THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY

(Deemed to be University)

PATIALA

SYSTEM DOCUMENTED INFORMATION MANUAL

TIET/QMS/DI/SYST

Release No. : 5.0

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Soft Copy

Amendment Sheet (1)

S. No.	Date of Revision	Clause No.	Existing	Revised	Page no.	Version

Amendment Sheet (2)

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Amendment Sheet (4)

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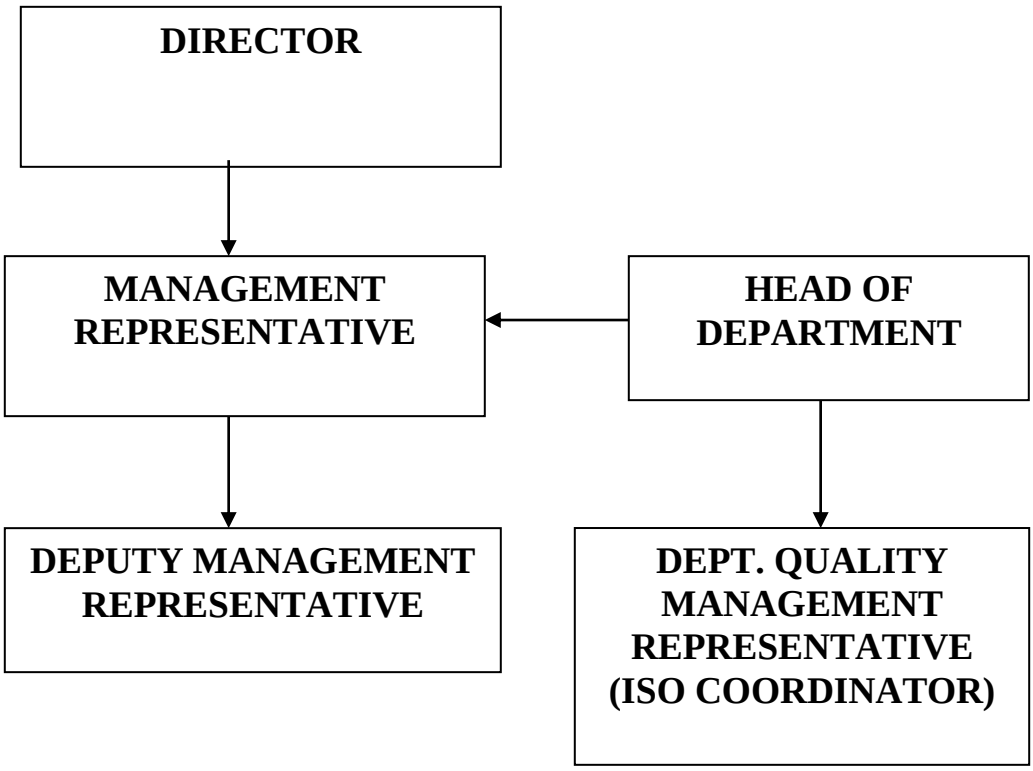
MR – ORGANISATION CHART



2. RESPONSIBILITY AND AUTHORITY

Management Representative

i. Preparation and control of quality system documents
ii. Organizing training in quality system, ensuring that the employees understand the quality policy, objectives and working of the installed quality system.
iii. Planning and implementation of internal quality audits.
iv. Maintaining the quality system & reporting on its functioning ; implementation of all Risk Assessment and Mitigation
v. Liaison with the external agencies/bodies on matters related to quality system.
vi. Arranging for Management Reviews.
vii. Maintenance of Retained Documented Information of the operative Quality System and its constituent documents. Holding Management Review Meetings, updates/changes.
viii.

Deputy MRs

i. Assist the Management Representative in carrying out the responsibilities assigned to him.
ii. Carryout the work assigned to them by MR from time to time.

Head, Functional Area

i. Assist the Management Representative in carrying out the responsibilities assigned to him.
ii. Carryout activities related to ISO 9000 in their own functional area.
iii. Carryout the work assigned to them by MR from time to time

Deptt. Quality Management Representative (ISO Coordinator)

i. Coordinate & ensure implementation of Quality System in his/her functional area.
ii. Assist the Management Representative in carrying out the responsibilities assigned to him.
iii. Carryout activities related to ISO 9000 in their own functional area.
iv. Carryout the work assigned to them by MR from time to time

Internal Quality Auditors

i. Carryout, the audit of the assigned area systematically, report non-conformities and follow up for closing them.
ii. Ensure Risk Assessment and Mitigation as a follow-up of the internal quality audit.
iii. Train the employees on Internal Quality audits and other aspects of ISO 9001:2015.

2. Management Review DI/SYST/MRW/01

Purpose: To ensure continued suitability and effectiveness of the quality system to the objectives of the organization and the needs of the Interested Parties.
Scope : All activities related to the Quality System.
Responsibility: Management Representative**.**

Procedural details :

	Activity	**Responsibility**	**Reference**
1	Management Review team shall comprise of the following members: □ Director Chairman □ Deputy Director(s) Member □ MR. Convener □ DMR Member □ Heads Member □ Concerned Invitee Special Invitee		
2	Circulation of agenda	MR	
3	Collection of Information and data on review items.	MR	
4	Conduct of Management Review meetings to verify the implementation and effectiveness of Quality System at least once a year	MR	
5	Preparation of Minutes of the meeting and their circulation after approval from the Chairman.	MR	
6	Follow up action & maintenance of Retained Documented Information.	MR	

4. Title: Document and Data Control. DI/SYST/DDC/01

Purpose: To ensure that the documents are updated periodically and controlled

Scope: All documents pertaining to: -

- Quality Manual
- Procedural Manuals including work instructions and forms, formats etc.
- Regulatory requirements and documents of external origin
- Applicable Standards and Specifications

Responsibility:

All Functional Heads/ISO Coordinator
MR. for overall Control

Documented Information : The Documented Information includes the following: -

Naming/Numbering Convention

Separate numbering convention shall be used for the following documents:

i. Quality Manual, Documented Information Manuals
ii. Documented Information, work instructions, checklists & standards
iii. Forms, formats, templates.

(a) Quality Manual shall be numbered as under:

XXXX / XXX / XX

University Code/Quality Management System/Quality Manual

Using the above system the code of the Quality Manual is as under:

TIET/QMS/QM

(b) Documented Information Manuals shall be coded as under:

XXXX/XXX/XX/XXXX

University Code/Quality Management System/ Documented Information Code/Major area code

Using the above system the codes for various Documented Information Manuals are as under:

TIET/QMS/DI/SYST	**System Documented Information**
TIET/QMS/DI/ACAD	**Academic Documented Information**
TIET/QMS/DI/DEPT	**Departmental Documented Information**
TIET/QMS/DI/SERV	**Service Documented Information**
TIET/QMS/DI/ADMN	**Administration Documented Information**

Naming/Numbering of Documented Information, Work Instructions, and Checklists etc.:

It shall have the following code :

XX/XXXX/XXX/NN

Document code/ Major area code/ Number 01 to 99

Major Area Code:
Documented Information, work instructions, checklists shall be categorized into the following five major areas:

Major Area	**Code**
System	SYST
Academic Section	ACAD
Academic Unit	DEPT
Registry	ADMN
Services	SERV

Naming/Numbering of Forms, Formats, templates etc.:

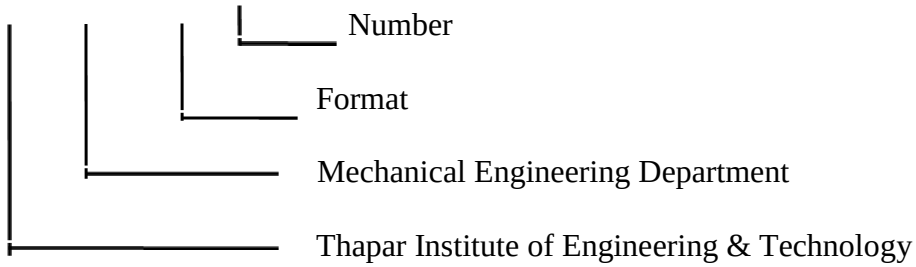
The naming/numbering convention for forms, formats, templates shall have the following code :

TIET/XXX/FT/NN(MM)
1 2 3 4

TIET/Section Code/Sr. No. Of Doc. (Rev No)
1 2 3 4

Example :-

TIET/MED/FT/01



Marking/Stamping of Documents

The documents shall be marked "Confidential", "controlled", "uncontrolled", "Obsolete", "Master copy".

Confidential: Only for concerned personnel

Master Copy : Original copy to be retained by the issuing authority & to be stamped in Red at the back of every page

Controlled copy : Limited authorised access to be stamped in Red to prevent unauthorised usage/access.

Uncontrolled : Unlimited Access. Anybody can use this document.

Obsolete : To be stamped in Red on all obsolete documents which are retained for Retained Documented Information.

These are required if only hard copies are maintained.

Approval, Access and Issue of Documents

S.No	Activity	Responsibility	Reference
1	Preparation of a Master List of documents by each functional head	**Functional Head/ISO coordinator**	**TIET/SYST/DDC/FT/01**
2	Review and approval of a document at the time of initial preparation or amendment thereof.	**Functional Head/ISO coordinator**	
3	Circulation to all concerned & withdrawal of obsolete documents. Circulation of Quality Manual and the Systems Documented Information shall be through the University email server as soft copies to all concerned. Hard/soft copies of these documents shall be used as master copy or for the Internal/External auditors. The files shall be sent as .pdf files, which cannot be tempered without approval from the issuing authority. Hard/soft copies taken by users shall have validity only for that particular time period when such a copy is printed. All other documents will be circulated as hard/soft copies.	**Functional Head/ISO coordinator**	

Amendment to a document

S.No.	Activity	Responsibility	Reference
1	Filling a change request form and submission to concerned functional head through proper channel.	**Individual**	**TIET/SYST/DDC/FT/03**
2	Review/approval by the functional head	**Functional Head/ISO coordinator**	**TIET/SYST/DDC/FT/03**
2	Review/approval by Approval Authority	**Concerned Authority**	**TIET/SYST/DDC/FT/03**
3	Entry in the master list	**Functional Head/ISO coordinator**	**TIET/SYST/DDC/FT/01**
4	Incorporation of the change in the document and distribution of the same to all control copy holders	**Concerned Authority**	
5	Recording of change in the change history sheet.	**Concerned Authority**	

Withdrawal of obsolete Documents

S.No.	Activity	Responsibility	Reference
1	Issue of the revised version	**Concerned Head**	
2	Withdrawal of the obsolete document	**Concerned Head**	
3	Retention of one copy of the obsolete document along with change request in archive section. Shredding of all other copies.	**Concerned Head**	
4	Mark "Obsolete" in red ink on the back side of the obsolete document to be retained	Concerned Head	
5	Retain the document in the designated file	Concerned Head	

Release of new documents

The new documents pertaining to any work area or clause will be released as mentioned above.

Approving Authority for various types of documents

S.No.	Document Type	Reviewing Authority	Approving Authority
1.	Quality Manual	MR	DIRECTOR
2.	Documented Information, Work Instructions & Forms/Formats etc.	Designated Representative	MR
3.	Rules, Regulations, Guidelines	Director/ Registrar	BOG
4.	Curriculum Design/Re-Design	DPPC/BOS/SUGC/SPGC/ Senate	BOG
5.	Academic Regulations	DOAA	Director

Release Number of Documents

Release number at the front page of the manual shall identify each document. Release number shall be changed after a reasonable number of revisions have been made in the Documented Information manual and it becomes very difficult to manage more number of revisions.

TIET/SYST/DDC/FT/01

Master List for Documents

Enclosed herewith please find the revised documents as per following list. Please return remaining obsolete documents for use/files, as the availability use of obsolete documents is not permissible by the system.

Copy Holders

S. No.	Doc. No.	Title									
	- /QM/0 01	Quality Manual	1	2	3	4	5	6	7	8	9

TIET/SYST/DDC/FT/02(00)

THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY: PATIALA
REVISION HISTORY SHEET

Doc No. _____ Title _____

Rev. No._____ Holder _____

Amendment/Approval

Revision Number	Details of change	Issued by	Date	Approved by	Date
0 (Example)	Original				
1 (Example)	As per change Request No.____				

TIET/SYST/DDC/FT/03(00)

DOCUMENT CHANGE REQUEST

DCR No. TIET/SYST/MRP/FT
Date_____

Document
Document No._____ Revision No._____
Requested
change_____
_____
_____

HOD
Initiating Deptt.
Date_____

Initiated by
Name
Date_____

Change Reviewed & Agreed/ Not agreed

_____

_____

_____

Date_____ Approved by/Director/MR/HOD

Document No._____Revision No._____has been changed to Doc No._____Rev No._____and issued to all authorised holders.

(Issued by)

DI/SYST/RAM/01

5. Risk Assessment and Mitigation

Purpose : To ensure that the occurrence of non-conformities and discrepancies, which are reported to have occurred at some point of time or which are likely to occur, is prevented. This is to be ensured by analysing the problem, finding its root cause and eliminating it.

Scope and Responsibility

S. No.	ACTIVITY	Responsibility	Reference
1	Interested Parties (Students)	**Head/DOAA**	
2	Complaints/Suggestions/Comments	**DOAA/Head**	
3	Success/ Failure rates/reaction survey/Industry feed back	**Head/DOAA**	
4	Non-conformities reported in instructional design and/or delivery	**Director Head/DOSA/**	
5	Non-conformities in use of physical infrastructural facilities Non-conformities as a result of Internal Quality Audit	**Registrar MR**	

Documented Information:

(A) Mitigation Action

S. No.	ACTIVITY	Responsibility	Reference
1	Reporting of a non-conformity/verbal or written request.	**Individual Student/ TIET Employee**	
2	Initial (Preliminary) Analysis	***Functional Co-coordinator/**	
3	Consultation with other functional areas, if need be	**Functional Head**	
4	If minor or trivial, action in the form of counseling/advice/acceding to request is taken.	**Co-coordinator/ Head**	
5	If major, depending on the gravity, it may be referred to a specially constituted committee.	**Functional Head**	

6	Analysis of the information, finding root cause of the problem, fixing responsibility suggesting Mitigation action.	**Constituted Committee**	
7	Finalisation of report	**Functional Head**	
8	Information to concern person about action taken	**Functional Head**	
9	Suggestions for application of control, pro-active analysis, and other actions to prevent re-occurrence in future.	**Functional Head**	

B. Risk Assessment and Mitigation

S. No.	ACTIVITY	Responsibility	Reference
1.	Proactive collection of information from various sources for analysis to find potential non-conformities	**Functional Head**	**CL/SYST/RAM/01**
2.	Analysis of information and determination of areas of potential non-conformities/improvement	**Functional Head**	
3.	Finding out root cause of the non-conformities	**Functional Head**	
4.	Determination of steps needed to deal with problems requiring Risk Assessment action.	**Functional Head**	
5.	Initiate Risk Assessment action, apply control to prevent non-conformities.	**Functional Head**	
6.	Submission of information on action taken for management review.	**Functional Head**	
7.	Recording and Implementation of the changes, if any made to Documented Information resulting from Risk Assessment action.	**Functional Head**	

Note : Major Complaint : One which has an Institutional impact.
Minor Complaint : One which has a localised impact.
Trivial complaint : One which has individual impact.

Suggested Mechanism for initiating Risk Assessment Actions

SOURCES OF INFORMATION FOR RISK ASSESSMENT ACTION

Parameters/item				
a) Result of student's performance in various examinations b) Result of student's reaction survey. c) Feedback from Industry, Alumni, participating organisation in campus placements. d) Details of Risk Assessment and Mitigation. e) Improvement programmes, suggested/recommended f) Review of quality policy and objectives g) Result of external audits **h)** Major Instructional and support activities of the past 1-3 months				

DI/SYST/CQR/01

6. Control of Quality Retained Documented Information.

Purpose : To ensure that quality Retained Documented Information are maintained and are accessible, whenever required, for effective operation of quality system.

Scope and Responsibility : All quality Retained Documented Information are maintained by respective Functional Heads/ISO Coordinator as defined in laid down Documented Information and the same are to be controlled, updated and made available to them.

Retained Documented Information of Internal Quality Audits and Management reviews are to be maintained, controlled & updated by MR.

Procedural Details :

S.No	Activity	Responsibility	Reference
1	Preparation of list of Retained Documented Information to be maintained by each functional head. .	Functional Head/ISO Coordinator	TIET/SYST/ CQR/FT/01
2	Deciding the following for each type of Retained Documented Information to be maintained by a functional head. ♦ Medium of Storage ♦ Location of Storage ♦ File number of the Retained Documented Information. ♦ Method and frequency of updation ♦ Indexing method of the Retained Documented Information. ♦ Authorised access to the Retained Documented Information ♦ Retention period of the Retained Documented Information ♦ Weeding out and disposal of the Retained Documented Information.	Functional Heads/ISO Coordinator	WI/SYST/CQ R/01
3	Incorporating all above information in the Performa designed for the purpose	Functional Heads/ISO Coordinator	
4	Maintaining hard copies or soft copies as specified in the Performa	Functional Heads/ISO Coordinator	
5	Maintain Retained Documented Information, safely and securely preventing any deterioration on damage from moisture termite or pilferage	Functional Heads/ISO Coordinator	

WI/SYST/CQR/01

GUIDELINES FOR CONTROL OF Retained Documented Information

Medium of Storage : All Retained Documented Information shall be stored on hard/soft copies in the files. The Retained Documented Information which need statistical analysis like the Retained Documented Information of students performance in a semester or etc. shall be maintained on computer also.

Location/Storage : The Retained Documented Information shall be stored within the physical boundaries of the functional area to which they belong. Further, the Retained Documented Information shall be stored in files of good quality with durable file covers. The files shall be kept in almirah/cabinets to ensure no damage or theft thereby ensuring safety of the Retained Documented Information marking location

File number of the Retained Documented Information : Each file shall have a unique file number. The number will depict the type of Retained Documented Information and its serial number, for easy access and retrieval.

Indexing Method : All Retained Documented Information will be indexed in their category. The indexing shall be done by assigning a number in a chronological order, in such a manner that the latest Retained Documented Information comes on the top (Datewise, S.No. wise or by index) attached in the filed

Retention Period of the Retained Documented Information : The Retained Documented Information shall be retained for a useful period. This period shall be decided based on their need for verification purposes. Each functional area shall define this period for each Retained Documented Information in their domain.

Access of the Retained Documented Information: Retained Documented Information shall be accessed only by authorised persons. For this purpose, against every Retained Documented Information, the details of the authorised personnel shall be written.

Weeding Out & Disposal : The Retained Documented Information shall be weeded out and disposed after the retention period. Depending upon the confidentiality of the Retained Documented Information, they shall be auctioned or destroyed. The files shall be duly updated.

LIST OF RETAINED DOCUMENTED INFORMATION

Deptt. _____

S.No.	Retained Documented Information Title	File No.	Custodian	Location	Retention Period	Access	Medium	Disposal Action

DI/SYST/IQA/01

7. Internal Quality Audit

Purpose : To verify whether quality activities conform to the quality plan and to determine the effectiveness of the quality system.

Scope : The scope covers all activities of the quality system effecting quality of instruction.

Responsibility : The responsibility of scheduling internal quality audits, lies with the MR.

Procedural Details :

S. No.	ACTIVITY	Responsibility	Reference
1	Deciding the frequency of internal quality audits based on the status and importance of an area.	**MR**	
2	Detailed audit planning for each area	**MR**	**TIET/SYST/ IQA/FT/02**
3	Arrangement of resources for conduct of internal quality audits.	**MR**	
4	Intimation to the functional Head regarding internal audit with all details. All departments would be audited. However, the internal audits of Central facilities shall be scheduled in a way so that all each centre is audited at least once every three years.	**MR**	

5	Conduct of Internal Quality Audits. The auditors shall use the requisite form to document observations recorded during the audit.	**MR, Internal Quality Auditors**	**TIET/SYST/ IQA/FT/04**
6	Raising non-conformities, if any in the Non-conformance Report.	**Internal Quality Auditors**	**TIET/SYST/ IQA/FT/03**
7	Timely Mitigation and Risk Assessment action on reported non conformities	**Functional Heads/ISO Coordinator**	
8	Conduct of Follow up audit(s) to verify the implementation and effectiveness of the Mitigation action(s)	**MR**	
9	Closing of non-conformities and recording them in the non-conformance report.	**Concerned Head, MR**	
10	Submission of results of IQA for Management Review.	**MR**	

TIET/SYST/IQA/FT/02(00)

AUDIT PROGRAMME

Date	Time		Department to be Audited	Auditor(s)	Auditee(s)
	From	To			

TIET/SYST/IQA/FT/03(00)

Audit Report
N.C. Report

Deptt. _____ Format No. _____
Auditor : _____ Audit No. _____
Auditee : _____ Date _____

No.	Non conformance	Ref. ISO 9001	Mitigation Action Planned	Target date	Follow up action
	Auditor Auditee		Auditee **MR**		Auditor **MR**

TIET/SYST/ IQA/FT/04

Asser Noting	Date
Area	Page No

Clause	Audit Observations Details	Non - Conformance

Auditor

DI/SYST/SPR/01

8. Sponsored Projects

Purpose: To define a Documented Information for applying, approval, execution and completion of sponsored projects in the University.

Scope & Responsibility:

Scope	**Responsibility**
Forwarding of invitations from funding agencies	**Registrar/ Dean**
Identification of Research areas	**Principal Investigator (PI)**
Submission of Research proposals	**PI**
Authentication of proposals	**Dean R&SP/ Director**
Approval	**Funding Agencies**
Implementation as per guidelines	**PI**
Submission of project report	**PI**

S.No	**Activity**	**Responsibility**	**Reference**
1	Invitation of projects by funding agencies like UGC, AICTE, DST, CSIR etc. through electronic & print media, correspondence to Head of the Institution		
2	University forwards the invitation to all departments/schools	Registrar/ Dean RSP	
3	Faculty of Departments/Schools are advised to write the projects and submit to the funding agencies through the Dean RSP/ Director	Head	
4	Faculty members identify the research area in line with the thrust areas identified by the funding agency, facilities available at the University, professional competence and confidence of the individual.	PI	
5	Research proposals written as per guidelines/ format issued by the funding agency and forwarded to Dean RSP	PI/Head	
6	Dean RSP/ Director authenticate the project and forward it to the funding agency	Dean/ Director	

7	Funding agency screens the projects and request presentation of screened projects before an expert committee by the PI	Funding agency	
8	Approved projects are allocated to the PI	Funding agency	
9	Projects are executed as per the guidelines framed by the funding agency	PI	
10	P&MB and other University bodies monitor progress at the University level and Annual progress report is submitted to the funding agency.	PI	
11	Completed project reports are submitted to the funding agency	PI	