

Assurance Quality Certification LLC	F13
ISO 9001:2015	Issue 01
Stage 1 Quality Audit Report	Rev 05

Name of the Organization	PANCHLA MAHAVIDYALAYA	
Address	Post : Raghudevpur, Uluberia, Howrah – 711322	
Site Address (If any)		
No. of Employees	Teaching = 11, Non-teaching = 7, Total = 18	
No. Of Shift	1	
E mail id	panchla.mahavidyalaya1@gmail.com	
Contact Person	Dr. Arpita Mandal Nandi	
Telephone/Fax	9874259356	
Scope	“Teaching, Learning and Evaluation processes relating to awarding of B.A (Honours and General under CBCS System) and B.A (Honours and Honours with Research) and 3 Year B.A Multidisciplinary Course under CCF and B.Com Multidisciplinary Course under CCF and considering Environment friendly and Energy efficiency manner in College Green Campus”	
Technical Area	Teaching, Learning and Evaluation, Capacity Building, Skill Enhancement, Institutional Social Responsibility	
Exclusions	Design and development	
Audit Team	Lead Auditor: Amalesh Kumar Mandal Auditor: Technical Expert	Audit duration Man day(s): Technical Expert
Starting date of Audit	21.06.2023	
End Date of Audit	21.06.2023	
Brief about the organization	Panchla constituency with its surrounding areas of Howrah District where common people live. Most of them live on local artisan-works like Zarie in a very unorganized sector. The talented skills are not equipped to modernize their artisan works Scientifically and Technologically owing to Being Very backward educationally. After completion of school education the people of the area in general are not given chances for their higher education since the nearby colleges are over-burdened owing to large number of students. The situation is worst in the case of the Muslim-	

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girls who are not allowed by their parents to be sent to distant colleges for sense of their insecurity and other social hazards. That result is that those school-passed girls, not of Muslim Community only but of other communities too, are forced to marry a mis-match and at very teen or minor age, thereby an underdeveloped and backward society comes up which creates hindrances to the development of the country as a whole. Sensing this precarious conditions of the society the then M.L.A., Panchla Constituency. Ms. Doli Roy, put her demand on the floor of the Legislative Assembly and requested the erstwhile Govt. to set-up a co-educational, General Degree College (Govt.-aided under WB Pay Packet Scheme). Her desire was fulfilled and the Govt. was pleased to sanction the establishment of a General Degree College in Panchla Area. With the help of the people from all sections of life and specially of the Managing Committee of panchla Azeem Moazzam High (H.S.) School the impossible task became possible. The Managing Committee of Panchla Azeem Moazzam High (H.S.) School unanimously resolved on 17/04/2010 to hand over the 3 acre plot of land under their possession to establish college thereon. Thus a Social & Charitable trust namely 'Panchla Panchla Azeem Moazzam Educational and Welfare Trust' represented by its President and Secretary Prof. Dr. Abdur Rahim Khan and Sk. Mujibar Rahaman respectively, came into exercise – its 17 trustees being chosen from all walks of life including the members of Managing Committee of School. Thereafter, the Trust ultimately submitted a formal application to the West Bengal State Council of Higher Education, Govt. of West Bengal, for establishment of the much desired General Degree College – The President and Secretary of the College Organizing Committee being Sri Sushil Adhikary and Ms. Doli Roy respectively. On completion of the several formalities the Higher Education Dept., Govt. of West Bengal issued the necessary order, Vide G.O. No. 741 (2)- Edn (CS) dt. 17/09/2010 to establish 'panchla Mahavidyalaya'.

Audit Objective

To evaluate the client's documented system, location & site-specific conditions and gather other details through

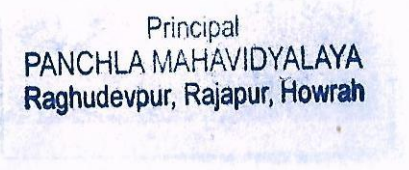
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	discussions with the client's personnel to determine the organization's readiness for the Stage 2 Audit for Certification
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CHANGE DETAIL

Audit Duration for Stage 1	
Are quoted man-days adequate?	Yes
Any change in employee detail?	None
Any Change in Scope?	None
Any additional Information:	None

ATTENDANCE SHEET:

NAME OF PERSON	DESIGNATION
<i>Amalesh K.S. Mandal</i>	Lead Auditor
<i>Arpita Mandal (Mandi)</i> 	Principal
<i>Nilanjan Chakraborty</i>	IQAC Coordinator

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SUMMARY OF AUDIT

AREA OF IMPROVEMET	
(Areas of Improvement Which May be Identified as Non Conformities During Stage 2 Audit)	
1	Communication/Display of policy
2	Communication/Display of Objectives

Non-Conformities Raised

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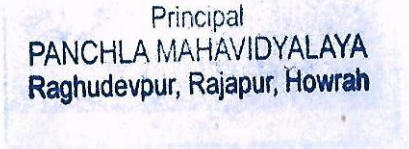
0 Minor/Major Nonconformance identified in the Stage 1 audit, details of Non Conformance in F50.

Please respond by using your own corrective action form and include the root cause analysis with systemic corrective action. Failure to include root cause analysis with systemic corrective action will result in your responses being rejected by Lead Auditor

Team Leader Declaration (Tick or cross Each Column as per applicability)	
√	Auditing is based on a sampling process of the available information
√	Audit is combined, joint or integrated;
√	The effectiveness of corrective actions taken regarding previously identified
√	nonconformities have verified
√	Outcomes are effective and complying.
√	The internal audit and management review process are effective and complying with the requirements.
√	The scope of certification is appropriate.
√	The capability of the management system to meet applicable requirements and expected
√	The audit objectives have been fulfilled and achieved.

RECOMMENDATION	
√	Recommended Proceeding with Stage 2 (within 60 days from this audit date)
×	Recommend not proceeding to stage 2 until audit evidence has been submitted to AQC showing that the concerns raised by the auditor (s) have been rectified. A date for stage 2 will then be agreed.
×	Recommend not proceeding without a further stage 1 Audit due to the severity of the concerns raised by the audit team

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Sign Off: Date 21.06.2023	
AQC Report Submission	Client Acceptance for Report
Name of Auditor: Amalesh Kumar Mandal	Name: DR. Arpita Mandal (Nandi)
Signature: 	
Authorization: Empanelled Auditor from IAF accredited Certification Body, IRCA and NABET Accredited QMS Auditor, and QCI Certified Certification on ISO 17020:2012.	 Principal PANCHLA MAHAVIDYALAYA Raghudevapur, Rajapur, Howrah
	Sign Designation: Principal

AUDIT CHECKLIST

REQUIREMENTS	COMMENTS	Status C/NC/O
Is the Information is documented as required as per the ISO 9001:2015? Any other functional Specific Requirements?	Manual and other documented information available.	C
Has the discussion held with personnel of the Client company for readiness for stage-2?	Yes, discussed and finalized as per discussion with Principal and IQAC coordinator.	C
Has the Client site specific conditions are evaluated?	Admission process to course delivery functions evaluated against standard operating process, found complied.	C
Has the company identified key performance, Process, Objectives and operation of Management System?	Established and implemented through Quality risk assessment and Quality objectives also been established.	C
Has the client having understanding with the ISO 9001:2015 Standard requirement and other site specific requirements.	Yes, done through training and awareness. 1. Training on Standard given by External body "Management	C

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	System Consultancy”	
Is the scope is having boundaries and specific to client organization?	Scope defined in Manual and found as per course delivery.	C
Is client having Multisite then level of control is established.	Not applicable	C
Is process and Equipment used are adequate?	Yes, as per standard requirements and accreditation norms.	C
Has client identified Legal and Statutory Requirements applicable to Product and Organization?	Panchla Mahavidyalaya affiliated under University of Calcutta.	C
Is the resource being adequate for stage 2 audit?	Yes, documented information found established as per standard requirement and organization requirements. So proposed for stage-2 audit. The implementation and monitoring system will be checked in stage-2 audit.	C
Is Internal Audit planned and performed and effective?	Yes	C
Is MRM planned and performed and Effective?	Yes	C
Are Internal audits conducted as planned? Date of Last Internal Audit?	Yes, Internal Audit Report w.r.t Year to year Green monitoring checked found conducted and maintained properly against all possible parameters.	C
Are Management reviews conducted as planned? Date of Last MRM?	Yes, their committee meeting outcome maintained. Agenda wise discussed in meeting, past record maintained.	C

END OF REPORT

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Name of the Organization	PANCHLA MAHAVIDYALAYA	
Address	Post : Raghudevpur, Uluberia, Howrah – 711322	
Site Address (If any)		
No. of Employees	Teaching = 11, Non-teaching = 07, Total = 18	
No. of Shift	1	
E mail id	panchla.mahavidyalaya1@gmail.com	
Contact Person	Dr. Arpita Mandal Nandi	
Telephone/Fax	9874259356	
Scope	“Teaching, Learning and Evaluation processes relating to awarding of B.A (Honours and General under CBCS System) and B.A (Honours and Honours with Research) and 3 Year B.A Multidisciplinary Course under CCF and B.Com Multidisciplinary Course under CCF and considering Environment friendly and Energy efficiency manner in College Green Campus”	
Technical Area	Teaching, Learning and Evaluation, Capacity Building, Skill Enhancement, Institutional Social Responsibility	
Audit Team	Lead Auditor: Amalesh Kr. Mandal Auditor: Technical Expert	No of Man days: 1
Starting date of Audit	12.07.2023	
End date of Audit	12.07.2023	
Brief about the organization	<p>Panchla constituency with its surrounding areas of Howrah District where common people live. Most of them live on local artisan-works like Zarie in a very unorganized sector. The talented skills are not equipped to modernize their artisan works Scientifically and Technologically owing to Being Very backward educationally. After completion of school education the people of the area in general are not given chances for their higher education since the nearby colleges are over-burdened owing to large number of students. The situation is worst in the case of the Muslim-girls who are not allowed by their parents to be sent to distant colleges for sense of their insecurity and other social hazards. That result is that those school-passed girls, not of Muslim Community only but of other communities too, are forced to marry a mis-match and at very teen or minor age, thereby an underdeveloped and backward society comes up which creates hindrances to the development of the country as a whole. Sensing this precarious conditions of the society the then M.L.A., Panchla Constituency. Ms. Doli Roy, put her demand on the floor of the Legislative Assembly and requested the erstwhile Govt. to set-up a co-educational, General Degree College (Govt.-aided under WB Pay Packet Scheme). Her desire was fulfilled and the Govt. was pleased to sanction</p>	

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	<p>the establishment of a General Degree College in Panchla Area. With the help of the people from all sections of life and specially of the Managing Committee of panchla Azeem Moazzam High (H.S.) School the impossible task became possible. The Managing Committee of Panchla Azeem Moazzam High (H.S.) School unanimously resolved on 17/04/2010 to hand over the 3 acre plot of land under their possession to establish college thereon. Thus a Social & Charitable trust namely 'Panchla Panchla Azeem Moazzam Educational and Welfare Trust' represented by its President and Secretary Prof. Dr. Abdur Rahim Khan and Sk. Mujibar Rahaman respectively, came into exercise – its 17 trustees being chosen from all walks of life including the members of Managing Committee of School. Thereafter, the Trust ultimately submitted a formal application to the West Bengal State Council of Higher Education, Govt. of West Bengal, for establishment of the much desired General Degree College – The President and Secretary of the College Organizing Committee being Sri Sushil Adhikary and Ms. Doli Roy respectively. On completion of the several formalities the Higher Education Dept., Govt. of West Bengal issued the necessary order, Vide G.O. No. 741 (2)- Edn (CS) dt. 17/09/2010 to establish 'panchla Mahavidyalaya'.</p>
Purpose of Audit	To verify the implementation of the Quality Management System as per the ISO 9001:2015 Standards Requirement, verification of records for the conformity of the implementation.

CHANGE DETAIL:

Audit Duration for Stage 2	
Are quoted man-days adequate?	Yes
Any change in employee detail?	None
Any Change in Scope?	None
Any additional Information:	None

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SUMMARY OF AUDIT

AREA OF IMPROVEMENTS	
1	No such improvement points identified in current period.
2	Actual data control system observed

Non Conformities Raised

0 Minor/Major Non-conformance identified in the Stage 2 audit, details of Non Conformance in F50

Please respond by using your own corrective action form and include the root cause analysis with systemic corrective action. Failure to include root cause analysis with systemic corrective action will result in your responses being rejected by Lead Auditor

Team Leader Declaration (Tick or cross Each Column as per applicability)	
√	Auditing is based on a sampling process of the available information
√	Audit is combined, joint or integrated;
√	The effectiveness of corrective actions taken regarding previously identified
√	nonconformities have verified
√	Outcomes are effective and complying.
√	The internal audit and management review process are effective and complying with the requirements.
√	The scope of certification is appropriate.
√	The capability of the management system to meet applicable requirements and expected
√	The audit objectives have been fulfilled and achieved.

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Recommendation:

√	<p>The quality system complies with the requirements of the reference standard: Congratulations, on the basis of the above summary, Lead Auditor is pleased to put forward a recommendation for Issuance of Certificate. The organization can use the AQC Mark</p>
×	<p>The quality system complies with the requirements of the reference standard with exception of minor NC: Congratulations, Team Leader is pleased to put forward a recommendation for Issuance of the certificate of Organization upon off-site verification of closure of all minor NC within 60 days from the date of Stage 2 audit. Responses to the non-conformances should be submitted to AQC and must include supporting evidence of closure to allow for off-site verification. In responding to the non-conformances, the organization should consider the root cause of the non-conformance and the potential for related issues in other parts of system.</p> <p>If all non-conformances are not closed within 60 days, a full reassessment may be required.</p>
×	<p>Evidence of major non-conformities: Organization is not recommended for Issuance of Certificate and at this time. Follow-up audit will be scheduled to allow for on-site verification and closure of all issues within 60 days from the date of Stage 2.</p> <p>Once all non-conformances are closed, the recommendation for Issuance of certification may be recommended.</p> <p>If all non-conformances are not closed within 60 days, a full reassessment may be required.</p>
×	<p>Not Recommended: Organization is not recommended for Issuance of certificate at this time. Full Stage 2 audit is required as the organisation has not implemented the system and process at pace. .</p>
	<i>Proposed Audit Date for 1st Surveillance Audit 11.07.2024 (mm/dd/yy)</i>

Sign Off: (Date) 12.07.2023

<p>AQC Report Submission</p> <p>Name of Team Leader: Amalesh Kr. Mandal</p> <p>Signature: <i>Amalesh Kr. Mandal</i></p> <p>Authorization: Empanelled Auditor from IAF accredited Certification Body, IRCA and NABET Accredited QMS Auditor, and QCI Certified Certification on ISO 17020:2012.</p>	<p>Client Acceptance for Report</p> <p>Name: Dr. Arpita Mandal (Nandi)</p> <p style="text-align: center;"><i>Arpita Mandal (Nandi)</i></p> <p style="text-align: center;">Principal PANCHLA MAHAVIDYALAYA Raghudevpur, Rajapur, Howrah</p> <p>Sign Designation: Principal</p>
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AUDIT CHECKLIST

VERIFICATION OF DOCUMENTED INFORMATION & RECORDS AS PER STD REQUIREMENT (C- Conformity, NC-Non Conformity, O-Observation)

Clause Number	C/NC/O	Document Verification detail with statement of Conformity
4.1 Understanding the organization and its context (Determination of external and Internal Issues)	C	Identified and included in Manual. (PM/QMS/XXX/QMM/001) *To capture those issues Staff and student feedback process initiated and documented for review.
4.2 Understanding the needs and expectations of interested parties (Determination, Monitor & Review of the Interested Parties)	C	Identified and included in Manual. (PM/QMS/XXX/QMM/001) *To capture those issues Staff and student feedback process initiated and documented for review.
4.3 Determining the scope of the quality management system (Boundaries and Type of Product and Services and any requirement not applicable)	C	Scope established and included in Manual. (Under 4.3, Page. No.13). Scope defined in Manual and found as per course delivery. Verified against their affiliation.
4.4 Quality management system and its processes (Established, Implement and maintained, process and Interaction of Process)	C	Process Flow/Process description found established as guided by accreditation norms.
5.1.1 Leadership & Commitment (Statement of ensures)	C	Interviewed with Top Management (Here with Principal). Respective project files found available to achieve quality deliver in Green, Energy and Environment issues.
5.1.2 Customer focus (statement of conformity)	C	Interviewed with Top Management. Their course delivery as per plan and guideline.
5.2 Quality policy (Establish, Implement, Maintain, communicated and understood)	C	Quality Policy established (Under clause no. 5.2.1 in Quality manual, page no. 15) and found displayed in college campus signed by Principal.
5.3 Organizational roles, responsibilities and authorities	C	Defined in Manual and available in College office.
6.0 Planning	C	
6.1 Actions to address risks and opportunities (Risk Assessment has done with prevention of undesirable effects)	C	Risk Register found maintain. (PM/QMS/FRM/03). Initially they have identified 3 nos Quality related risk and probable action plan has taken. Review status will be checked in next Surveillance Audit.
6.2 Quality objectives and planning to achieve them (Documented, Measurable, Monitored and communicated)	C	Quality Objectives found established and planned to achieve action (MAP)- Doc. Ref. no. PM/QMS/FRM/001

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6.3 Planning of changes (As per 4.4) and Purpose, resource availability and allocation	C	Found available, as per committee decision and minutes.
7.1 Resources (Need of External resources, People, Infrastructure, Environment, Calibration records, Organizational Knowledge)	C	Green monitoring: Their Own monitoring data report in the form of “Green Audit” found maintained in every assessment year wise. Monitoring done against respective parameters.
7.2 Competence (Employee records & Competence skill matrix)	C	Related training records found available. 1. Training on Standard given by External body “Management System Consultancy”
7.3 Awareness (Quality Policy, Objectives & Effectiveness of QMS)	C	Done through training and display. 1. Training on Standard given by External body “Management System Consultancy”
7.4 Communication (what, who, when, whom, how)	C	Done through display, mail, meeting minutes.
7.5 Documented information (External Origin, Creation, Updation, Distribution, Preservation, version control, Retention and disposition)	C	Control of documented information procedure established. 1. ENVS (Environmental Studies) is taught as a compulsory paper in Semester 2 in all the programmes
8.1 Operational planning and control (Plan, Implement and control of process, documented information for process carried out as planned and Conformity of product or services)	C	Operational procedures established supported with work instructions and related records. 1. Last month data checked w.r.t course/class delivery details.
8.2.1 Customer communication (Enquiries, Contract, order, feedback, complaints)	C	Feedback and complaint system available w.r.t internal (Staff) and external (Student)
8.2.2 Determining of Requirements for products and services (Objective evidence for record of contract review and approval, Record verification of Statutory & Regulatory shall be referred here, record for communication of changes, legal requirements need to be re-verified if any concerns identified in Stage 1 audit or any new product added)	C	Panchla Mahavidyalaya affiliated under University of Calcutta.
8.2.3 Review of the requirements for products and services (Documented Information for Result of review and any new requirements for product or services)	C	Review methodology available.

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8.2.4 Changes to requirements for products and services (the changed documents is aware and approved by relevant person)	C	Maintained and followed as per guideline from accreditation norms.
8.3 Design and Development (D&D)	C	Not Applicable
8.3.1 General Establish, Maintain and Implement the D&D Process	C	Not Applicable
8.3.2 D&D Planning (Record reference) 7.3.3 D&D Inputs (Record reference for the inputs) 8.3.4 D&D Controls (Record reference & Approval) 8.3.5 D&D Outputs (Record reference for outputs) 8.3.6 D&D Changes (Record reference for changes, approved, validated & verified before implementation & actions as necessary)	C	Not Applicable
8.4.1 Control of externally provided processes, products and services (documented Information for criteria for the evaluation, selection, monitoring of performance and re-evaluation	C	Tendering process, Vendor enrolment and evaluation records found available. Comparative statement found available against any purchase.
8.4.2 Type and extent of control (Control Verification)	C	Evaluation records found available. Generally before payment the related function Head consent against the external provider.
8.4.3 Information for external providers (Competence and qualification of external provider)	C	Available with user departments
8.5.1 Control of production and service provision (Records verified work instructions for the processing including delivery and post-delivery activities, characteristic of product, equipment's use and availability for monitoring and measurement)	C	Work instructions/Specifications found available followed by relevant records.
8.5.2 Identification and Traceability (Records verified for identification batch no or serial no in process as well as final result)	C	Traceability maintained through online/offline both. Class delivery, performance management and others maintained.
8.5.3 Property belonging to customers or external providers (Documented Information of Lost or damaged property)	C	Not applicable
8.5.4 Preservation of output (objective evidence for meeting the defined storage conditions for handling, packaging, storage and protection)	C	Maintained in Laboratory materials
8.5.5 Post-delivery activities (Result outcome)	C	Maintained in data base against each function wise.

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8.5.6 Control of changes (Documented Information change review result, person who is authorized to changes)	C	Change control file found available. Means old/dormant documents kept separate.
8.6 Release of final outcome services (Planned Arrangement documented information for acceptance criteria and authorized person traceability)	C	Maintained through online/offline both. Result delivered by Authorised person only.
8.7 Control of nonconforming outputs (Documented Information for Non-conformity, action taken, concession, authority deciding action)	C	Methods/Action plan found available
9.1.1 Monitoring, Measurement analysis and evaluation	C	Monitoring done against set criteria. Meeting minutes available as outcome of process.
9.1.2 Customer Satisfaction (Analysis of Customer Satisfaction)	C	Customer satisfaction analysis process found available. Feedback taken from Staff as well as from Student both to know the Quality delivery status.
9.1.3 Analysis and Evaluation	C	Done
9.2 Internal Audit (Frequency and Documented Information for Implementation of Audit Program and the audit result)	C	Yes, Internal Audit Report w.r.t Year to year Green monitoring checked found conducted and maintained properly against all possible parameters.
9.3 Management Review (Frequency, Input, Output, Documented Information for MRM Results)	C	Yes, their committee meeting outcome maintained. Agenda wise discussed in meeting, past record maintained.
10.1 Improvement – General	C	Done and included in MRM
10.2 Nonconformity and Corrective action (Documented Information for nature of NC and result of action taken)	C	Procedure established.
10.3 Continual improvement	C	Objective and monitoring data found available against respective Projects/KPI.

END OF REPORT