	Biochemistry	Nil
28.	Biotechnology	Nil
29.	Botany	Nil
30.	Environmental Sciences	Nil
31.	Food & Nutritions, Dietetics	Nil
32.	Geography	Nil
33.	Geology	Nil
34.	Geophysics	Nil
35.	Human Genetics	Nil
36.	Chemistry	Nil
37.	Marine Living Resources	Nil
38.	Mathematics	Nil
39.	Meteorology & Oceanography	Nil
40.	Microbiology	Nil
41.	Nuclear Physics	Nil
42.	Physics	Nil
43.	Psychology & Parapsychology	Nil
44.	Statistics	Nil
45.	Zoology	Nil
46.	Principal, AU College of Engineering (A)	Nil
47.	Architecture	Nil
48.	Chemical Engineering	Nil
49.	Civil Engineering	Nil
50.	CSSE	Nil



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51.	Electrical Engineering	Nil
52.	ECE	Nil
53.	Geo-Engineering	Nil
54.	Instrument Technology	Nil
55.	Marine Engineering	Nil
56.	Mechanical Engineering	Nil
57.	Metallurgical Engineering	Nil
58.	Engineering Chemistry	Nil
59.	Engineering Mathematics	Nil
60.	Engineering Physics	Nil
61.	Humanities & Social Science	Nil
62.	Principal, AU College of Engineering for Women	Nil
63.	Computer Engineering (AUCEW)	Nil
64.	Mechanical Engineering (AUCEW)	Nil
65.	E C E(AUCEW)	Nil
66.	Electrical Engineering & Civil Engineering(AUCEW)	Nil
67.	Principal, AU College of Pharmaceutical Sciences	Nil
68.	Principal, Dr. B.R. Ambder College of LAW	Nil
69.	College Development Council	Nil
70.	Directorate of Admissions	Nil
71.	Examinations Branch	01
72.	Dr. V.S. Krishna Library	Nil
	TOTAL	02

5) Management Review meeting:

Following the internal Academic and administrative audits done by the internal auditors team, the annual Top Mangement review meeting was conducted by the office of IQAC on 09/08/2023 at 3:30pm with all the Heads, Deans, Directors, Registrar, Principals, Rector and Hon'ble VC as Chair.

6) Action Taken report:

Minutes of the previous meeting were presented and ratified by the Top Mangement. The agenda points were discussed for the present MR meeting and following is the action taken report on Academic and Administrative audit.

- 1) The Top Mangement has discussed Quality objectives at department level and decided to carryout trend analysis annually with all the Principals and Head of the Departments concerned.
- 2) To review all the issues related to changes in external and internal issues related to QMS.
- 3) To maintain Nonconformities related to process performance and corrective action to be taken if any in the departments.
- 4) There are no major NCRs and corrections for possible improvements
- 5) All the Quality procedures are discussed and briefed to all the members.
- 6) Online student feedbacks at the end of every semester are collected and analysed.
- 7) The effectiveness of action taken should be reviewed in next MR.
- 8) To review QMS documents by MR and Heads of the departments.
- 9) Hon'ble VC has reviewed about the preparations of NAAC 2023 and iterated to maintain the legacy of AU.

7) ISO 9001:2015 external audits by TUV SUD:

The ISO 9001:2015 surveillance audit to conduct academic and administrative audit is scheduled as follows:

Date of ISO surveillance Audit: 10 - Aug - 2023 to 11 - Aug - 2023 External audit members from TUV-SUD:

- 1. Rajeswar Bomma (Lead auditor)
- 2. Sreeraj S.V

8) The detailed audit report of TUV SUD is attached



AUDIT REPORT

Organization name	ANDHRA UNIVERSITY	
Standard(s)	ISO 9001:2015	
Order No.	4153580766	
Audit start date	2023-08-10	
Audit end date	2023-08-11	
Audit type	8. Surveillance Audit	
Certification type	Single	
Client number	66843-01	
Organization's audit representative	Prof. D. Lalitha Bhaskari	
Certificate No.	99 100 14363	
Result	 Certificate release recommended Maintenance of certificate recommended Non-Conformities were identified and closed by re-audit on site Non-Conformities were identified and closed by resubmitted documentation Suspension of certificate recommended Withdrawal of certificate recommended Certification process terminated 	

Enclosed documents:

Action list Audit plan





Audit Team	
Function	Name
Lead Auditor	Rajeswar Bomma
Auditor	Sreeraj S.V

Changes since last audit:

No changes since last audit

Date of next regularly scheduled audit	2024-07-01
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Audit conclusion

During the audit it was checked how the documented management system was established, implemented and improved at the different areas of the organization.

The audit covered relevant processes / areas of the organization in order to obtain an overall picture of the degree of management system implementation. Although performed to reasonable depth, not every detail of the complete Management System could be checked.

The processes and their associated areas of the organization were checked in accordance with the preagreed audit plan, audit program and process analysis.

Verification of previous audit nonconformities

The audit team evaluated the corrective action taken for the nonconformities/ areas of concern from the previous audit.

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.

The corrective actions were found to be:

Effectively Implemented?	Not applicable (no existing MiN or NC)			
Comments:				
No NC (Major / Minor) during last / previous audit cycle.				
Did the organization use the CR cortification mark?				
Did the organization use the CB certification mark? (Controlling the use of certification documents, statements and marks)	Not in use			
Comments:				
Not using in any document.				



Audit team conclusion		
Is a re-audit needed?	• Yes	• No

Comments:

Not required		
Not required		

Type and number of audit findings

	Major nonconformities	Minor nonconformities	Opportunities for improvement	Positive aspects
Total number	0	0	0	3

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

Audit summary

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, continual improvement, meeting of objectives and targets, competence of personnel, effectiveness of internal audits and management reviews, environmental performance, etc.

The overall performance of the Andhra University with reference to implementation of Quality Management System (QMS) as per ISO 9001: 2015 found adequate. Vice Chancellor periodically conduct management review meetings with the Registrar, Rector, Principals / Directors, Heads of departments, faculty and supporting staff to monitor and evaluate the quality management system and take appropriate measures for improvement. Effective Internal audit and management review. Last Internal audit conducted from 05th July 2023 to 25th July 2023 and management review on 09th August 2023. Quality objectives are consistent with quality policy and monitored in academic committee meetings at departmental level and management review meetings. Andhra University has a formal mechanism to obtain feedback on curriculum and other aspects periodically from students, parents, alumni, employers, community, academic peers and industry. In addition, feedback is obtained from the participants of seminars / conferences, company representatives who visit the University. Feedbacks are discussed in MRM for improvement. Infrastructure include – Academic building, Administrative & Supportive Services, Common halls, e- classrooms, Seminor halls, Guest house, Hostel for men & women, Post office, Canteen, medical facilities. Sports infrastructure, Infrastructure for cultural activities. Research and consultancy assignments in government and non-governmental organizations. Hence, Andhra University recommended for continuation of certificate i.e., maintenance of certificate recommended.



Auditor's name Rajeswar Bomma date

Auditor's signature Rajeswar Bomma 2023-08-11



Site specific information

Audited Site	
Site specific name	ANDHRA UNIVERSITY
State	India
City	Andhra Pradesh
Postal code	530003
Address	Visakhapatnam
Client number	66843-01
Certificate scope	Design of Curriculum, Regulations, Eligibility norms and implementation of on-campus Undergraduate, Postgraduate, Professional teaching & Research programmes through offline and online modes; Conduct of Examinations, Evaluation, Publication of Results and Award of Degrees; Grant of Affiliation and Academic monitoring to the programmes offered by colleges and other academic institutions; Create infrastructure through Sponsored Research & Consultancy.
Industry code(s)	EA 35; EA 37
Products / Services	Education
Total number of personnel onsite	300
Total number of effective personnel	300

ISO 9001	
Auditing of shifts	Not applicable
Tomporary citae / projecte:	Not applicable
Temporary sites / projects:	Applicable
All clauses annly	• Yes



ліі сіацэвэ арріу	• No	
Quality relevant manufacturing/realization processes:	Curriculum Development; Teaching & Learning; Examinations & Results Publication; Councelling & Admissions; Library; Infrastructure Maintenance; Transportation; Research & Consultancy	
Risk category (low/medium/high):	Medium	
KPIs:	Name	Trend
	Student Placements - Target: 75% & Achieved: 78.2%	Positive
	Students Seminars - Target: 809 & Achieved: 1104	Positive
	First Class Awarded to Students - Target: 90% & Achieved: 93%	Positive
Relevant compliance obligations / Significant legal requirements with regard to products / services:	Establishment of Andhra University under Madras Univer Andhra Pradesh Universities Act 4 of 1991; Amended Ac	•