






# ANDHRA UNIVERSITY VISAKHAPATNAM


## QUALITY MANAGEMENT SYSTEM PROCEDURES

Version No: 4.0

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**Vice-Chancellor**


	<b>ANDHRA UNIVERSITY VISAKHAPATNAM</b>		
	<b>QMS PROCEDURE MANUAL</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	<b>Page 1 of 1</b>

## CONTENTS

Description	No. of Pages
Cover page .....	01
Contents .....	01
Revision Record sheet .....	01
Manual Distribution .....	01
List of Procedures.....	01
Procedure for documented information .....	06
Procedure for Risk & Opportunities .....	03
Procedure for Internal Audit .....	04
Procedure for Control of Non conforming output .....	02
Procedure for Non conformity and corrective action .....	03
Procedure for Customer Feedback and Complaints .....	04
Procedure for Management Review .....	03
Procedure for Purchasing .....	02
Procedure for Teaching .....	03
Procedure for grant of Affiliation to the Affiliated Colleges .....	04
Procedure for Admissions .....	06
Procedure for Examination and Evaluation .....	05
Procedure for Research Admission .....	03
Procedure for University Central Library .....	05
Procedure for Communication .....	04
Procedure for analysis and evaluation .....	02

	PREPARED BY	REVIEWED BY	APPROVED BY
DESIGNATION	Management Representative	Rector	Vice-Chancellor
DATE	01.04.2018	01.04.2018	01.04.2018
SIGNATURE			

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	<b>ANDHRA UNIVERSITY VISAKHAPATNAM</b>	
	<b>QMS PROCEDURE MANUAL</b>	
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>
		<b>Page 1 of 1</b>

## **DISTRIBUTION**

**Controlled Copy - Soft Copy of Procedures in PDF-Read Only is distributed through emails for reference to VC, Rector, Principals, Registrar, Deans, Head of the Departments, Librarian & MR/Coordinator-ISO/IQAC.**


**2 Nos of Controlled copies – Hard copy are kept with MR for reference by External / Internal auditors.**

**Above Controlled Copies are generated based on Master Copy kept with MR.**

	<b>ANDHRA UNIVERSITY VISAKHAPATNAM</b>		
	<b>QMS PROCEDURE MANUAL</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	<b>Page 1 of 1</b>

### LIST OF PROCEDURES

Sl. No	Procedure Code	Procedure Title	ISO 9001:2015 Clause(s)
1	AU 01	Procedure for documented information	7.5
2	AU 02	Procedure for Risk & Opportunities	6.1
3	AU 03	Procedure for Internal Audit	9.2
4	AU 04	Procedure for Control of Non conforming output	8.7
5	AU 05	Procedure for Non conformity and corrective action	10.2
6	AU 06	Procedure for Customer Feedback and Complaints	9.1.2
7	AU 07	Procedure for Management Review	9.3
8	AU 08	Procedure for Purchasing	8.4
9	AU 09	Procedure for Teaching	8.1, 8.5, 8.6,8.7
10	AU 10	Procedure for grant of Affiliation to the Affiliated Colleges	8.1,8.5
11	AU 11	Procedure for Admissions	8.2,8.5.1,8.5.2, 8.5.3,8.5.4
12	AU 12	Procedure for Examination and Evaluation	8.6, 8.7
13	AU 13	Procedure for Research Admission	8.2,8.5
14	AU 14	Procedure for University Central Library	8.5
15	AU 15	Procedure for Communication	7.4
16	AU 16	Procedure for analysis and evaluation	9.1.3

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 01</b>
	<b>Procedure for Control of Documented Information</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 6

- 1 Purpose : To control documented information to ensure their availability at point of use required for QMS implementation.
- 2 Scope : This procedure is applicable to documented information related to QMS of Andhra University.
3. Responsibility ; Principals, Registrar, Deans, Management Representative (MR) & Departmental Heads.
4. References : ISO 9001:2015 Requirements : 7.5.1, 7.5.2, 7.5.3
5. Procedure :

## 5.1 DOCUMENTED INFORMATION

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


- a. Vision
- b. Mission
- c. Quality Policy
- d. Quality Objectives
- e. Quality Manual
- f. QMS Procedures
- g. QMS Processes
- h. External issues & internal issues
- i. Requirements of interested parties
- j. Risks & Opportunities bases on h & i.
- k. Risks & Opportunities bases QMS Processes
- l. Formats
- m. Statutory and regulatory requirements
- n. Equipment Manuals
- o. UGC requirements / guide lines
- p. AICTE requirements / guidelines

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

## 5.2 DEFINITIONS

### MASTER COPY

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

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 01</b>
	<b>Procedure for Control of Documented Information</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 6

### CONTROLLED COPY

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

### UNCONTROLLED COPY

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

### OBSOLETE COPY

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

## 5.3 APPROVAL OF DOCUMENTED INFORMATION


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

Documented information	Prepared by	Reviewed by	Approved by	Issued & Control by
Quality Manual	Management Representative	Rector	Vice Chancellor	Management Representative
QMS Procedures	Management Representative	Rector	Vice Chancellor	Management Representative
QMS Processes	Management Representative	Rector	Vice Chancellor	Management Representative
Formats	--	--	Management Representative	Management Representative
QMS documents related to Dept. / College	Dept. person	HOD / Principal	HOD/ Principal	Dept. issuing authority

## 5.4 DOCUMENTED INFORMATION CODING

- 5.4.1 Quality Manual is identified by its title, quality manual (QM)  
QMS procedures are numbered as AU ZZ and QMS Processes are coded as AU PCS ZZ  
Where AU indicates Andhra University, PCS indicates Process and ZZ indicates the serial number of the procedure / process
- 5.4.2 Formats are identified by AU F ZZ,  
Where. AU indicates Andhra University, F indicates abbreviation for Format / File, ZZ indicates Serial number..

If the format revision status is zero the same is not identified in the format being used. Only for the revision an above the revision status is identified on the formats in use.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 01</b>
	<b>Procedure for Control of Documented Information</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 3 of 6

## 5.5 REVISION NUMBER & ISSUE NUMBER

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

E.g.: Rev.: 00 indicates no revision  
Rev.: 01 indicates first revision  
Rev.: 02 indicate second revision and so on.

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


## 5.6 DISTRIBUTION OF CONTROLLED COPIES – HARD COPY :

- 5.6.1 Master copy (hard copy) of documents is generated by printing the documents and by obtaining approval of the same
- 5.6.2 MR controls only Quality manual, QMS procedures, QMS Processes and forms and all other original documents are controlled by the concerned Dept./ college.
- 5.6.3 Master copy is the original copy of the document and it not stamped. Only it is kept in safe custody. It is not used for day to day work.
- 5.6.4 Controlled and uncontrolled copies are generated by photocopying ‘Master Copy’.
- 5.6.5 Controlled copies of QMS documents are distributed according to the distribution list duly stamped in RED color as “CONTROLLED COPY” on front side of all pages.
- 5.6.6 As per the distribution list, the controlled copies of the documents are sent o the recipients. The record of the same is maintained in a document issue register (AU F 02).
- 5.6.7 Uncontrolled copies of the documents are issued by MR on request duly approved by Vice Chancellor. Uncontrolled copy is also generated from computer and stamped as UNCONTROLLED COPY in green and sent to the recipients. This copy of the document does not warrant updation.
- 5.6.8 Master list of all documents is maintained by MR in AU F 08.

## 5.7. DISTRIBUTION OF CONTROLLED COPIES – SOFT COPY:

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



	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 01</b>
	<b>Procedure for Control of Documented Information</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 4 of 6

5.7.3 MR / concerned issuing authority is responsible for updating the above controlled copy based on the changes to the Master Copy.

## **5.8. DOCUMENT REVISION / MODIFICATION:**

5.8.1 Any modification / revision to an existing document can be sought by the user due to:

- change in organization structure
- change in ISO / University standards
- changes in statutory and regulatory requirements
- change in process / system
- change required on audit findings
- change in organizational setup

5.8.2 Any user seeking a change to documented information intimates MR / concerned authority through Documented information modification request duly approved by the concerned authority.

5.8.3 The MR / concerned authority incorporates the changes(s) and distributes amendments to all controlled copy holders.

5.8.4 The revised documents replace earlier revision and old revision documents are destroyed by the controlled copy holder.

5.8.5 The MR / issuing authority ensures withdrawal of previous revision / version of document.

## **5.9. RETENTION OF ORIGINAL DOCUMENT:**


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

## **5.10. CONTROL OF DOCUMENTED INFORMATION MAINTAINED – EXTERNAL ORIGIN**

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

5.10.2 List of documents of external origin is maintained by the concerned Dept. and updates these documents based on the information subscribed based on the following:

- Information received from UGC / AICTE
- Information received from Govt.
- Information received from statutory and regulatory authorities
- Information available on websites
- Information received from industries

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 01</b>
	<b>Procedure for Control of Documented Information</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 5 of 6

### 5.11. PERIODIC REVIEW OF QMS DOCUMENTS:

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

### 5.12 Control of Documented Information retained (Records)

5.12.1 Records are maintained in the form of Format / Register in the form of Hard Copy / Soft Copy.

5.12.2 Standard Formats are used for maintaining most of the records and these are controlled by the concerned HOD / MR.

5.12.3 All records are identified by unique identification number and are maintained by the MR / Dept. Head / Principal's office in a format AU F 01.

5.12.4 All records are legibly prepared and stored in such a way that they are readily retrievable.

5.12.5 All records are stored in a suitable environment, to prevent from damage, deterioration and loss. Record holders are responsible for the upkeep and protection of records under their control.


5.12.6 Dept. concerned maintains an list (index) of all records under their control.

5.12.7 The retention period of records is defined at the end of each procedure. After the retention period is over, the concerned record holder seeks approval of HOD / Principal / Registrar for disposal of the records and action taken accordingly.

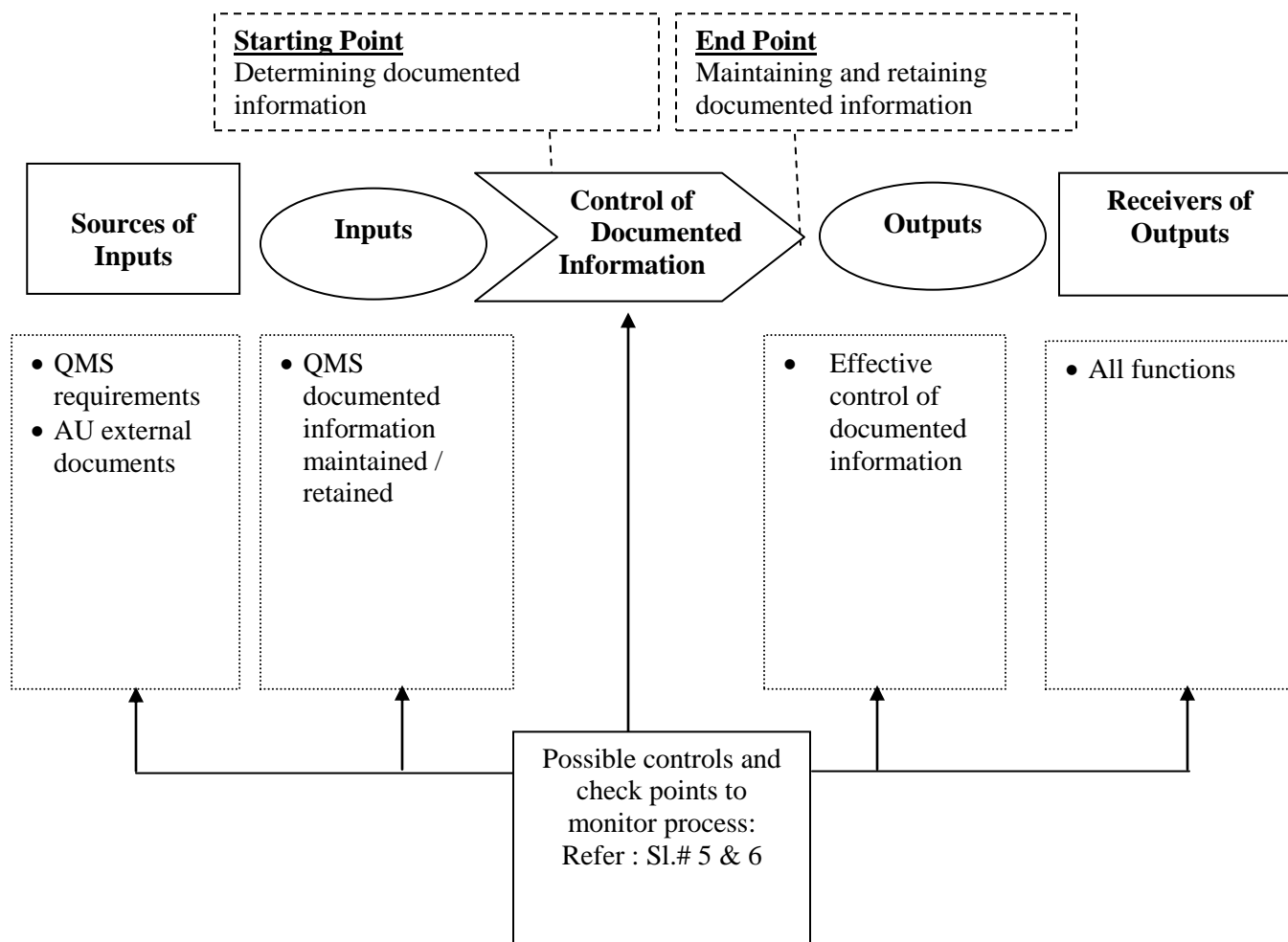
## 6. RECORDS

The following records are maintained by the section / person in charge for the period mentioned:

S. No	Description	Section / Person In Charge	Format	Retention Period
1	Master list of records	M.R	AUF 01	Permanent
2	Documents issue Register	M.R	AUF 02	Permanent
3	Master list of documented information maintained	MR	AUF 08	Permanent
4	Documented information change request	MR	AU F 31	3 Years


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 01</b>
	<b>Procedure for Control of Documented Information</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 6 of 6

## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES


- Number of reviews of QMS documented information

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 17

- 1 Purpose : To determine Risks and Opportunities related to QMS of Andhra University.
- 2 Scope : This procedure covers Risks and Opportunities related to external issues, internal issues, needs and expectations of interested parties and QMS Processes.
- 3 Responsibility ; Principals, Dept. Heads, Rectors, Registrar, Vice-chancellor and MR
- 4 References : ISO 9001:2015 requirement : 6.1
5. Procedure :
- 5.1 The following are determined by AU :
  - a) External issues and internal issues
  - b) Requirements of interested parties
- 5.2 The risks related above and QMS processes are determined.
- 5.3 Existing controls are mapped for the identified risks. After taking into account of the existing controls, the determined risks are evaluated based as :
 

LOW – No impact on achieving Quality Objective  
 MEDIUM – Moderate impact on Quality Objective  
 HIGH – High impact on achieving Quality Objective
- 5.4 Depending on the level of risk, LOW / MEDIUM / HIGH, action taken as given below :
 

LOW – No action required.  
 MEDIUM – Existing Controls / Mitigation plan to be monitored.  
 HIGH – Existing controls / Mitigation plan not effective. Additional / New Mitigation plan to be established.
- 5.5 Wherever exists, opportunities are captured during the risk assessment process.
- 5.6 Actions to address opportunities and additional controls are drawn and maintained by the respective depts.
- 5.7 External issues, internal issues and related Risks and Opportunities are given at Annexure-1 to this procedure.
- 5.8 Interested parties, their needs & expectations and related Risks & Opportunities are given at Annexure-2 to this procedure.
- 5.9 Risks and Opportunities related to QMS Processes are given at Annexure-3 to this procedure.


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 17

5.10 Risks and opportunities are reviewed at least 3 years or as and when required to ensure continuing suitability.

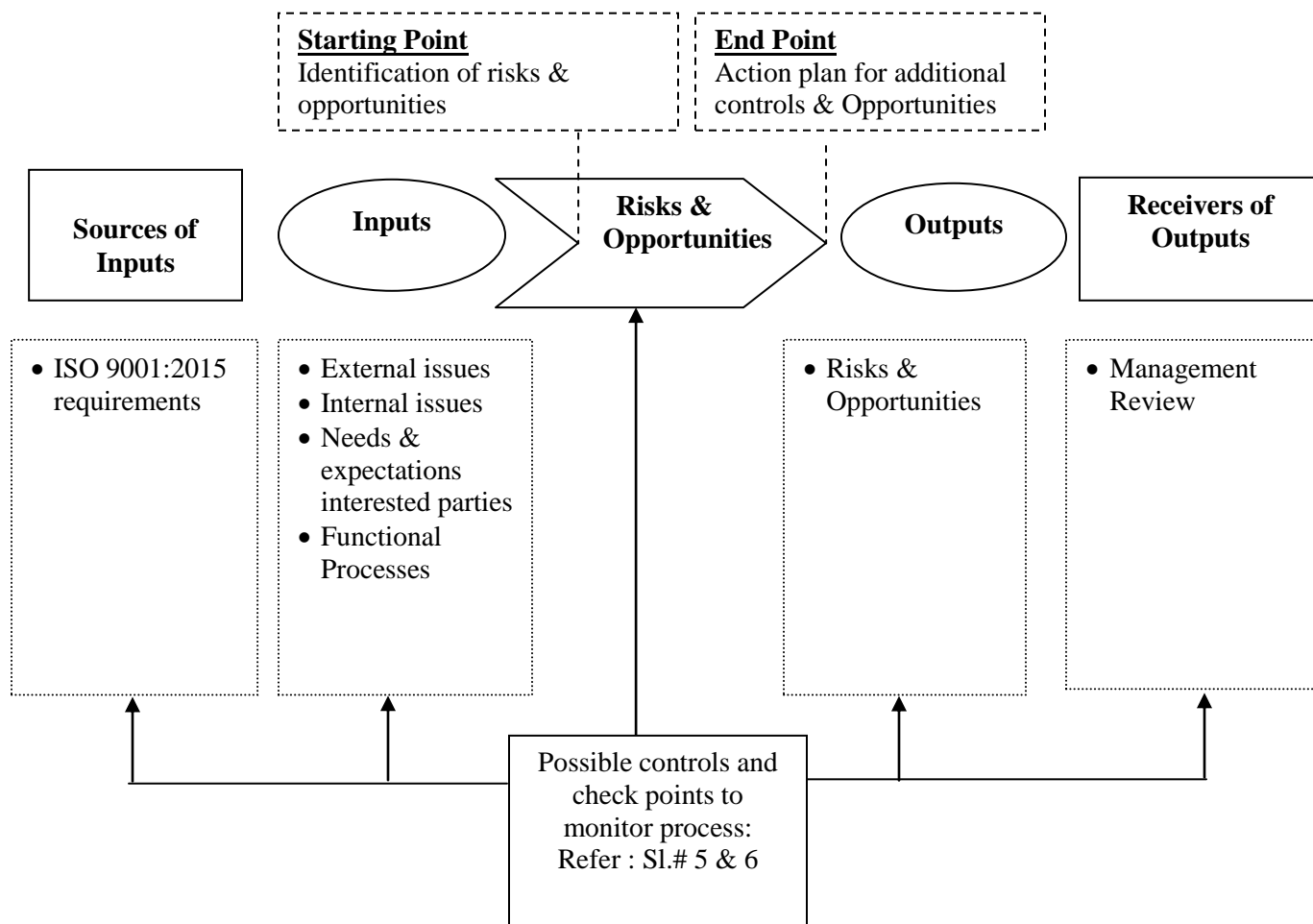
## 6 RECORDS

The following records are maintained by the section / person in charge for the period mentioned:

S. No.	Description	Section / Person In-charge	Format	Retention period
1.	Records related to Risk control measures & Opportunities action plan.	Dept. Head	--	Permanent
2.	Risks and Opportunities review record	MR	--	3Years


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 3 of 17

## 7. PROCESS MAP




## 8. PROCESS PERFORMANCE MEASURES

- No. of reviews of risks & opportunities.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 4 of 17


**Annexure for AU-02**

Sl.	External Issue	Risk	Potential Root Cause	Existing Controls	Relevant Quality Objective	Risk Assessment (Effect on Quality Objective)			Additional controls	Action Plan for additional controls	Opportunities	Action Plan for opportunities
						LOW	MEDIUM	HIGH				
1	Fulfillment of needs and expectations of students	Not achieving desired customer satisfaction	Not capturing needs and expectations of students	Procedures : AU 06, 07, AU 16, Reviews by Principals and Dept. Heads	To provide quality education.		√		Analysis of feed back from students and actions	Analysis and actions by Dept. Heads / Principals		
2	Compliance to requirements of statutory and regulatory bodies / authorities such as UGC, AICTE, etc.	Deviation to requirements leading impact on offering courses	Due to not capturing requirements and monitoring the same	Procedures : AU 07, AU 16 Adherence and monitoring requirements Review by Principals, Deans, Registrar and VC	To provide quality education.  To develop state of art infrastructure and well endowed faculty	√						


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 5 of 17

<b>3</b>	Accreditation to NAAC	Not able to have collaboration with foreign universities and industries	Not capturing and monitoring accreditation requirements	Procedures : AU 07, AU 16 Adherence and monitoring Accreditation requirements Review by Principals, Deans, Registrar and VC	To provide quality education.  To develop state of art infrastructure and well endowed faculty	√						
<b>4</b>	Attracting International students	Variable to present University the National and International level	Funding & Motivation	Procedures : AU 07, AU 16 State of art infrastructure and well endowed faculty	To imparting globally focussed education and creating world class professional	√						
<b>5</b>	Attracting high ranking merit students	Not able to admit high quality students	Due to not able to provide good placements Admissions through state wide entrance tests	Procedure : AU 11 State of art infrastructure and well endowed faculty	To provide quality education	√						




	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>					<b>AU 02</b>	
	<b>Procedure for Risks and Opportunities</b>						
	<b>Revision: 00</b>		<b>Date: 01-04-2018</b>			<b>Page 6 of 17</b>	


<b>6</b>	Quality Management System Certification	Not able to claim QMS based on International Standards	Not fulfilling the Management System Standard requirements	QMS based on ISO 9001:2015	All Quality Objectives	√						
<b>7</b>	Meeting requirements of Industrial firms for consultancy	Not able to satisfy industry customers	Due to not having monitoring of consultancy	Procedures : AU 07, 16 Synergic relationship with industry	To promote research & consultancy							
<b>8</b>	Interaction with other universities / Research Industries	Compliance with the equipments of other agencies	Non-availability of knowledge of other's work culture	IQAC and review committees	To promote research and consultancy.  To establish synergic relationship with industry and society	√			Capturing communication requirements	Communication matrix		
<b>9</b>	MOU's with Foreign Universities, Research Institutions	Lack of monitoring on Technology transfer and delaying funds	Not meeting the expectations and needs	Review committees	To imparting globally focussed education and creating world class professional	√						
<b>10</b>	Fulfillment of funding agencies requirements	Not complying with FA requirements	Not getting timely inputs from administration	Review committees	To develop state of art infrastructure and well endowed faculty	√						

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>					<b>AU 02</b>		
	<b>Procedure for Risks and Opportunities</b>							
	<b>Revision: 00</b>		<b>Date: 01-04-2018</b>			Page 7 of 17		


11	Student and Faculty Foreign Exchange Programme	Sanction of insufficient funds	Lack of proper guidance	Review committees	To implarning globally focussed educate and quality world class professional	√						
12	Granting affiliation to colleges and monitoring	Deviation to UGC / AICTE requirements	Due to not monitoring functioning of affiliated colleges	Inspections by committees and vigilance by CDC Procedure : AU 10	To provide quality education		√			Periodic inspection		
13	Ranking agencies NIRF, QS Ranking THE and other ranking agencies	If not top 50 then funding will be reduced global visibility will be reduced	Lack of faculty Supporting Staff	IQAC	Imparting globally focused education and creating world class professional		√			Continuou s monitorin g by IQAC		
14	Procurement of materials and availing services from external providers (suppliers )	Not meeting AUrequirements	Due to not having structured procurement system	Purchasing Procedure : AU 08	To provide quality education	√						

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 8 of 17


<b>15</b>	Fulfilment of social needs through socio-economic development activities	Lack of awareness in public / Lack of public perception	Not conducting enough awareness programmes	Extra circular activities	To establish synergic relationship with Industry and Society	√						
<b>16</b>	Promotion of games Sports among students at national & International level	Lack of national recognized athletes / sports persons	Lack of students training inclination towards sports	Physical education NSS courses in circulation	To provide quality education	√						

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 9 of 17


Sl.	Internal Issue	Risk	Potential Root Cause	Existing Controls	Relevant Quality Objective	Risk Assesment (Effect on Quality Objective)			Additona l controls	Action Plan for additon al control s	Opportu nities	Action Plan for opportu nities
						Lo w	Medi um	Hi gn				
1	State of art infrastructure	Not meeting students / industry requirements	Due to not upgrading infrasture	Monitorin g / upgrading Laborator y infrastru ct ure by the Dept./Coll ege	To develop state of art infrastructure and well endowed faculty	√						
2	Quality Publications	Time consuming demanding for funds	Lack of sufficient instruments	CAS, budget Promotion Procedure : AU 13	To Promote research & Consultancy	√					Criteria Index Universit y ranking in introduct ion ranking	
3	Library facility	Not providing adequate literature inputs to students and faculty	Due to not having adequate infrastructure	E-library Procedure : AU 14	To provide Quality Education	√						
4	Internet facility to students and faculty	Not able access information in time	Dut not having infrastruture	Wi-fi enabled University	To provide Quality Education	√						

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>					<b>AU 02</b>	
	<b>Procedure for Risks and Opportunities</b>						
	<b>Revision: 00</b>		<b>Date: 01-04-2018</b>			Page 10 of 17	


5	Interdisciplinary Research	Inadequate research work	Cordination and communication gap	Procedure : AU 13	To Promote research & Consultancy	√			Nominating control authorities from other Universities	Continuous monitoring	Improving the University ranking Increasing in the research activities	Monitoring by the Depts.
6	Academic Audit	Deviation to regulatory requirements	Due to not having inspection / audits	Audits are conducted yearly once	To develop state of art infrastructure and well endowed faculty	√						
7	Improvement of Infrastructure Laboratory facilities	Not able to provide education suiting current industry requirements	Due to not having adequate infrastructure	Monitoring / upgrading Laboratory infrastructure by the Dept./College	To provide Quality Education		√		Continuous upgradation of Laboratory facilities	Annual budget & Monitoring by Depts.		
8	Strengthen the Department Alumni Association	Not responding to Alumni requirements in time	Due to not having interaction	Alumni Association and interaction	To establish educationally both Industry & Society	√						
9	Improvement Communication	Not communication required information in time	Due to not capturing communication requirements	Communication requirements capturing by the Dept./College	To provide Quality Education  To Promote research & Consultancy		√		Communication matrix	Monitoring by the Dept. College		

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>					<b>AU 02</b>	
	<b>Procedure for Risks and Opportunities</b>						
	<b>Revision: 00</b>		<b>Date: 01-04-2018</b>			Page 11 of 17	

10	Faculty competence	Not able to meet students / regularoty requirements	Due to not having qualified faculty / upgrading skills	Recruiting competent faculty Faculty Development programmes Attending seminars / work shops	To provide Quality Education	√						
11	Zero tolerance / ragging free university	Demotivated students	Due to not having system to avoid ragging	Antiragging committees and strict vigilance	To provide Quality Education	√						
12	Plastic free/ environmental friendly University	Environmental Pollution	Lack of awarness among stake holders	Programmes like Swacha Bharath, Clean & Green	To establish synergic relationship with Industry & Society	√						
13	Monitoring performance of dept./college	Not able to meet dept. objectives / targets	Due to not defining objectives / targets and monitoring the same	Periodical DC, DRC, SC Meeting	To provide Quality Education To establish educatily both Industry & Society		√				Review and updation of Qualit Perform ance objectiv es	Monitori ng by Depts.


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>					<b>AU 02</b>		
	<b>Procedure for Risks and Opportunities</b>							
	<b>Revision: 00</b>		<b>Date: 01-04-2018</b>			Page 12 of 17		

14	Hostel functionng	Not able to meet students / regularoty requirements	Due to not having monitoring system	Hostel functionin g committee s / Wardens	To develop state of art infrastructure and well endowed faculty	√						
15	Usage of teaching aids / tools	Not able to meet students / regulatory requirements	Not using teaching aids / tools suiting current environment	Adequate infrastrure	To develop state of art infrastructure and well endowed faculty		√					
16	Strengthen women Redressal & Grievience cell, ICC	Widening of gender inequalities & inseam to women/ students	Lack of awareness & effective utilization of existing ICC	Grievance / ICC	To provide quality education	√						
17	To encorage staff to conduct national international workshops, confenrencie s etc	Not upgrading knowledge at par with current indstry requirements	Due to not participating in work shops / conferences	Conductin g attitude workshop / Seminars etc	To promote Research paper of contributions	√						


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 13 of 17

Sl.No.	Interested Party	Needs	Expectations	Risks & Opportunities
1	Students	Conducting courses and providing services as per requirements.	Good infrastructure and facilities. Timely response to service requests.	See Risks identified under Sl. 1 under External Issues
2	Industry	Providing services as per agreement / requirements	Coordination with the industry. Prompt response to information.	See Risks identified under Sl. 7 under External Issues
3	NAAC Accreditation body	Compliance to accreditation requirements	Prompt response to communication.	See Risks identified under Sl. 3 under External Issues
4	Funding agencies	To meet the purpose and requirements of funding agencies.	Contribution to the industry and society	See Risks identified under Sl. 10 under External Issues
5	Statutory /regulatory bodies / authorities such as UGC, AICTE, etc.	Compliance to statutory and regulatory requirements.	Prompt response to communication.	See Risks identified under Sl. 2 under External Issues
6	External providers (Suppliers / Service providers)	Communication on services / materials to be provided.	Long term relationship	See Risks identified under Sl. 14 under External Issues
7	ISO 9001 Certifying Body	Conformance to Management System requirements. Conformance to Certifying Body requirements	Prompt response to communication	See Risks identified under Sl. 8 under External Issues
8	Employees	Timely payment of compensation and benefits.  Suitable work environment.	Encouraging work culture. Growth opportunities. Knowledge enhancement.	See Risks identified under Sl. 17 under Internal Issues




	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 14 of 17


Sl.	Process	Risk	Potential Root Cause	Existing Controls	Relevant Quality Objective	Risk Assessment (Effect on Quality Objective)			Additional controls	Action Plan for additional controls	Opportunities	Action Plan for opportunities
						Low	Medium	High				
1	Control of documented information	Nonavailability of required documented information for relevant persons. Availability of obsolete information	Not having control over documented information	Procedure : AU 01	All quality objectives	√					Distribution of Quality Manual and QMS Procedures through soft copy	Distribution of PDF read only form through email
2	Risks and opportunities	Not capturing risks and opportunities as per the requirements of ISO 9001:2015 and AU	Due to not defining Risks and opportunities process	Procedure : AU 02	All quality objectives	√						
3	Internal audit	Not fulfilling the requirements of ISO 9001	Not carrying out internal audits systematically	Procedure : AU 03 Trained internal auditors	All quality objectives	√						

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 15 of 17


4	Control of nonconforming output	Delivery of nonconforming service	Due to not identifying and controlling nonconforming output	Procedure : AU 04	To provide quality education	√						
5	Nonconformity and corrective action	Not taking timely and effective corrective actions	Not capturing nonconformities and determining corrective actions to be taken	Procedure : AU 05	To provide quality education To promote research and consultancy	√						
6	Customer feedback and complaints	Nonfulfillment of requirements of customers and achieving desired customer satisfaction	No mechanism of obtaining feedback and resolving complaints	Procedure : AU 06	To provide quality education	√						
7	Management review	Deviation to management review requirements of ISO 9001:2015 requirements	Not capturing agenda / inputs to conduct management review by VC	Procedure : AU 07	All quality objectives	√						

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 16 of 17

8	Purchasing	Delay in providing materials / services	Not having defined Purchasing system	Procedure : AU 08	To provide quality education	√						
9	Teaching	Not meeting students requirements and deviation to AU requirements	Due to not having defined system for Teaching and monitoring the same	Procedure : AU 09	To provide quality education	√						
10	Grant of affiliation to affiliated colleges	Deviation to AU affiliation requirements	Not monitoring affiliation and performance of affiliate colleges	Procedure : AU 10	To provide quality education	√						
11	Admissions	Admissions deviating with AU requirements	Due to not having guidelines and monitoring	Procedure : AU 11	To provide quality education	√						
12	Examinations and evaluation	Examinations deviating with AU requirements	Due to not having system to monitor examinations and evaluation	Procedure : AU 12	To provide quality education	√						
13	Research Admission	Admissions deviating with AU requirements	Due to not having guidelines and monitoring	Procedure : AU 13	To promote research and consultancy	√						

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 02</b>
	<b>Procedure for Risks and Opportunities</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 17 of 17

14	University Central Library	Not providing quality collective of books and services	Due to not upgrading Library and monitoring library functioning	Procedure : AU 14	To provide quality education To promote research and consultancy	√						
15	Communication	Not communicating in time to the internally and with external interested parties	Due to not capturing communication requirements	Procedure : AU 15	All quality objectives	√						
16	Analysis and evaluation	Not able to take timely corrective actions	Due to not having review / analysis of performance of Depts./Colleges	Procedure : AU 16	All quality objectives	√						

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 03</b>
	<b>Procedure for Internal Audit</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 4

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

a. conforms to the planned arrangements, to the requirements of ISO 9001:2015 standard and to the quality management system established by AU, and

b. is effectively implemented and maintained

2 Scope : This procedure is applicable to internal audit of QMS of AU.

3. Responsibility ; Management Representative (M.R)

4. References : ISO 9001:2015 requirement : 9.2

5. Procedure :

### **5.1 Audit Planning**

5.1.1 Management Representative prepares Audit plan and schedule

5.1.2 Audit plan is prepared annually and Audit schedule is prepared separately for each Audit

5.1.3 Audit plan is prepared covering all activities

5.1.4 Audits are conducted once in 6 months. If required, separate Audits are conducted and frequency is decided based on the status, importance and previous Audit results. All Audit areas are covered at least once in a year

5.1.5 Audit schedule is prepared and communicated in advance to Auditors and auditees.

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


### **5.2. Audit Team:**

5.2.1 MR identifies the employees for Internal Auditor Training with suitable qualifications and experience in the Andhra University

5.2.2 While selecting Auditors to carryout Audits, MR ensures that auditors do not audit their own work area.

5.2.3 MR Selects Auditors, who are trained in ISO 9001:2015 QMS.

5.2.4 MR Plans for updating the skills and knowledge of Internal Auditors and training of new Auditors.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 03</b>
	<b>Procedure for Internal Audit</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 4

5.2.5 MR Maintains a list of qualified Auditors. The list is reviewed annually and updated whenever there is addition or deletion is made to the list.

### **5.3 Conducting Audit:**

5.3.1 The internal Audit covers all areas of the AU.

5.3.2 Based on Audit schedule, Auditors conduct the audit of the areas allotted covering the processes applicable to those areas are required by the ISO 9001:2015 standard and QMS documented information.

5.3.3 The observation during the Audit are recorded in “Audit observation report”

5.3.4 The nonconformities are recorded in Audit Non-conformance Report (NCR) format by the Auditors. The commitment of Auditees for the proposed date of corrective actions is obtained on Corrective Actions Report with signature and date.

5.3.5 Auditors submit the Audit Non-conformance report along with audit observation Reports to the M.R

5.3.6 M.R duplicated the copy of NCRs and issues the original NCR to the concerned Auditees, to implement the corrective actions proposed

### **5.4 Corrective actions and follow up:**

5.4.1 After implementation of corrective actions the Auditee writes the corrective actions take on the NCR and submits the original NCR to M.R for verification of actions taken.


5.4.2 In case of delay beyond the agreed time frame for taking corrective actions, the concerned auditees/ Divisional Head communicate the revised date to M.R and gets concurrence.

5.4.3 M.R reviews the NCRs and nominates the auditors to verify the effectiveness of corrective actions taken.

5.4.4 Auditors nominated, verify the corrective actions taken and their effectiveness and records the findings on the Audit Non-conformance reports and submit the same to M.R for reviews and closure.

5.4.5 MR reviews the NCRs and endorses the need for any follow-up actions and closes the NCRs by ticking in appropriate box in CAR and return the original copy to the auditee.

5.4.6 If corrective actions are not acceptable, M.R returns in NCR to Auditees for revising the corrective actions and resubmission of report.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 03</b>
	<b>Procedure for Internal Audit</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 3 of 4

## 5.5 Presentation of Management Review Meeting:

5.5.1 M.R prepares consolidated audit report after completion of each audit for discussion in Management Review Meeting


5.5.2 Audit Plan, Audit Schedule. NCRs, Summary of Audit Results are maintained by M.R

5.5.3 The results of audits and corrective actions are discussed in Management Review meetings.

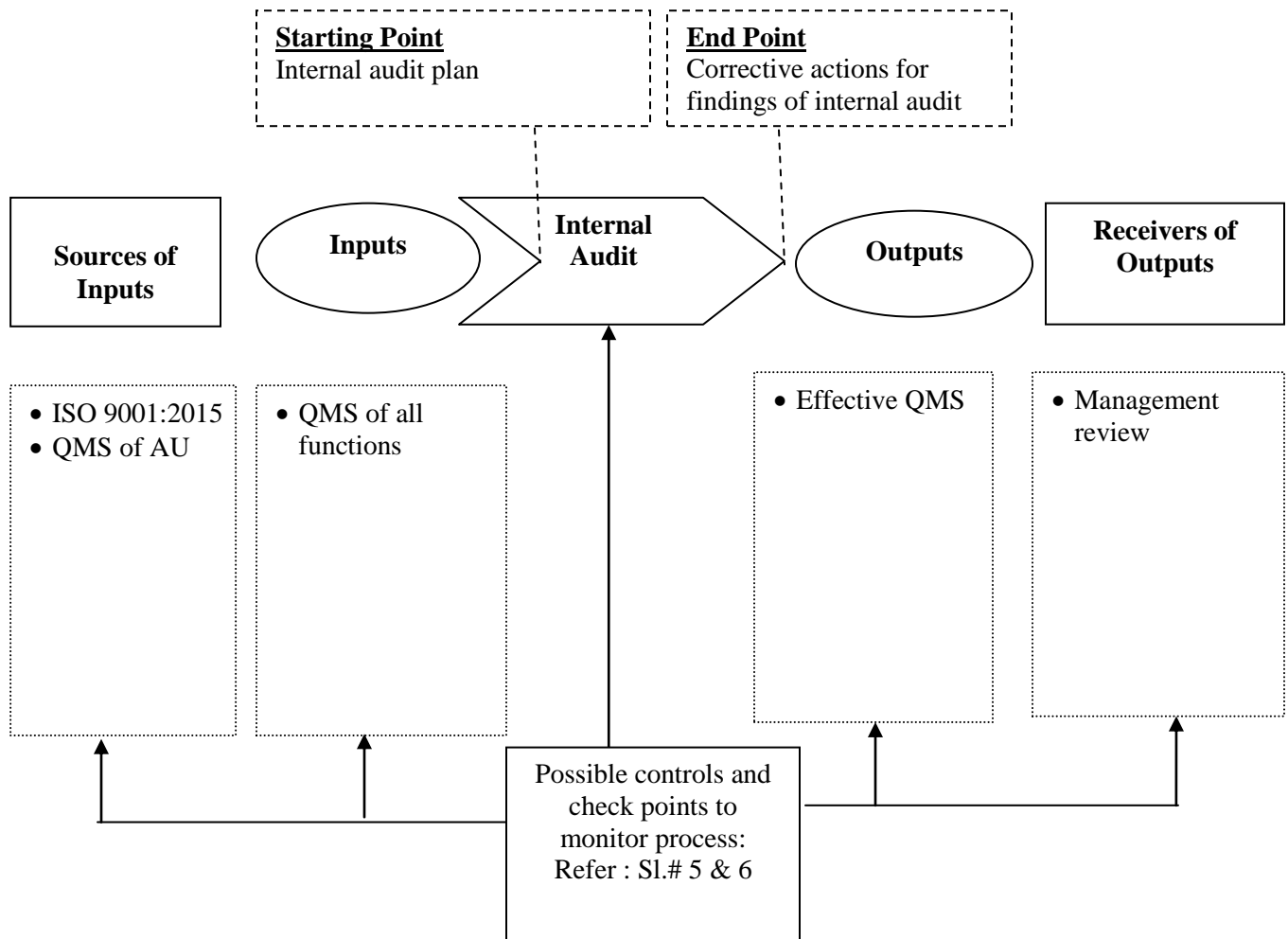
## 6.0 Records

The following records are maintained by the agencies for the period mentioned.

S. No	Description	Agency	Format	Retention Period
1	Audit Plan	M.R	AU F 03	3 years
2	Audit Schedule	M.R	AU F 04	3 years
3	Audit observation Report	M.R	AU F 05	3 years
4	Audit Non conformance Report (NCR)	M.R	AU F 06	3 years
5	Summary of Audit Results	M.R	AU F 07	3 years

	ANDHRA UNIVERSITY, VISAKHAPATNAM		AU 03
	Procedure for Internal Audit		
	Revision: 00	Date: 01-04-2018	Page 4 of 4


## 7. PROCESS MAP




## 8. PROCESS PERFORMANCE MEASURES

- No. of audits per year planned vs. conducted



	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 04</b>
	<b>Procedure for Control of Nonconforming Output</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 2

- 1 Purpose : To ensure nonconforming service / products are prevented from unintended use or dispatch
- 2 Scope : This procedure is applicable to all areas whenever a nonconformance is observed
3. Responsibility ; Departmental Head
4. References : ISO 9001:2015 requirement : 8.7
5. Procedure :
- 5.1 During the inspection, if any activity is not meeting the specified requirements, it is treated as a nonconforming material
- 5.2 Concerned Departmental identified is recorded in Activity diary
- 5.3 Any non conformance identified is recorded in Activity diary
- 5.4 Nonconforming material is suitably identified, kept separately and details are recorded in the department committee minutes of the subsequent meeting
- 5.5 The non conformances observed are discussed with staff members to take the necessary action for disposition
- 5.6 The non conformance are disposed off in any one of the following ways
  - a) By taking action to eliminate the detected non conformity
  - b) By authorizing its use or acceptance under discretion of the concerned Head
  - c) Rejected
- 5.7 Head of department is the financial authority to take decision on the non conformances observed.
- 5.8 Nature of non conformities, subsequent to action taken, including concessions given are recorded in Quality circles minutes.
- 5.9 Based on critically and repetitiveness of non conformity, root cause analysis is done and necessary corrective action is taken as per AU 05: Procedure for corrective and preventive actions.
- 5.10 Corrective actions taken are sent by each Departmental head to M.R for discussion in Management Review Meeting.

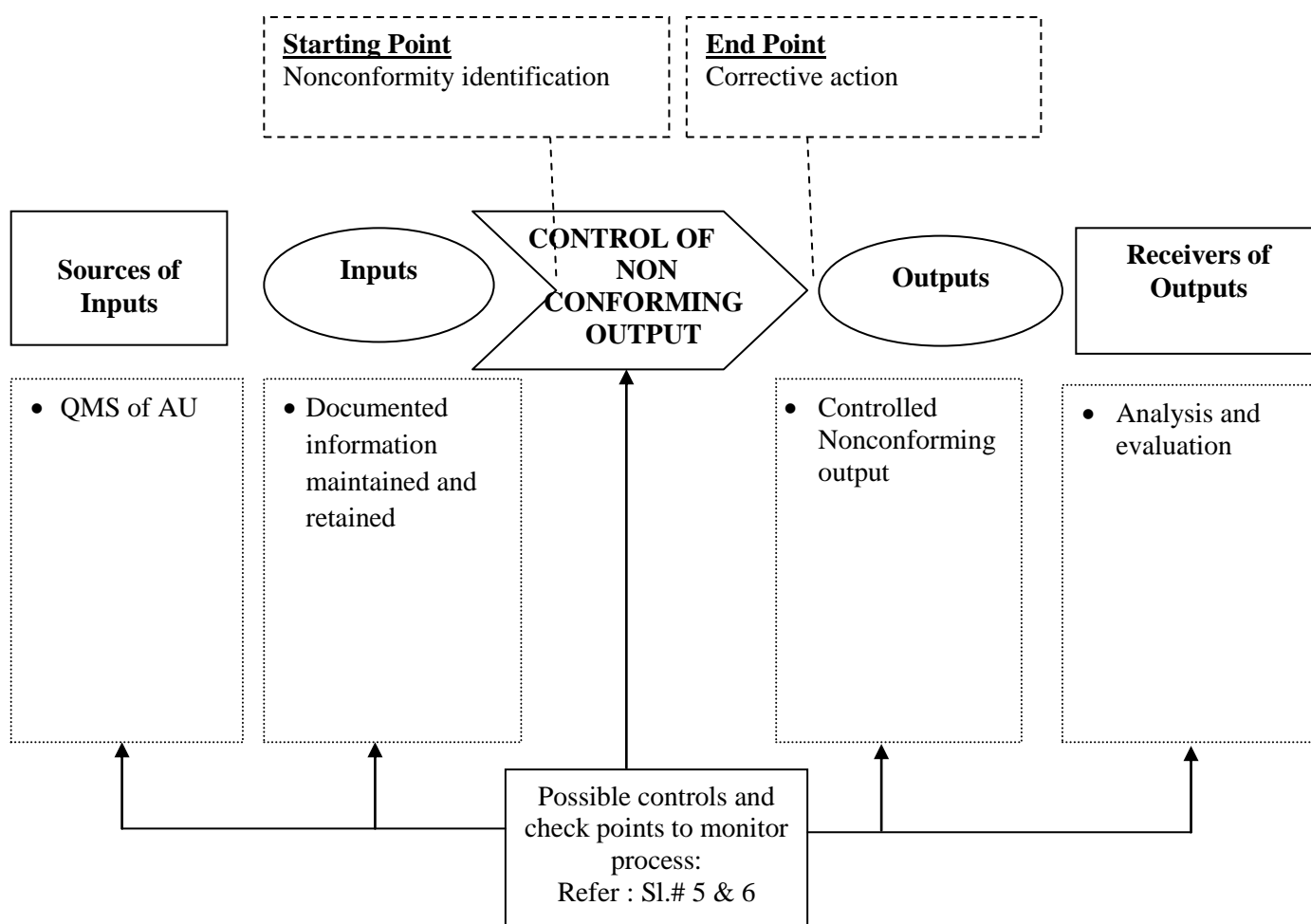
	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 04</b>
	<b>Procedure for Control of Nonconforming Output</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 2

## 6. Records

The following records are maintained by the section / person in charge for the period mentioned.


S. No	Description	Section / Person in charge	Format	Retention Period
1	Minutes of departmental committee	Departmental Head	--	Permanent

## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES

- No. of customer complaints on services

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 05</b>
	<b>Procedure for Nonconformity and Corrective Action</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 3

- 1 Purpose : To implement corrective action to eliminate the causes of actual non-conformities
- 2 Scope : This procedure covers all services, processes, QMS including customer property and it is applicable to all Departments.
3. Responsibility ; Departmental Head
4. References : ISO 9001:2015 requirement : 10.2
5. Procedure :

### 5.1 Identification of Corrective Actions:


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

Nature of Non Conformance	Responsibility
1. Customer Complaints / Customer Feedback	Departmental Head / Quality circles
2. NCRs detected during Audits (Internal / External)	MR / Departmental Head
3. Process non conformances	Concerned departmental Head
4. Inadequate / non existence of procedures & documentation	Registrar / Head of the Department / Principal

- 5.1.3 Each Department submits status of the following to M.R. for discussion in Management Review Meeting.
  - a) Process Non-conformance
  - b) Trends of performance of each Department
  - c) Extent of Achievement of Quality Objectives
  - d) Customer complaints
  - e) Feedback on Internal / External Audit Non-conformances
- 5.1.4 Based on the decision taken in the meeting, necessary corrective actions are identified for problems reported.

### 5.2 Corrective Action

- 5.2.1 For the reported Non-conformances, based on critically and receptiveness, root cause analysis is carried out of identification of corrective action. The responsibility is assigned for implementation of the same.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 05</b>
	<b>Procedure for Nonconformity and Corrective Action</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 3


5.2.2 Concerned Departmental Head ensures that corrective actions are identified and implemented, monitors the progress and reviews the action taken based on the analysis

5.2.3 Each Departmental Head maintains a record of corrective actions taken in his Department to ensure that they do not recur again.

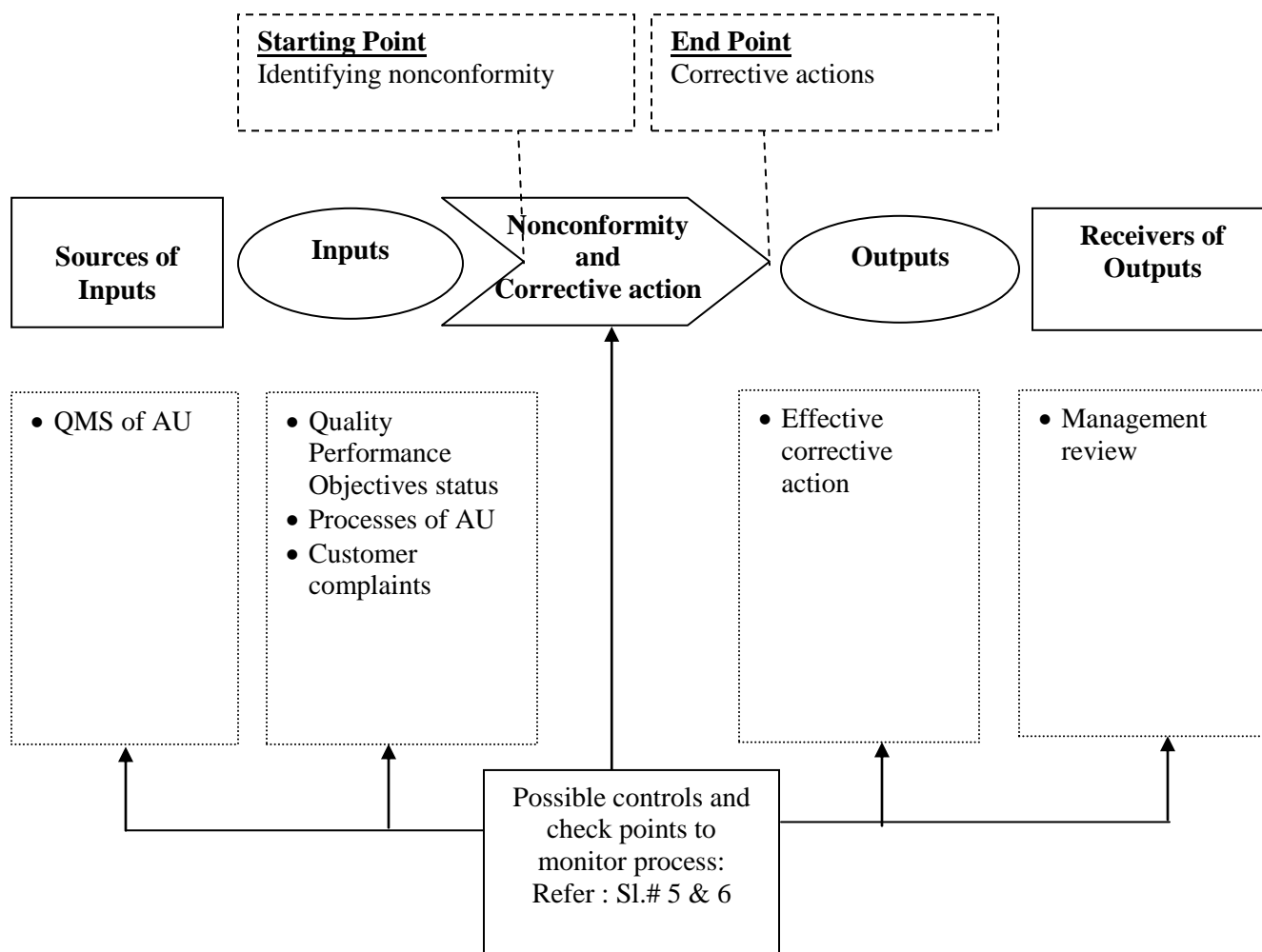
## 6. Records

The following records are maintained by the section / person in charge for the period mentioned.

<b>S. No</b>	<b>Description</b>	<b>Section / Person in charge</b>	<b>Format</b>	<b>Retention Period</b>
1	Corrective Action Report	Department	----	3 years


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 05</b>
	<b>Procedure for Nonconformity and Corrective Action</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 3 of 3

## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES

- Quality objectives achievement status

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 06</b>
	<b>Procedure for Customer Feedback and Complaints</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 3

- 1 Purpose : To collect and compile information related to customer perception through feedback and to resolve customer complaints properly to ensure customer satisfaction
- 2 Scope : This procedure is applicable to all academic Departments
3. Responsibility ; Departmental Head, Principal
4. References : ISO 9001:2015 requirement : 9.1.2
5. Procedure :

### **5.1 Assessment of Customer perception:**

The assessment of customer perception of services provided is done through:


- a) Customer feedback
- b) Interactions with the customers.

#### **5.1.1 Assessment of customer perception through feedback:**

- 5.1.1.1 At the end of each semester feed back is taken from student about the performance of each faulty.
- 5.1.1.2 Feedback is analyzed by each departmental to assess the perception levels and suggestions for improvement of various parameters.
- 5.1.1.3 Based on the analysis, parameters with low levels of customer satisfaction are identified and causes for the same are identified. Necessary actions are initiated for improvement.
- 5.1.1.4 The feedback of customers is discussed in Management Review Meetings.

### **5.2 Handling of customer complaints:**

- 5.2.1 Customer complaints may be received orally or in written. Whenever a complaint is received, a case is opened in the Department office and report will be called from the Head of the department.
- 5.2.2 Details of the customers complaints are also entered in a Complaint Register (AU F 09) maintained in the office.
- 5.2.3 The Head of department analysis the reasons and submits report
- 5.2.4 Based on critically and repetitiveness, root cause analysis is carried out and corrective action is decided and carried out.
- 5.2.5 Once the corrective action is decided, timely implementation by the concerned Department is ensured.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 06</b>
	<b>Procedure for Customer Feedback and Complaints</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 3

5.2.6 Effectiveness of corrective action taken is verified by Departmental Head / M/R


5.2.7 Customer complaints are reviewed in the Management Review Meetings and appropriate actions are decided.

5.2.8 The decisions taken in the Management Review Meetings are implemented by the concerned departmental Heads.

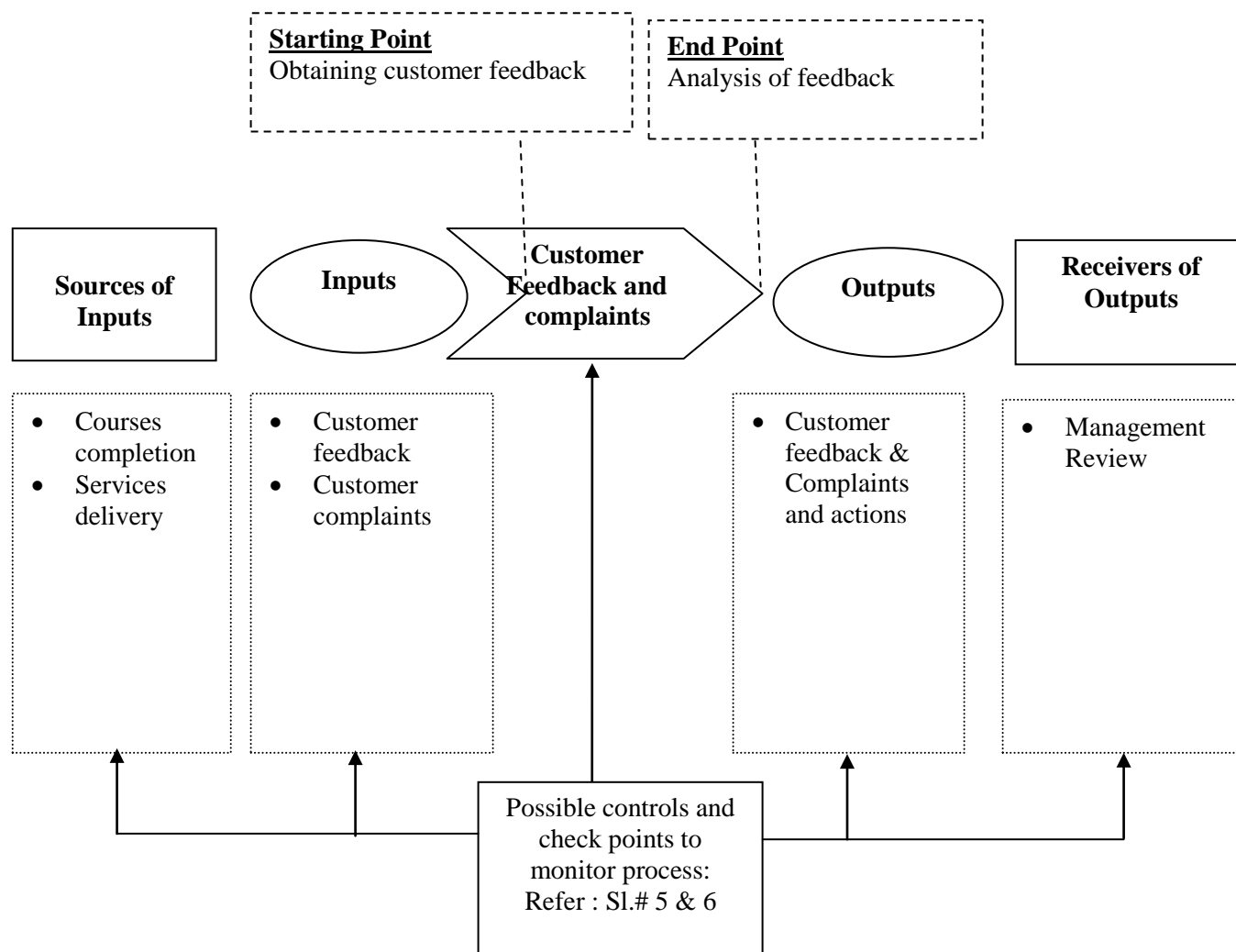
## 6. Records

The following records are maintained by the section / person in charge for the period mentioned.

<b>S. No</b>	<b>Description</b>	<b>Section / Person in charge</b>	<b>Format</b>	<b>Retention Period</b>
1	Customer Feed back / Complaints record	Departmental Head	AU F 09	3 years

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 06</b>
	<b>Procedure for Customer Feedback and Complaints</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 3 of 3


## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES

- Customer feedback



	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 07</b>
	<b>Procedure for Management Review</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 3


- 1 Purpose : To review the performance of quality management system to continuing suitability and effectiveness in satisfying the requirements of quality management system.
- 2 Scope : This covers review of QMS of AU based on ISO 9001:2015 requirements.
- 3 Responsibility ; VC/Registrar / Management Representative
- 4 References : ISO 9001:2015 requirement : 9.3
- 5 Procedure :

### **5.1 General**

- 5.1.1 Management Review committee consists of MR, all Departmental Heads, Deans, Principals, Registrar and any other person(s) nominated by the V.C. Vice Chancellor / Rector chairs the meeting  
In the absence of Departmental Heads, in-charge attends the meetings.
- 5.1.2 Agenda for the meeting (as given under 5.2.1) is distributed to all members at least one week in advance by the Management Representative.
- 5.1.4 The meetings are also held at short notice.

### **5.2 Review Input**

- 5.2.1 The agenda for meeting normally includes the following
  - a) The status of actions from previous management reviews;
  - b) Changes in external and internal issues that are relevant to the quality management system;
  - c) Information on the performance and effectiveness of the QMS, including trends in:
    1. Customer satisfaction and feedback from relevant interested parties;
    2. The extent to which quality objectives have been met;
    3. Process performance and conformity of products;
    4. Nonconformities and corrective action;
    5. Monitoring and measurement results;
    6. Audit results;
    7. The performance of external providers;
  - d) The adequacy of resources;
  - e) The effectiveness of actions taken to address risks and opportunities;
  - f) Opportunities for improvement.
- 5.2.2 Management Review Meetings are conducted once in six months. All the review input points are covered at least once in a year in the meetings.
- 5.2.3 Notice for the meeting includes details of date, time and venue, points to be discussed.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 07</b>
	<b>Procedure for Management Review</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 3

5.2.4 If any change are made in the notice, they are communicated to all members, well in advance by M.R

### **5.3 Review Output:**

5.3.1 The output of the management Review Meetings is the decisions, taken in the meeting, clearly identifying the responsibility for actions to be taken.

5.3.2 Output from Management Review meeting includes the decisions taken and actions related to:

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

5.3.3 Review output indicates activity identified, action to be taken, responsibility, target date, and resources requirement if any and is recorded as Minutes of the meeting.


5.3.4 Minutes of the Management Review, after review by the Vice Chancellor the Minutes are distributed by the MR within one week.

5.3.5 Records of Management Review Meetings are maintained by the MR

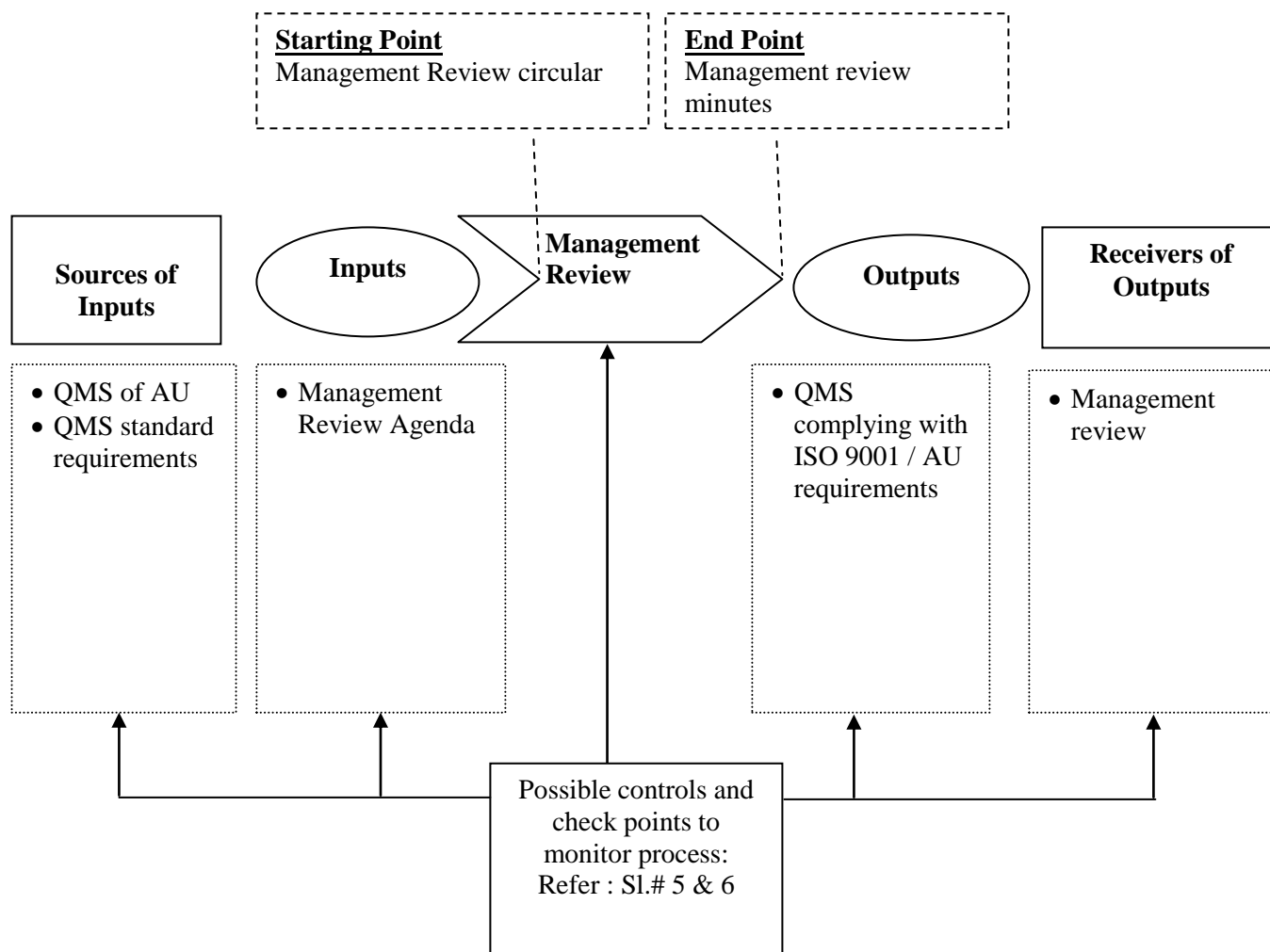
### **6. Records**

The following records are maintained by the section / person in charge for the period mentioned.

<b>S. No</b>	<b>Description</b>	<b>Section / Person in charge</b>	<b>Format</b>	<b>Retention Period</b>
1	Agenda for management review meeting	MR	AU F 10	3 years
2	Minutes of management review meeting	MR	AU F 11	3 years


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 07</b>
	<b>Procedure for Management Review</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 3 of 3

## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES

- Quality objectives achievement.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 08</b>
	<b>Procedure for Purchasing</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 2

- 1 Purpose : To ensure uniform purchasing procedure in the University.
  - a) Conforms to planned arrangements to the requirements of ISO 9001:2015 and QMS requirements are established
  - b) Is effectively implemented and maintained.

- 2 Scope : This procedure is applicable to all Departments in Andhra University

3. Responsibility ; Registrar / Head of the Department

4. References : Proceedings of the Vice Chancellor, No. A III S.F. /2006


5. Procedure :

In Andhra University the following procedures is to be adopted in respect of procurement of equipment / indents / chemicals etc.

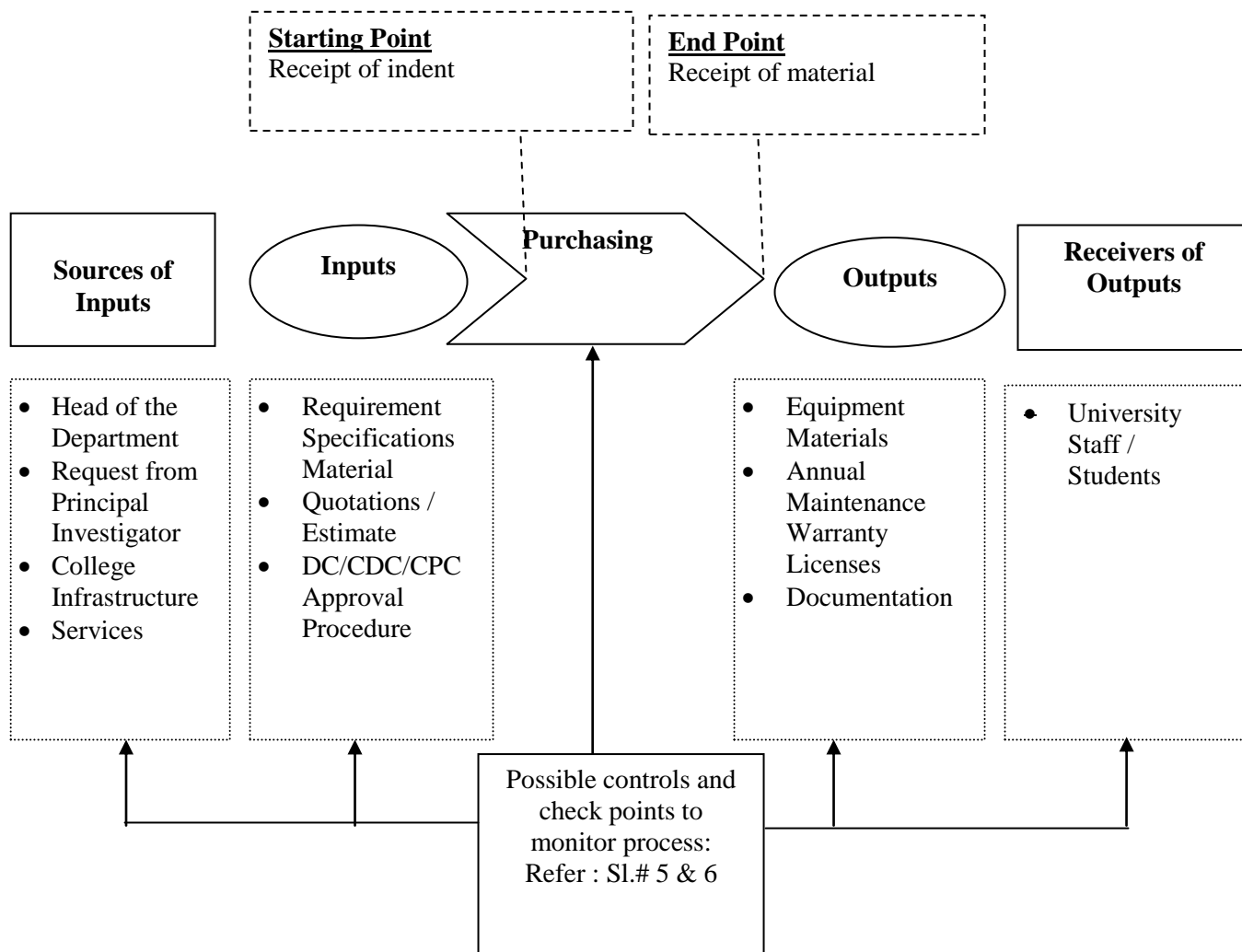
- 5.1 Before placing a proposal for purchase of equipment/indents/chemicals etc, the proposal should be discussed thoroughly in the respective departmental committee. The Head of the department/the Principal Investigator/Coordinator must enclose the D.C. Minutes duly signed by staff Members along with the proposals and also enclose the three quotations/estimations for the indents.
- 5.2 All the above proposals should be routed and forwarded through the concerned Principals / Special officers.
- 5.3 After the approval of the Central Purchase Committee (C.P.C) for the indents the Amount will be paid to the Head of the department through concerned Principal/Special officers. The Head of the department/Principal Investigator issue the Purchase order.
- 5.4 The Head of the Department/Principal Investigator/Coordinator should submit a certificate to the effect stating that they have been taken delivery of the Equipment/Indent/Chemicals etc, in a good condition as per the specification, Quality and standards without any deviations and entered necessary entries in the stock registers. The Head of the Department/Principal Investigators/Coordinators should also produce the stock register to Audit as and when audit take place in the department.

## 6. RECORDS

As maintained with Purchase dept.


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 08</b>
	<b>Procedure for Purchasing</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 2

## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES

- Adherence to Purchase guidelines

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 09</b>
	<b>Procedure for Teaching</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 3

- 1 Purpose : To ensure imparting Quality education
  - a) Conforms to planned arrangements, to the requirements of ISO 9001:2015 and QMS requirements are established
  - b) Is effectively implemented and maintained.

2 Scope : This procedure is applicable to all Departments in Andhra University


3. Responsibility ; Registrar / Head of the Department

4. References : ISO 9001:2015 requirements : 8.1, 8.5, 8.6,8.7

5. Procedure :

In Andhra University the following procedures is to be adopted in respect to Teaching.


- 5.1 Planning of teaching activities is done as per syllabus and regulations accepted in the Board of studies/Academic senate.
- 5.2 The allocation of teaching work in the department is done by Departmental committee and recorded in the Minutes of the Departmental committee meeting.
- 5.3 The time table for teaching and practical work is prepared by the Head of the department at least one week before the commencement of the class work and informed to the faculty members, students and the Principal concerned.
- 5.4 Each Professor / Associate Professor / Assistant Professor / Teaching assistant (associate) shall prepare the lesson plan and submit to the Head of the department.
- 5.5 The faculty members teach the allotted subjects in detail in the class rooms by means of using teaching methods.
- 5.6 All students are issued identity cards which shall be carried by them during the college hours; Duplicate card will be issued to the student if he lost it or damaged by the concerned Head of the department.
- 5.7 Attendance register is maintained for each class. The concerned teacher will take the attendance for this class and enter the entries.
- 5.8 Each teacher is assigned with 4 to 8 students of the department and he has to act as teacher guide for those students. The teacher conduct periodic counseling to the students he/she is allotted and notes the impertinent discussions in the register he/she maintain. The students who are not regular for classes are counseled by the Head of the Department and the teacher guide.
- 5.9 The Head of the department strictly implement the attendance rules of the University.
- 5.10 Every day the Head of the department fill all the entries of the department activity.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 09</b>
	<b>Procedure for Teaching</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 3

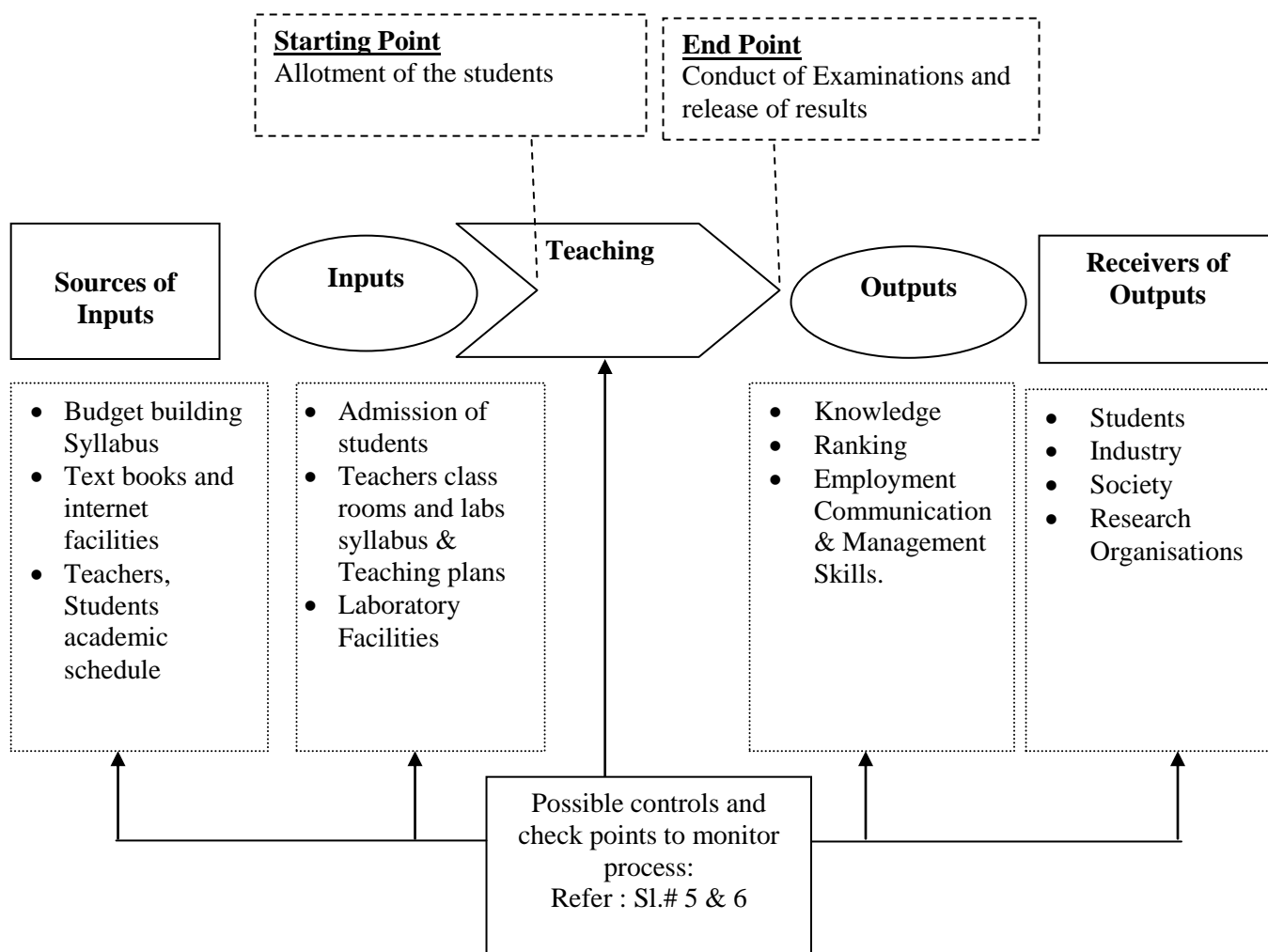
- 5.11 The teacher identifies the students who are not performing up to his/her satisfaction and attention shall be paid towards those students in order to improve their performance.
- 5.12 Students seminars and academic competitions are conducted in the department of improvement of communicative skills.
- 5.13 Guest lectures are arranged in the department by inviting expert members from other organizations. Students are encouraged to utilize library facilities available in the University.
- 5.14 Two mid terms examinations are conducted and students performance is continuously monitored by the concerned teacher.
- 5.15 The Departmental committee reviews the progress of the syllabus and discuss upon corrective or preventive actions if required.

## **6. RECORDS**

As maintained with Depts./Colleges.

	ANDHRA UNIVERSITY, VISAKHAPATNAM		AU 09
	Procedure for Teaching		
	Revision: 00	Date: 01-04-2018	Page 3 of 3


## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES

- Student feed back
- Student results / Placements



	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 10</b>
	<b>Procedure for Grant of Affiliation to the Affiliated Colleges</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 4

- 1 Purpose : To provide a standard for grant of affiliation to the affiliated colleges.
  - a) Conforms to planned arrangements, to the requirements of ISO 9001:2015 and QMS requirements are established
  - b) Is effectively implemented and maintained.

- 2 Scope : This procedure is applicable to all colleges in Andhra Area.


3. Responsibility ; Registrar / Dean, college Development Council

4. References : Andhra university, Affiliated Colleges references manual

5. Procedure

The Andhra University grants affiliation to the colleges offering undergraduate and Post Graduate courses in the faculties of Arts, Commerce, Science, Management, Law, Engineering, Education, Pharmacy, Physical Education etc., in north coastal districts of Andhra Pradesh and monitoring their performance through College Development council.

- 5.1 The University shall appoint a team of scrutiny committee to scrutinize the registered applications. Applications which do not satisfy the prescribed conditions are liable to be rejected.
- 5.2 In case the applicant appoint feels aggrieved with the recommendations of the Prime facie scrutiny committee, the management of the college may prefer and appeal for one time counseling committee constituted by the University on a date to be specified for the purpose. No further representation shall be entertained after the counseling. The recommendations of the Counseling shall be final.
- 5.3 Based on the recommendations of the Prime face scrutiny committee/counseling committee, the University shall arrange to conduct joint inspection of the colleges to examine the viability of their proposals for new UG Courses/Combinations etc. The Dean, CDC shall inform the date of joint inspection to the management of the respective colleges.
- 5.4 The members of the joint inspections committee will submit their findings after the verifications of the available facilities. The Dean C D C will send the report of the JIC for the Vice Chancellors perusal. He will also arrange to the JIC's report along with the Vice-Chancellors recommendations to Andhra Pradesh State Council of Higher Education, Hyderabad.
- 5.5 The APSCHE shall take into account the Joint Inspection Committee's report and the observations of the Vice-chancellor of the University for considering the proposal submitted by the college and Issue appropriate orders in this regard. The college and the University be provided with a copy of the proceedings.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 10</b>
	<b>Procedure for Grant of Affiliation to the Affiliated Colleges</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 4

5.6 The APSCHE University reserves the right to conduct surprise inspection at any time and also reserves the right to cancel permission affiliation of the sanctioned courses, at any stage, if it is found that the information provided is false and misleading and documents produce by the management are false, interpolated and improper and the management is not able to run the sanctioned courses as per the norms of the Government and academic stipulations of the University.

5.7 The University shall arrange for grant of affiliation to the new UG courses etc., as per the rules of the University after receiving a copy of the proceedings issued by the AP State Council Higher Education granting permission to start new UG courses etc. the sanction from APSCHE does not mean that affiliation is mandatory by the University. The University has the right to reject affiliation or cancel it any time if the college is found flouting university rules.

5.8 The relationship between the University and the college is established though the grant affiliation. The University expects the colleges to provide and maintain physical facilities to have sound financial position, and to employ adequate number of well qualified teaching staff in order to achieve and maintain better standards, the university prescribes thermos and conditions of the affiliation.

#### **Types of affiliation**

5.9 Conditional affiliation, Temporary affiliation and Permanent affiliation.

5.10 The executive council of the University shall have the power to grant conditional affiliation and in the event of the conditions laid down not being fulfilled within the time specified, such affiliation shall lapse and a fresh application of the management of the college shall be necessary.

5.11 When conditional affiliation is granted to any college, the Executive Council may order Inspection of the college not more that once a quarter by a Commissioner to see how far the conditions stipulated are being fulfilled.


#### **Guidelines for Grant of Permanent Affiliation**

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

#### **Other functions of College Development Council**

5.13 Recommends to the university for sanction of additional strength to the affiliated colleges based on the accommodation and other infrastructure facilities available in the colleges.


5.14 Monitors the UGC grants under various heads released to affiliated colleges sanctioned by UGC.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 10</b>
	<b>Procedure for Grant of Affiliation to the Affiliated Colleges</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 3 of 4

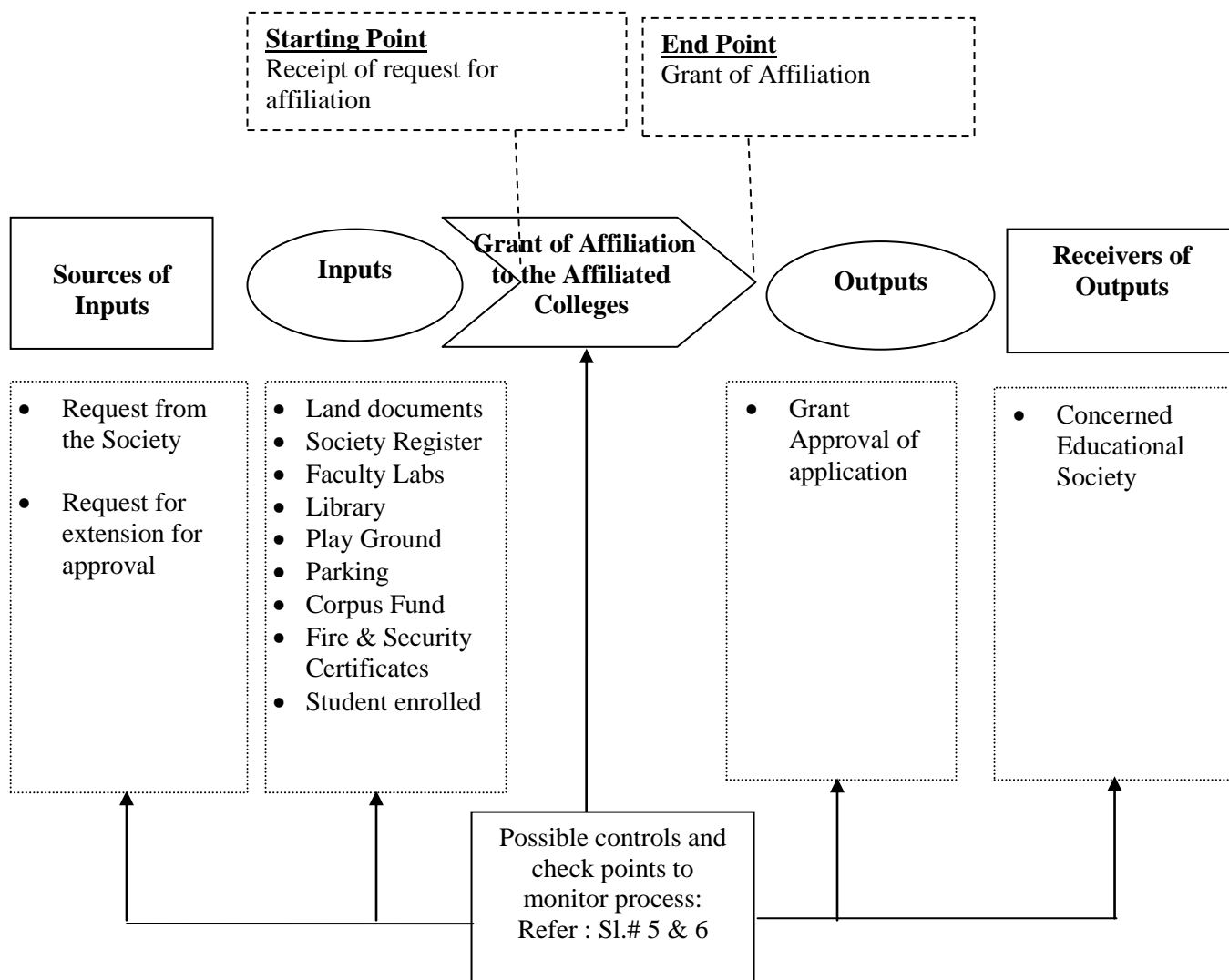
- 5.15 Scrutinizes the proposals received from the Colleges for basic and developmental grant and forward to the UGC. Conducting annual meetings to the principal's/Secretary/Correspondent of the affiliated colleges.
- 5.16 Ratifies the teaching staff appointed in the affiliated colleges.
- 5.17 Sanctions permission of student transfers one college to other colleges.
- 5.18 Monitors the functioning of affiliated colleges through Inspections.

## **6. RECORDS**

As maintained with Deans, Registrar.


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 10</b>
	<b>Procedure for Grant of Affiliation to the Affiliated Colleges</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 4 of 4

## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES

- Performance of affiliated colleges


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 11</b>
	<b>Procedure for Admissions</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 6

- 1 Purpose : To ensure Systematic standardization of admission into University colleges.
  - a) Conforms to planned arrangements, to the requirements of ISO 9001:2015 and QMS requirements are established
  - b) Is effectively implemented and maintained.
- 2 Scope : This procedure is applicable to all Departments in Andhra University.
- 3 Responsibility ; Registrar / Director, Directorate of Admissions
- 4 References : Admission Manual for AUCET  
Admission Manual for AURCET

5. Procedure

**In Andhra University the Directorate of Admissions conduct the Admissions into various courses offered in the University.**

- 5.1 For Admission into regular and self financed Post graduate course Andhra University conducts and entrance examination called AUCET.
- 5.2 An advisory committee with Vice-Chancellor as Chairman and Rector, Principals of the University Colleges, Registrar, Dean C.D.C, Dean academic affairs, Dean examinations, Director SDE, Webmaster, past Director of AUCET. Director, Associate Directors of Directorate of Admissions as members if formed, Director, Directorate of Admissions is the convener of the committee.
- 5.3 Brochure and application form is prepared and get printed by the Director.
- 5.4 A notification regarding AUCET and Admissions is given in leading News Papers.
- 5.5 Applications are distributed to different sales centers mentioned in the Brochure.
- 5.6 Each received application is assigned with 5 digit number for unique identification.
- 5.7 **Applications are sorted according ICR sheet, Acknowledge card and duplicate application.**
- 5.8 Acknowledgement card dispatched to the candidate. ICR sheets are scanned for creating data base. Database data with ICR sheet are verified and correction of this discrepancies with respect to the application is carried. Data is sorted according to Centre wise and Test wise.
- 5.9 Examination schedule is prepared taking into consideration the number of candidates applied for the Test.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 11</b>
	<b>Procedure for Admissions</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 6

5.10 Hall Tickets are printed with unique number along with Registration Number, Test Code, Test Name, Test centre, Test date and time of examination. 8 digit Hall Ticket number is given to each candidate. First digit is entre code next three digits are for Test code and 4 digits for candidate number.

5.11 Hall tickets are dispatched to the candidates under Certificate of Posting.

#### **Procurement of Question Papers:**

5.12 Four sets of syllabus for each Test instructions to Paper setters and printers are submitted to the Registrar, for procession Question Papers.

5.13 Registrar will make arrangements for setting and printing of Question Papers for each test.

5.14 Packing of Question Papers and OMR sheets is done session wise, date wise and centre wise with double verification at Central Administrative Office.

#### **Conduct of AUCET**

5.15 Chief Superintends of different centers are selected and informed about Test wise strength, general guidelines for conduct of examination, examination schedule. Instructions to Chief Superintendent and invigilators are also sent to the Test centers.

5.16 Observers to the Test centre are appointed by the Director.

5.17 Question Paper 7 OMR bundles are sent to the Test Centers through observers one day before the schedule.

5.18 Verification of Test paper bundle is done by the Chief Superintendent for compliance.

5.19 Unused and used Test Booklets and OMR sheets form Test Centers are collected through observers to the Office of Directorate of Admissions.

#### **Verification of Answer Scripts.**


5.20 OMR sheets are verified by the nominal rolls.

5.21 OMR sheets scanned. Reconciliation of matching of data is done by double scanning and correction discrepancies are done manually.

5.22 Chairperson Board of Studies prepares the key for each test and reconciles with key provided by the Paper Setter.

5.23 Keys for various tests are entered in to the computer and verified manually.


5.24 OMR data is valued for various tests with respective test keys.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 11</b>
	<b>Procedure for Admissions</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 3 of 6

- 5.25 Random / Manual valuation is done to cross check computer valuation.
- 5.26 Results are consolidated and Test wise results are issued to candidates based on total marks secured. In the event of tie of marks secured in sections, C, B, A, Date of Birth will be used for differentiation.
- 5.27 Test wise random manual verification of Rank is done.
- 5.28 Rank cards with photo, Registration No, Hall Ticket No, Test Code, Test Name, total and Section wise marks secured with candidates address are printed.
- 5.29 Rank Cards with Admission Schedule and Fee structure are posted to the Candidate under Certificate of Posting.

#### **Admission Process**

- 5.30 Master lists are prepared according to Test wise and category wise.
- 5.31 Test wise data sheets are prepared.
- 5.32 Computerized admission procedure is adopted
- 5.33 Candidates are called into the Admission Hall Rank Wise and Category wise.
- 5.34 Candidate's signature is taken in Admission Register.
- 5.35 Verification of original Certificates of each candidate is done by the scrutinizer.
- 5.36 Candidate is registered for admission.
- 5.37 Seat is allotted according to the option of the candidate for the course and college.
- 5.38 Candidate is issued fee receipt cum admission intimation card.
- 5.39 Inter Test sliding with a sliding fee of Rs. 300/- is allowed for each candidate who wishes to change from course to another in two different tests. Cancellation of Seats will be made with 90% refund of total fee prescribed before completion of phase of counseling and 80% refund of the total fee prescribed before completion of second phase counseling and no fee shall refund after second phase of counseling.
- 5.40 List of course wise admitted Candidates prepared to identify vacancy position in each course college wise after first counseling.
- 5.41 Second counseling is done for vacant seats.


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 11</b>
	<b>Procedure for Admissions</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 4 of 6

- 5.42 Notification is issued for affiliated colleges to fill the vacant and management seats. Ratification of the vacant and management seats filled by the affiliated colleges is done by the Directorate of Admissions.
- 5.43 List of candidates admitted in each in AU Campus, AU PG centers and Affiliated Colleges is finalized.
- 5.44 Original certificates for the list of candidates admitted-Course wise dispatched to the respective Principal.

#### **For other Courses**


- 5.45 For M.E. /M.Tech Courses the admissions are done with entrance and GATE score. Rank/Merit order based on appropriate weight age given to GATE score obtained by the candidate and marks obtained in the entrance test is prepared branch wise.
- 5.46 Merit list of candidates without GATE score as per marks obtained in the Qualifying examination is prepared. Availability of seats, Seats distribution is prepared as per statutory norms and made available in the AU WEBSITE. List of candidates admitted in each course is finalized and dispatched to the concerned Principals.
- 5.47 For M.B.A. (Part-time) / PG diploma and certificate courses, the admissions are carried out by the Directorate of Admissions.
- 5.48 For regular MBA and MCA courses the ICET convener will conduct the Admissions and sends the list of admitted candidates to the concerned Principals.
- 5.49 For M.Phil (Full Time/ Part Time/Extramural, the Directorate of Admission will carry out admissions according to admission manual for AURCET and the list of candidates admitted according to course and department wise is dispatched to the respective Principals.
- 5.50 Based on the MOUs executed with different organizations / Universities new course are initiated and admissions are also made into B.Engg in Air Craft Engineering, MS/M.Tech. in Software Engineering Digital Signal Procession and Telecommunication Systems.
- 5.51 On the recommendations of APSCHE, New 5-years Integrated Dual Degree Courses in B.E. + M.E./B.Tech + M.Tech CSSE. CSIT, ECE, EEE, Civil and Mechanical Engineering in Engineering, 5 – year MS in Applied Chemistry and Geology in Science and MA in Economics are introduced for the benefit of students.
- 5.52 Again on the recommendations of the APSCHE, Directorate of Admissions has conducted Andhra University Region Post Graduate Common Entrance Test (AURPGCET-2010) for admission into various Science and Arts Post Graduate Course offered in the campus and affiliated colleges of Acharya Nagarjuna University, Adikavi Nannaya University, Andhra University, Dr.B.R. Ambedkar University and Krishna University for the benefit of the students.



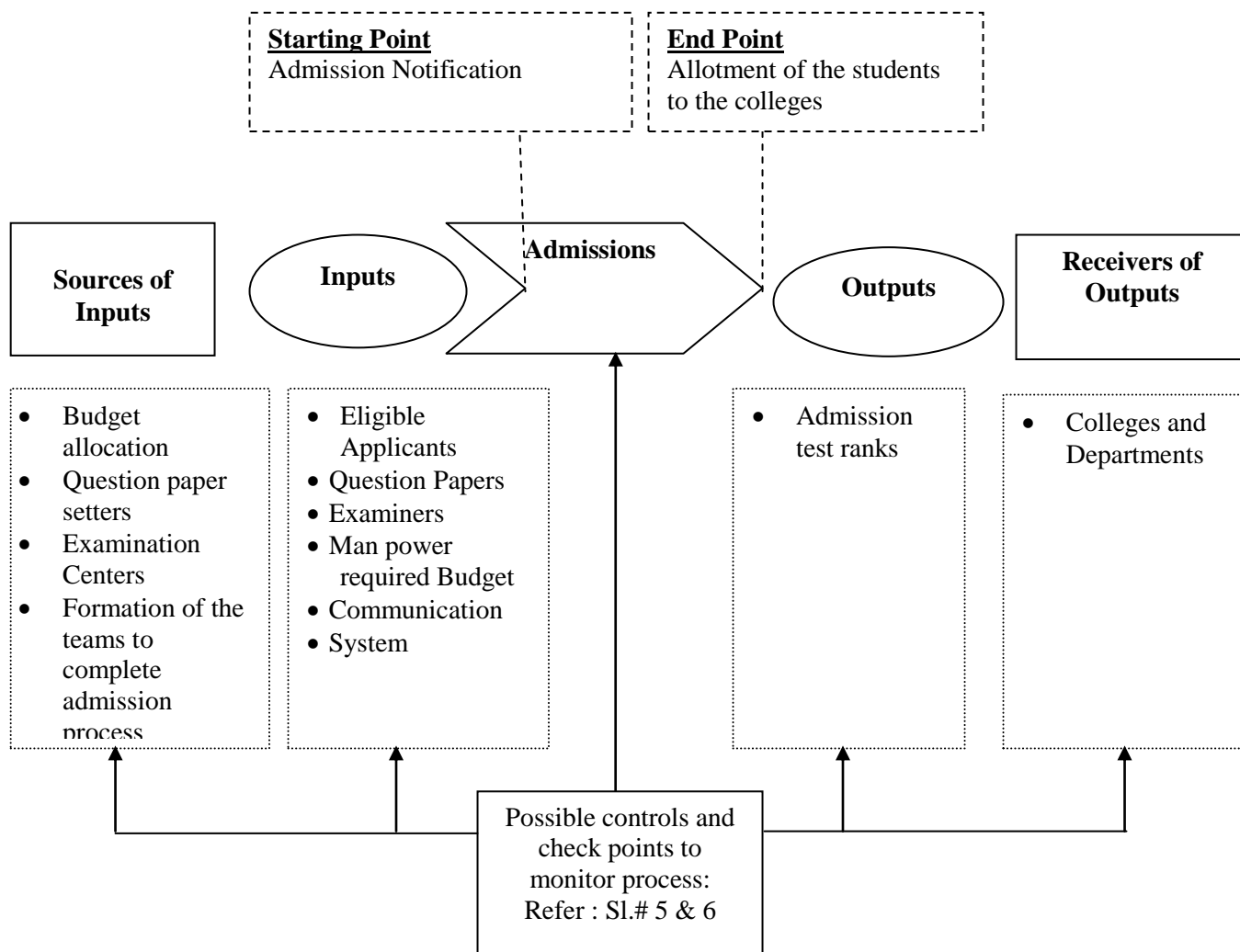
	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 11</b>
	<b>Procedure for Admissions</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 5 of 6

## 6. RECORDS

As maintained with DOA, Registrar.


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 11</b>
	<b>Procedure for Admissions</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 6 of 6

## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES

- Adherence to regulations related to Admissions process

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 12</b>
	<b>Procedure for Examination and Evaluation</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 3

- 1 Purpose : To provide a standard procedure for conduct of examination and evaluation which
    - a) Conforms to planned arrangements, to the requirements of ISO 9001:2015 and QMS.
    - b) Is effectively implemented and maintained.
  - 2 Scope : This procedure is applicable to all Departments in Andhra University.
  3. Responsibility ; Deans of Examinations and the Controller of Examinations
  4. References : The Andhra University Code. Standing orders of the Executive Council
  5. Procedure : Andhra University will conduct the examinations for various courses with systematic procedures
- 5.1
- a) The Examination Schedules will be prepared by the Principals of the University Colleges basing on the Academic Calendar fixed by the University as approved by the Vice-chancellor.
  - b) The norms and regulations will be given by the Chairman, Boards of Studies and approved by the Academic Senate.

In each Department 2 Mid Semester Examinations are conducted by the concerned teacher to evaluate the performance of the students. The teachers submit the list of marks obtained by the candidates in his/her examinations to the Head of the Department. The Head of the Department will consolidate the marks and send the award list to the Examination Section.

## 5.2 Existing Procedure for process of Examination Applications

The Student in each Department will collect the application form and submit with examination fee in the Department. The Head of the Department will prepare a list of applications for each course Semester-wise and send to the Examination Section through the Principal's Office.


**Note:** Implementation of Online Examination System for Registration of Examination Applications and Payment of fee through Online Banking System with effect from 2013-14.

- a) College Enrollment
- b) Student Enrollment
- c) Examination Enrollment by the respective affiliated college/university Departments

Printed course-wise enrolled lists duly signed by the Heads of the Institutions or Departments will be sent to the Examinations Office along with the Challan receipts.

Printed course-wise enrolled lists duly signed by the Heads of the Institutions or Departments will be sent to the examinations Office along with the Challan receipts


After completion of the above process, the College will download the Hall Tickets.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 12</b>
	<b>Procedure for Examination and Evaluation</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 3

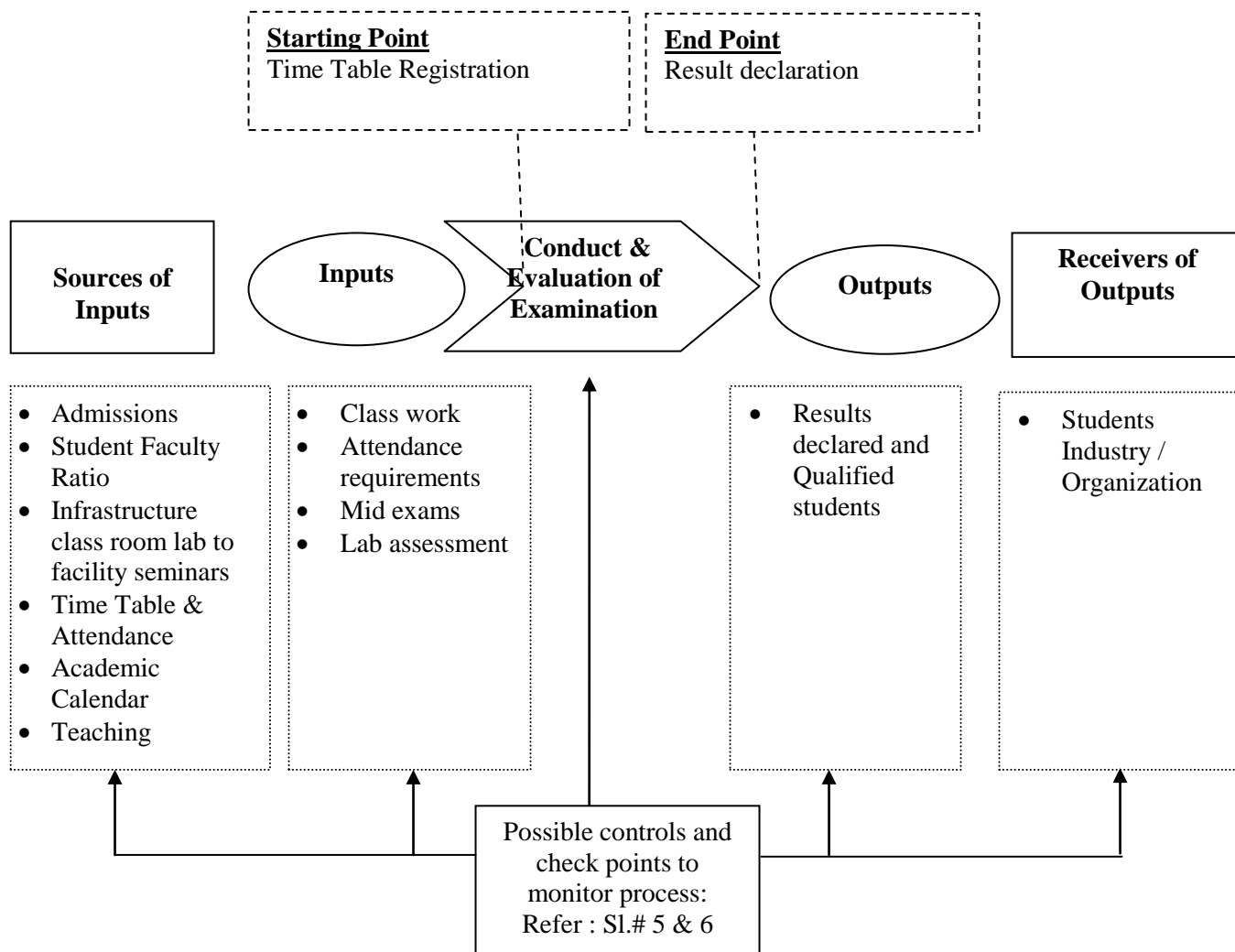
- 5.3 The Chief superintendent shall make seating arrangements for all the candidates allotted to the Department/college for conducting the examinations.
- 5.4 The examination Section (Confidential Section) will get the Paper setting work done by various PAPER Setters as recommended by the Chairman, Board of Studies and approved by the Vice-Chancellor.
- 5.5 The Printed papers are bundled in covers and sealed in the Confidential Section.
- 5.6 The Question papers are sent to the concerned Chief Superintendents three days before commencement of examinations schedules.
- 5.7 The Invigilators are appointed by the Chief Superintendents.
- 5.8 The University Staff will collect the Answer Scripts Bundles from the Deposit Centers through university Vehicles and hand over to the Confidential Section, Examination Branch.
- 5.9 It is Confidential Section all the answer scripts are re-numbered with unique identification of each script. The Original Numbers are detached from the main answer booklet and kept separately.
- 5.10 a) For PG Examinations, Double Valuation i.e., both internal and external. For UG Examinations Single Valuation.
- b) The Spot Valuation work for all PG Examinations will be done at the respective University Departments.
- c) The Head of the Department concerned shall send the list of examiners duty counter-signed by the concerned Chairman, Board of Studies.
- d) The University will identify the Spot Centres in each District and the University will appoint the spot Chief's for conduct of Spot Valuation Work for UG courses.
- 5.11 The results processing will be done by the Confidential Section after obtaining the marks for Theory/Sessional/Practical's.
- 5.12 The Memorandum of marks for each candidate is prepared and issued to the candidate through the Heads of the Departments/Principals of Affiliated Colleges.
- 5.13 Those candidates who qualify in the concerned examinations and fulfill all the norms set by the University will be issued Provisional Certificate/Original Degree Certificates.

## **6. RECORDS**

As maintained with Deans of Examinations and Controller of Examinations.


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 12</b>
	<b>Procedure for Examination and Evaluation</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 3 of 3

## 7. PROCESS MAP




## 8. PROCESS PERFORMANCE MEASURES

- Timely result declaration

	ANDHRA UNIVERSITY, VISAKHAPATNAM		AU 13
	Procedure for Research Admission		
	Revision: 00	Date: 01-04-2018	Page 1 of 3

- 1 Purpose : To provide a standard procedure for doing Research Admissions.
  - a) Conforms to planned arrangements, to the requirements of ISO 9001:2015 and QMS.
  - b) Is effectively implemented and maintained.
- 2 Scope : This procedure is applicable to all Departments in Andhra University.
3. Responsibility ; Principal / Research Director
4. References : The Andhra University Code.  
Standing orders of the Executive Council  
Minutes of the Standing Committee of the Academic Senate  
Minutes of the Board of Research Studies.
5. Procedure : Andhra University has established systematic procedure for conducting Research Programmes.
  - 5.1 Director, Directorate of Admissions Andhra University will make the Research Admissions for M.Phil, and Ph.D programme and send the list of admitted candidates to the concerned College Principal. The Principal send the list of admitted Research Scholar to the concerned department. Each Research scholar assigned with a research Director and the Candidate has to work under th guidance of Research Director.
  - 5.2 The candidate has to fulfill all the requirements for the award of M.Phil / Ph.D as per regulations recommended by the Board of Research Studies and approved by the Academic Senate.
  - 5.3 The regulations are made available with the Principal and Heads of the Departments.
  - 5.4 To have an effective monitoring of Research programmes Departmental Research Committees are formed with 3 Professors, 3 Associate Professors, 3 Assistant Professor, Head of the Department and Chairman, Board of Studies. The Head of the Department is the Convener of the committee. The Chairman Board of Studies is the Chairman of the committee. If adequate number of teachers in any cadre in the Department are not available those places will be filled by other teachers.
  - 5.5 Departmental Research Committee is responsible.
    1. To fix up the number of seats in M.Phil / Ph.D to be filled every year for research admissions (the strength of the candidates shall not exceed the number given in Research Regulations with a guide at any time.
    2. To prepare the Academic Calendar for M.Phil / Ph.D programmes for the academic year.
    3. To prepare syllabi for M.Phil / Pre-Ph.D course.
    4. To suggest panel of examiners and paper setters for M.Phil / Ph.D d.Litt / D.Sc

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 13</b>
	<b>Procedure for Research Admission</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 3

5. To prepare Database of experts for such specialized areas which can be used for the preparation of panel of examiners for adjudicating the M.Phil / Ph.D d.Litt / D.Sc available to BOS
6. To participate in all the Viva-Voce examinations and seminars of the M.Phil / Pre-Ph.D / Ph.D programmes.
7. Any other functions referred to by the convener, Board of Research studies or the Vice Chancellor.

5.6 Dean examinations will prepare the schedule of M.Phil / Ph.D examinations

5.7 Pre-Ph.D / M.Phil results shall be processed by the Dean of Examination and intimate to the Thesis section.


5.8 To evaluate M.Phil dissertation by Thesis section similar to Ph.D thesis the Chairman P.G. Board of studies in consultation with Research Director will submit a panel consisting of three Professors from within the AP state and three Professors outside the state for the evaluation of the dissertation.

5.9 Research director review the progress of the Research Scholar and maintain the monthly / quarterly report

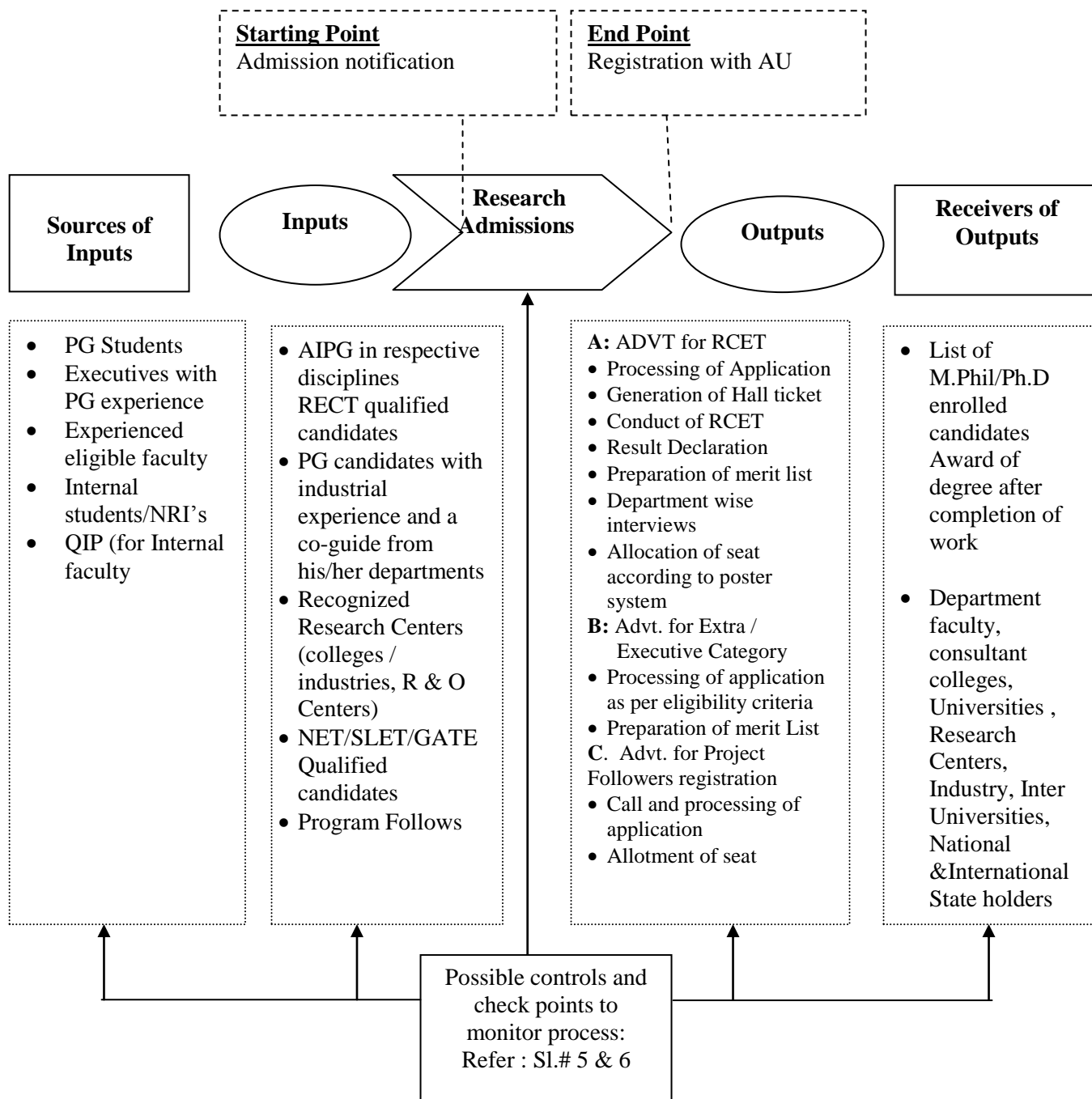
5.10 Any changes of exemptions regarding research are to be approved by the Board of Research Studies.

## **6. RECORDS**

As maintained with Principal / Research Director.

	ANDHRA UNIVERSITY, VISAKHAPATNAM		AU 13
	Procedure for Research Admission		
	Revision: 00	Date: 01-04-2018	Page 3 of 3


## 7. PROCESS MAP




## 8. PROCESS PERFORMANCE MEASURES

- No. of students enrolled for M.Phil/Ph.D



	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 14</b>
	<b>Procedure for University Central Library</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 5

- 1 Purpose : To ensure provisions of quality collective of books and services to the academic community to support academic and research activities at the higher education level.
- 2 Scope : The Procedure is applicable to the main library and two branch libraries viz., Engineering College Library and Law college Library in Andhra University.
3. Responsibility ; The Librarian, Dr. V.S. Krishna Library
4. References : Total quality management in Information services / Guy St. Clair London : Bowker Saur, 1977
5. Procedure : Dr. V.S. Krishna Library along with two branch Libraries is Engineering and Law Colleges provides access to variety of information sources in different subjects supporting the academic and research activity at university level. (Dr. V.s. Krishna Library, being the main and central library centrally procures processes and disseminates the required documents).
- 5.1 All the faculty, Students, Research Scholars, non teaching staff, Institutional members and deposit borrowers are the users of the library by virtue of their enrolment into the University. However, the borrowing facility will be available to only to those who have registered their membership in the library (known as registered borrowers)
- 5.2 A Library Advisory Committee with Vice-Chancellor as Chairman and Registrar, Principals of all University colleges, Dean, CDC, Dean Academic Affairs, Members of Executive Council. A.U University Engineer, Executive Engineer Electrical Finance office, Head of the Dept., of Library and Information, as ex-officio member's professors of different departments, represents Science, Arts, Engineering and Law Colleges, student representatives as members is formed. The University Librarian is the convener of the committee. This committee mainly helps in taking policy decisions and giving approvals related to various aspects of the library. The committee meets twice a year to discuss proposed agenda.
- 5.3 Printed Brochure is distributed to user community at the time of registration. Information about the library its resources and procedures will be provided in the brochure.
- 5.4 All the users who have registered in the library are entitled to borrow the books from loan section of the library for specified period.
- 5.5 Each user will be assigned a user Identification Number and with this number specified number of library or bar-coded user ID cards are issued for avail both loan and other facilities and services in the library.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 14</b>
	<b>Procedure for University Central Library</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 5

5.6 The library user community consists of both internal and external users. Internal users are the teaching and non-teaching staff who are in service, research scholars and students. External users also can avail the facility by registering themselves as Deposit Borrowers. This facility is available for both individuals and institutional. Another Improvement group of external users are the retired teachers of the University. The membership fee for different types of users is collected as per norms.

5.7 In case of over dues, loss and mutilation of library books and material the library user has to pay the fines as per specified norms.

5.8 To meet the specific and general objectives of the library, the library performs various activities mainly through seven sections viz., Acquisition Section, Technical Section, Periodical Section, Reference Section, Circulation Section, Computer Section, Administrative and Binding Section. A series of activities, procedures and people are involved in making the procured book/item available to the library user. The following sections present a brief note on the key activities of individual sections in the library.

#### 5.9 Acquisition Section


The Acquisition Section is mainly concerned with procurement of books and other type of information sources except periodicals for the library. It is also instrumental in creating the master record/register/database of books acquired by the library. This register acts as a main inventory of library collection with full details.

The source of finance for acquisition can be categorized under two broad headings. One group consists of budget allocations from University Grants Commission (UGC) as per five-year plans and annual and recurring budget allocation from State Government as "University fund" (UF). The second group consists of books procured from special Assistance Programme (SAP) grants given and donations and amount paid as fines towards loss of books for replacement of lost books.

The section in charge requested the indents (Suggested lists) for required books from the heads of departments or different constituent Colleges of the University.

The indents are checked against the existing collection to avoid duplication. The final list of books to be purchased is prepared.

5.10 The orders are placed to those suppliers who can comply with the conditions and guidelines laid down by the library. The order books with bills in triplicate are received. The books and Bills against the purchase orders are verified. Shelf list card are prepared. Data sheets for computerization are prepared. Assign accession number of each book after entering the details in the Accession Register. Type the accessioned books in the proforma for editing. Read the proforma, compare and check the details with original book in hand. Send bills to the office of the Registrar for sanction and payment. Send the accessioned books to Technical Section for processing purposes.

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 14</b>
	<b>Procedure for University Central Library</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 3 of 5

### 5.11 Technical Section

The Technical Section processes the accessioned books sent by the Acquisition Section. The Technical staff assigns a specific class number to the newly acquired book on one hand preparing a set of catalogue cards with bibliographical description of the books on the other hand. This section processes not only the newly acquired books but also bound volumes of periodicals (back issues of periodicals) sent by the Binding Section.

The processing of newly acquired involves the following set of activities.


Receiving the new books with accession card from the Acquisition Section. If the book procured is a paper back, it will be sent for binding section. If the newly acquired title is a hard bound copy, the accession card of the book will be checked against the library catalogue for the duplicate copy, if any. If the copy of the same book is available already in the library, the copy number will be added on the related card. Otherwise, a new catalogue process slip will be prepared for the books and class number and book number are assigned using standard catalogue codes, Classification Schemes and author tables.

Prepare the required number of catalogue cards based on the process slip. Arrange the cataloguing process slips in the order of call numbers for individualization in order to include in the shelf list. Enter the assigned call Number of book in the Accession card which in turn becomes the shelf list card. Preliminary check the typed catalogue cards with the process slip and correct the mistakes, if any. Send the process slips to the Reference Section for preparing a 'list of latest Arrivals' for the purpose of circulation to the Departments/ display. Separately the generated catalogue cards in to four categories i.e. Author, title and Subject shelf list of filling purpose. Insert the file the catalogue cards in appropriate places in existing Author catalogue, Title catalogue and subject Catalogue located near the entrance. File the shelf list cards in the shelf list in the Technical Section. Once the technical processing is completed, a charge card will be prepared with call number, accession number, author and short title and inserted in to the book pocket pasted on the inside number are pasted on the book cover back on specified pages simultaneously. The document will be further checked once again for correcting the mistakes in terms of call numbers, charge cards, labels, stamping and embossing on the processed book.

The processed books are further categorized for shelving them in appropriate sections. Based on the nature of the collection and their utility the books are gaped as 'Loan Collection,' Reference collection, Text Books collection, Special collection, 'Thesis', Quick Reference collection. The same code will be written on the spine label of the book for indicating the location of the book in the library. With the above marking of location code, the processed books are sent to concerned sections in the library for arranging on book shelves and make them available to users.

### 5.12 Periodical Section

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

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 14</b>
	<b>Procedure for University Central Library</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 4 of 5

invoices along with price proofs and latest G.O.C are received from all the suppliers. The prices with Foreign Currency as per the conversion rates noted in the GOC latter are calculated. The price particulars are entered in Kardex database. The Invoice along with price proofs, GOC letter and statement are sent to the Registrar suppliers, issues will be received and entered in kardex data base. During April/May the Missing Issues list is prepared for previous year subscriptions to expedite their supply of the unsupplied issues and reminders are sent.

After completion of all the issues in particular volume binding sets will be prepared, allotment of its lot number, entered in kardex data base and sent to the binding section.

#### 5.13 Reference Section

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

#### 5.14 Computer Section:

Application of Library Software (SOUL) for the library activities and functions like creation of data base of library holdings and in house activates like circulation and maintenance of OPAC(Online Public Access Catalogues) is gone in this section. Info net activities i.e access to Electronic Journals under UGC – infonet Consortia are also carried here. Internet browsing and e-mail facility to the users is provided. Separate provision was made for students, Scholars and Faculty.

#### 5.15 Circulation Section:


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

#### 5.16 Binding Section:

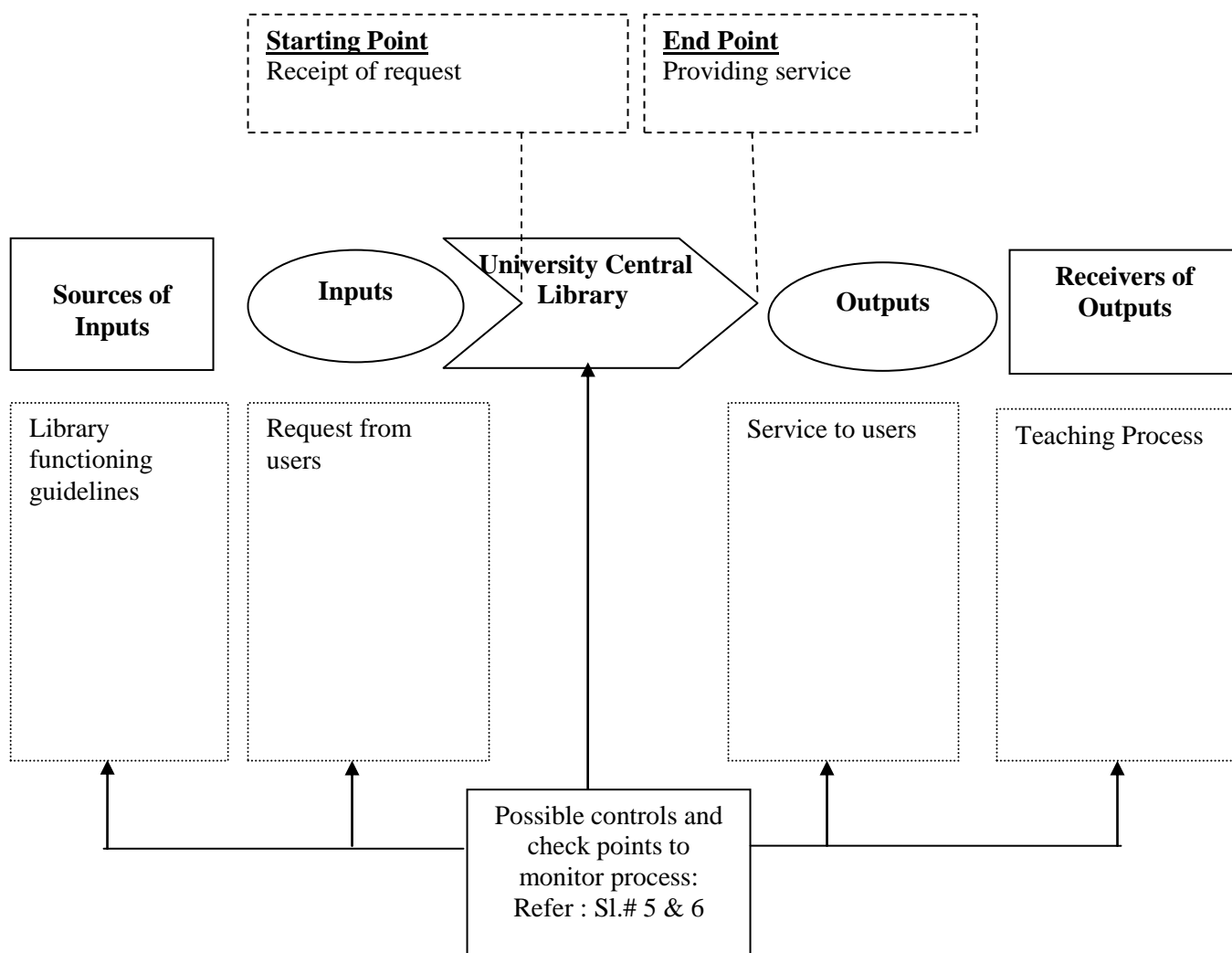
A separate Binding Section with the modern Binding machinery and technically qualified binding staff are available for the binding of books, back volumes of Journals, borrowers books, library tickets and other binding works.

### 6. RECORDS

As maintained with Library.


	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 14</b>
	<b>Procedure for University Central Library</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 5 of 5

## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES

Number of books acquired

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 15</b>
	<b>Procedure for Communication</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 3

- 1 Purpose : To communicate information related to QMS within AU and with ext interested parties.
- 2 Scope : This covers communication of information related to QMS.
3. Responsibility ; Dept. Heads, MR, Principal, Deans, Registrar, Rector, VC
4. References : ISO 9001:2015 requirement : 7.4
5. Procedure :

## **5.1 Internal Communication**

**5.1.1** Internal communication (within AU) process is established to make employees aware of the following as applicable:

- a. Quality Policy
- b. Quality Objectives.
- c. Improved benefits of implementation of QMS.
- d. Potential consequences of deviating from QMS.


**5.1.2** Internal communication process mechanism shall include the following :

- a. Performance review meetings
- b. Internal meetings
- c. Trainings
- d. Circulars
- e. Notice boards
- f. e-mails
- g. communication over phone
- h. Management Review Meetings
- i. Suggestion system
- j. Administration Channels
- k. Notice boards
- k. Audit reports

## **5.2 External Communication**

**5.2.1** External communication process is established to make External stake holders aware of the following:

- Performance of AU.
- Handling system of complaints received from customers and other interested parties.
- Courses / Services offered by AU
- Performance of AU
- Prospectus
- Exam results

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 15</b>
	<b>Procedure for Communication</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 3

**5.2.2** External communication process mechanism shall include the following:


- a. Compliance reports
- b. E-Mails
- c. Meetings / Conferences / Briefings with customers
- d. Meeting with stake holders
- e. Notice Boards / Newspaper advertisement
- f. Display / communication of Quality Policy
- g. Display of information, including Quality Policy in AU website

**5.3.3** The internal and external communication requirements are captured by the concerned Dept./College and relevant documented information is retained with the concerned Dept./College.

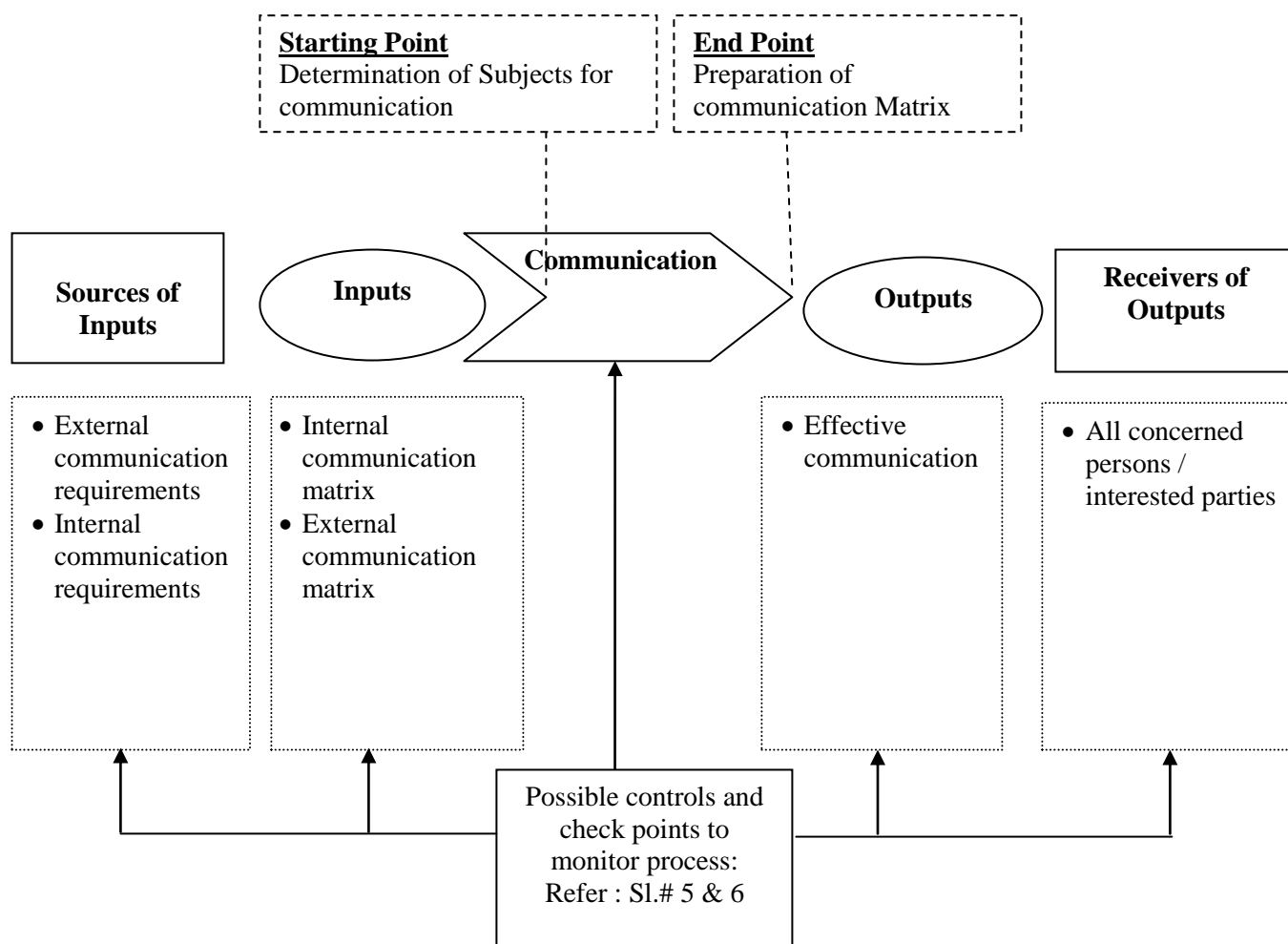
## **6.0 Records**

The following records are maintained by the agencies for the period mentioned below :

<b>S. No</b>	<b>Description</b>	<b>Section / Person in charge</b>	<b>Format</b>	<b>Retention Period</b>
1	Communication matrix & records accordingly	Dept./ Principal's office / MR	--	3 years

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 15</b>
	<b>Procedure for Communication</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 3 of 3


## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES

- Adherence to communication matrix




	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 16</b>
	<b>Procedure for Analysis and evaluation</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 1 of 2

- 1 Purpose : To analyze and evaluate data and information arising from monitoring and measurement.
- 2 Scope : This covers data and information related to QMS.
3. Responsibility ; Dept. Heads/ Principals
4. References : ISO 9001:2015 requirement : 9.1.3  
:
5. Procedure
- 5.1 Quality Objectives and Performance indicators are set for each year by the concerned Dept. Head / Principal.
- 5.2 The data and information related to Objectives / performance indicators are complied by the concerned process owners once in 3 months.
- 5.3 The above data and information is reviewed by Dept. Head / Principal once in 3 months and decisions are taken on the actions to be taken, as required.
- 5.4 Based on the outcome of above, review actions are taken by the concerned persons.

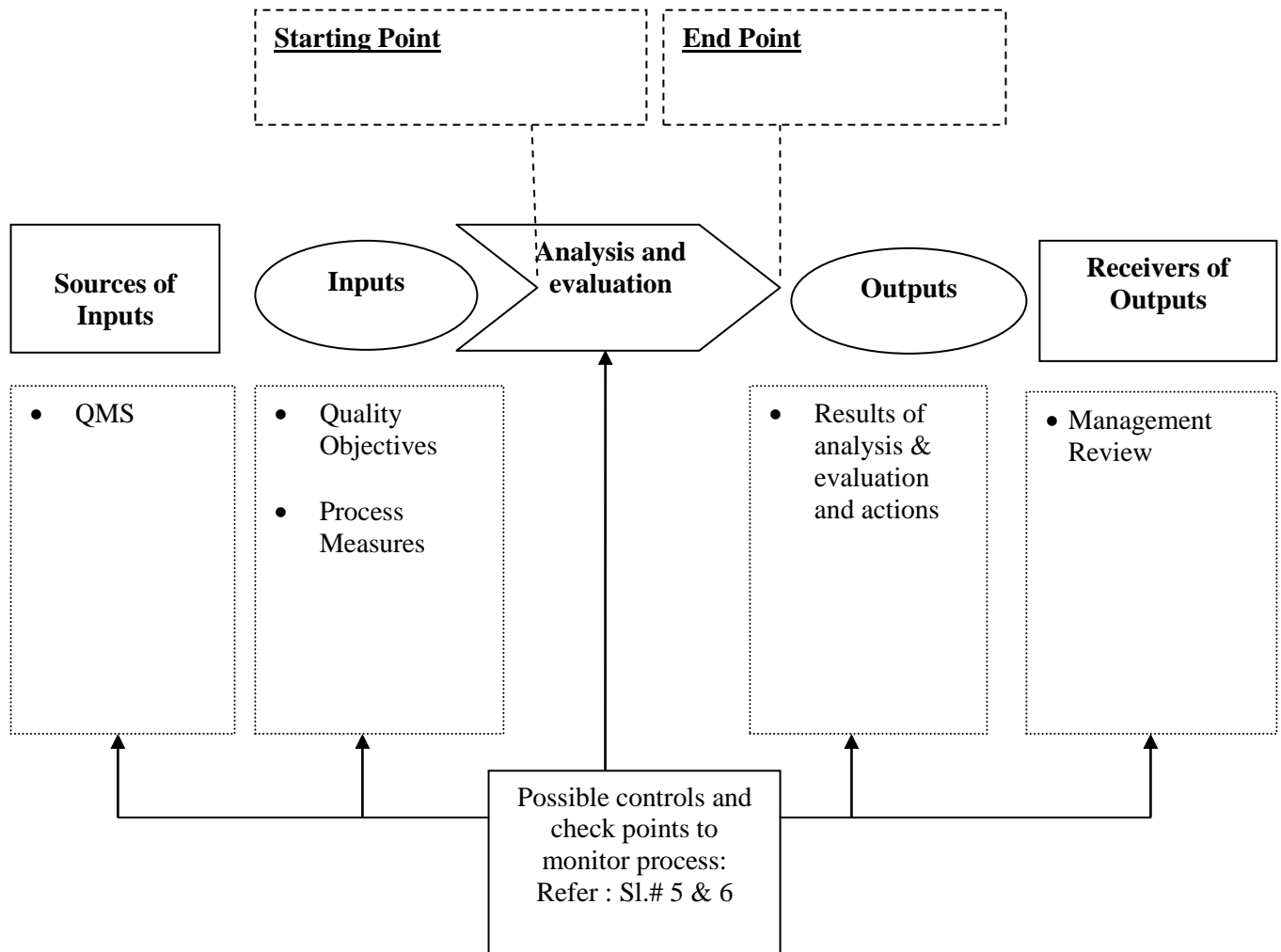
## 6.0 Records

The following records are maintained by the agencies for the period mentioned

S. No	Description	Agency	Format	Retention Period
1	Review meeting minutes and actions	Dept./College	--	3 years

	<b>ANDHRA UNIVERSITY, VISAKHAPATNAM</b>		<b>AU 16</b>
	<b>Procedure for Analysis and evaluation</b>		
	<b>Revision: 00</b>	<b>Date: 01-04-2018</b>	Page 2 of 2

## 7. PROCESS MAP



## 8. PROCESS PERFORMANCE MEASURES

- Quality objectives achievement status.