Audit Report (Stage 2)

Organisation : NIRMALA MEMORIAL FOUNDATION

Audits (ZA) : Q 10639/2021

Master Data of Organisation	
Name of Organisation	NIRMALA MEMORIAL FOUNDATION
Name of corporate group (in case of group certification)	-
Street	90 FEET ROAD, ASHA NAGAR, THAKUR COMPLEX, KANDIVALI (EAST)
Postcode / Town / Country	400101 /Mumbai / India
Contact	Ms Sumathi Rajkumar
E-Mail	principalnirmalacollege@gmail.com;
Phone/Fax	022-28549303
Language	English
Scope Description	Offering Degree college courses for Commerce, Management, Mass Media, Information technology and Computer Science meeting requirements of University of Mumbai. Offering Post Graduate courses M.Com, M.Sc. IT meeting requirements of University of Mumbai. more description regarding scope in annex
Industry / Scope (EA, TA, ...)	37.0

Audit profile		
Standards under contract / Audit type ☐ Change to ISO 45001:2018 ☐ Upgrade to ISO 50001:2018	ISO 9001 : 2015 Certification audit Stage2	---
	---	---
System documentation: Revision / Issue	Quality Manual – Documented Information – DI Issue no. 00 dt. 18.11.2019 Rev 02 dt 25.02.2021	
Surveillance mode	Yearly surveillance	
Audit team leader / responsible	Kiran Dhavale	
Audit team	Manoj Bhalerao	
Technical expert	N.A.	
Trainee	N.A.	
Multisite-organisation	All sites are listed in: ☒ Audit Reference Data Sheet ☐ separate Listing ☒ Audit program/ATEA ☐ Multisite-certification (Sample)	
Shift operation	Single shift operations	

Audit Report (Stage 2)

Organisation : NIRMALA MEMORIAL FOUNDATION

Audits (ZA)   : Q 10639/2021

TÜV NORD Certification

Audited Standards	
ISO 9001 **:** 2015	**Certification Audit**
Non-applicability of chapters: 8.3	
Audit team leader: Kiran Dhavale	Audit number(ZA): Q 10639/2021
Certificate number: - New	Valid until: -

Audit-Details	
Sites	Kandivali, Mumbai
Audit date	22.03.2021 , 23.03.2021 and 24.03.2021
Audit duration	5.00 person days on site including 0.00 person days for stage 1 audit (separate report)
Remote Auditing (ICT) tools used, if any	☐ Skype ☐ MS Teams ☐ Webex ☐ Zoom ☐ Google Meet ☐ Others : Please specify Not applicable . Audit on-site.

Details for Stage 1 - Audit		
Stage 1 - Audit	Kandivali, Mumbai	
Duration Stage 1 - Audit	ISO 9001 : 2015	1.00 person-day (s)
		1.00 Total
Date Stage 1 - Audit	16.02.2021	

Distribution/Confidentiality/Rights of ownership/Limitations/Responsibilities

This report is sent to the certification body or bodies, the members of the audit team and the audit representative of the organisation. All documents (such as this report) regarding the certification procedure are treated confidentially by the audit team and the certification body. This audit report remains the property of the certification body.

An audit is a procedure based on the principle of random sampling and cannot cover each detail of the management system. Therefore nonconformities of weaknesses may still exist which were not expressly mentioned by the auditors in the final meeting or in the audit report.

The responsibility for continuous effective operation of the management system always rests solely with the audited and certified organisation.

Salvo clause:
The audit report will be left to the organisation at the end of the audit - subject to approval by the certification body. The independent release process may cause modifications or additions. In these cases a modified revision will be sent to the audited organisation.

Annex/Enclosures

Annex/ corresponding audit documentation	☐ Questionaire(s) / Checklist(s) ☐ Additional annexes, number

Summary of results

ISO 9001:2015

Clause	Audited	Result*	Clause	Audited	Result*	Clause	Audited	Result*	Clause	Audited	Result*
4.1	☒	1									
4.2	☒	1									
4.3	☒	1									
4.4	☒	2									
5.1	☒	1									
5.2	☒	1									
5.3	☒	1									
6.1	☒	1									
6.2	☒	2									
6.3	☒	1									
7.1	☒	1									
7.2	☒	2									
7.3	☒	2									
7.4	☒	2									
7.5	☒	2									
8.1	☒	2									
8.2	☒	2									
8.3	☐	-									
8.4	☒	2									
8.5	☒	3									
8.6	☒	1									
8.7	☒	1									
9.1	☒	3									
9.2	☒	3									
9.3	☒	2									
10.1	☒	1									
10.2	☒	1									
10.3	☒	1									

Additional requirements in accordance to ISO 17021:2015	Audited	Result
a) internal audits and management review	☒	2
b) review of actions taken on nonconformities identified in previous audit	☒	1
c) responsiveness to complaints	☒	1
d) effectiveness of the management system with regard to fulfilment of objectives	☒	2
e) progress of planned activities aimed at continual improvement	☒	1
f) the client's management system ability and its performance regarding meeting of applicable requirements	☒	2
g) operational control of the client's processes	☒	2
h) review of any changes including system documentation	☒	1
i) use of marks and/or any other reference to certification	☐	

audited: ☒ = audited sections of the standard;

Result: **1** = fulfilled; **2** = basically fulfilled / potential for improvement; **3** = not fulfilled / nonconformity ; **-** = not applicable / excluded.
Details are listed in the section "Detailed results". Fields with a coloured background are obligatory elements in **every** audit.

Obligatory elements from A00VA02

a) Are temporary sites (i.e installation sites, project locations etc.) available?	yes ☐	no ☒
b) Which one are visited?	Not Applicable	

Organisations profile

COMPANIES PROFILE CONTAINING FOLLOWING INFORMATION

INFORMATION IF MULTI-SITE SCHEME IS APPLIED : N.A.

IF YES, LIST OF AUDITED SITES (E.G. IN AUDIT PROGRAM) : NOT APPLICABLE
AND LIST OF CERTIFIED SITES BY THIS AUDIT AS ENCLOSURES

NUMBER OF EMPLOYEES (NUMBER OF EFFECTIVE EMPLOYEES) INCLUDING LOANED EMPLOYEES AND SUBCONTRACTORS (FULL TIME EQUIVALENTS) : 80

Range of products/Services : Degree and Post Graduate Programs offered in Commenrce (B Com / M Com) , B. Com (A&F) , BMS , BMM, BSc (IT) , BSc (CS) , MSc (IT)

Clients : All students enrolled in the college.

Nirmala Memorial Foundation College of Commerce and Science, affiliated to the University of Mumbai was established in 2003, through the vision and guidance of Mr. Thakurbhai Desai.

As an institution its purpose is to impart quality education to students of all creeds in general and the Gujarati Linguistic Minority in particular. The college strives to develop the intellectual powers of students and all concerned, continuously and consistently through methods that are participative, interactive and facilitative in a measurable manner. Also to train them to be responsible and worthy citizens by adopting change in its path.

The college offers a number of traditional and self financing under graduate and post graduate courses that are affiliated to University Of Mumbai, imparting education to about 7,000 students. Management and committed Teaching and Non Teaching Staff have ensured that the college is on the right trend and have steered it in the right direction.

The strength of the college is that it is managed by academicians, who understand and respect the value of education and educationists.Infrastructure on the campus

Nirmala provides excellent infrastructure to facilitate the education process and enhance the learning ability of the students through availing amenities like:
- The eight storied building includes modern air-conditioned office blocks, well equipped classrooms, well planned corridors and 2 elevators.
- Fully furnished library with large collection of books, periodicals and journals (both Indian & Foreign) and spacious reading rooms.
- Air-conditioned computer labs with 150 advanced machines and licensed software.
- Well organized and spacious gymkhana.
- Air-conditioned auditorium hall.
- The students' comfort common rooms for girls and boys.
- State – of- art technology in its teaching process making use of mike systems, LCD projectors.
- Hygienic and nutritious canteen facility.

The college has adopted all necessary practices to impart the education to students thro remote learnings also thro net based classes etc and provides students welfafre and placement services also.

Summary / explanations of results

SUMMARY:

- **ISO 9001 STATEMENT ON THE IMPLEMENTATION OF THE STANDARD REQUIREMENTS**

  - STRATEGICAL DIRECTION OF THE ORGANISATION (CONTEXT, STAKEHOLDER ANALYSIS) : INTERNAL / EXTERNAL ISSUES AND STAKEHOLDERS REQUIREMENTS ARE CAPTURED IN DOCUMENTATION .

  - RISK-BASED APPROACH (ANALYSIS OF RISKS AND OPPORTUNITIES) : RISK/OPPORTUNITIES ANALSIS IS EVIDENT THRO A RATING SYSTEM AND ACTIONS ARE ADDRESSED. CERTAIN IMPROVEMENTS TERMS OF ACTION PLANNING ARE POSSIBLE AND DISCUSED.

  - CONTROL OF EXTERNALLY PROVIDED PROCESSES : A DOCUMENTED PROCESS **EXISTS WHICH NEEDS IMPROVEMENT** AND NECESSARY **IMPLEMENTATION** CONTROLS ARE EVIDENT **HOWEVER FURTHER IMPROVEMENT NEEDED.**

  - SYSTEMATICAL KNOWLEDGE MANAGEMENT (**ORGANISATIONAL KNOWLEDGE**): **LIBRARY AND PORTALPROVISION IS MADE** WITH KNOWLEDGE REPOSITORY ON VARIOUS TOPICS IN **ACADEMICS** FIELDS SUCH AS **SUBJECT READING BOOKS** , STANDARDS ,ARTICLES, **RESEARCH PAPERS** ETC AND ACCESSIBILITY TO EMPLOYEES PROVIDED.

  - FULFILLMENT OF COMPLIANCE / / LEGAL AND OTHER OBLIGATIONS : LEGAL/STATUTORY REQUIREMENTS VERIFIED AND FULFILMENT IS EVIDENT.

  - MEASUREMENT AND CONTINUAL IMPROVEMENT OF THE QMS PERFORMANCE : KEY PROCESSES ARE MAPPED WITH PERFORMANCE MEASURE AND PERIODIC TRACKING WITH ASSIGNED RESPONSIBILITIES. IMPROVEMENT POTETIAL IN THIS EXISTS WHICH IS DISCUSSED AND IDENTIFIED IN **DETAIL.**

☒ This audit was performed for the first time for certification in accordance to ISO 9001:2015. The requirements (e. g.: context of an organization, understanding the needs and expectations of interested parties, actions to address risks and opportunities, management of change, contractors, outsourcing , Operations control , Internal Audit , Management Reviews and improvements) were assessed in this audit.

The Certification (Stage 2) audit was performed on 22nd, 23rd and 24th March 2021 for Kandivali, Mumbai facility on site.

The audit findings are summarised as : 3 no GP, 6 nos – PI ,4 – CM, 1 no. NC B and 2 nos. NC A.

There change to the scope of Quality Management System (QMS) as per ISO 9001:2015, from the Stage 1 audit is recorded and documented. All requirements of ISO 9001:2015 are applied, except Clause 8.3 Design and Development of Products and Services. Due justification is provided in the QMS Manual DI Rev 02 dt 25.02.2021 as syllabus of all courses conducted by college is provided by University of Mumbai and college has no role to play in course design. There are no major customer complaints and all complaints are addressed for its closure.

Certification audit was performed to verify the adherence of the Quality Management System in accordance with ISO 9001: 2015, as per the schedule. Two Non conformance NC(A) and one no Non conformances (NC B) were observed in audit and separate reports for NC management are provided to the organisation. Also, there are other improvement opportunities identifed. The audit findings have been conveyed to concerned auditees, M.R./D.R. & company top management during audit & closing meeting held at the end of this audit. Based on the findings, it is ascertained that the documented system, Process & the practices were at overall level meeting the requirements of ISO 9001: 2015 standard, however the non conformities are to be addressed and closed soon for system improvements.

Based on audit findings , the audit **team recommends** the **follow up audit** to verify effectiveness of corrections / corrective actions for closure of idendified NCs raised before recommending the issuance/ grant of the certificate as per ISO 9001:2015.

- **Legal form of the Organsisation**

  ☒ The organisation audited comprises of one or more legal entities, authorities, institutions or a combination of the same (Ltd., etc.).

  ☐ The organisation audited comprises of a part of a company (e.g. site certification).

  ☐ Current registry entries (≤ 12 months) are available or have been reviewed.

  ☐ The organisation audited is not listed in an official register (e.g. person or group of persons

Conclusion

Taking into account the size and structure of the organisation, the products/services supplied and the process used, the organisation has basically demonstrated that it operates its management system in order to ensure fulfilment of its own requirements, the requirements of its customers and the relevant legal requirements.

This includes in particular:

- The policies from 18.11.2019, objectives and their implementation in the organisation
- The processes which exist in the management system and their interaction
- The management system documentation
- The recording system
- The resource management
- The measuring and analysis (management review from 02.02.2021 and 20.03.2021, audit planning from March 2020 and 04.03.2021,audit report(s) from 16.03.2021 and examples for indicators)
- The continual improvement process

also the implementation and the effectiveness of the management system and the processes for providing services/production/product realisation were assessed by the audit team by means of on-site inspection and examination of documents on a random sample basis.

Nonconformities, observations and the potential for improvement are described in the "Detailed Results" section.

Notes for the detailed results

The evaluation of the audit results basically follows the scheme shown below:

Stage	Classification	Meaning
NC A	Major Nonconformity (Nonconformity A)	Nonconformities could be classified as major in the following circumstances: • if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements; • a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.
NC B	Minor Nonconformity (Nonconformity B)	Nonconformities could be classified as minor, if these do not affect the capability of the management system to achieve the intended results.
PI	Potential for improvement	Items which would allow optimisation of the management system in relation to the requirements of the relevant standard. It is recommended that the company implements these items.
GP	Positive aspects/ Good Practice	Positive aspects of the management system worthy of special mention (see also point 4.3 if applicable).
CM	Comments	Special situation and information to be traced in next audit.

Follow-up action(*):

NC A: Action plan with follow-up Audit or action plan and submission of documents.

NC B: Action plan and if necessary submission of documents.

Detailed results

No.	**Major Noncorformity** (Nonconformity A)	**Area / Process**	**Standard:clause**	**Set date**
1	The process of Storage and preservation of students examination papers/ university documents in record room is not effective. Evidences: (1) Rack indicating FCT tag on the shelf had ATKT papers of other discipline. (2) Marking of racks and actual storage of papers course wise do not match at multiple places which affects the documents retrieval. (3) Receipt/storage/document issue system needs improvement: OMR documents received from Mumbai University in March 2020 – 100 x 2 no of packets not retrieved. (4) Receipt of OMR forms vide University of Mumbai Challan No 17062 dt 25.09.2019 for 150 x 40 boxes and 100 x 2 boxes . Stock register indicates 676 forms unused available , whereas total 8 boxes of 140 x 40 pg documents evident. Stock register/Issue and tracking system needs improvement.	Examination Process / Record Room	ISO 9001 : 2015 Cl 8.5.4	24.04.2021
2	The process of internal audits is not effective for coverage and reporting. Evidences : (1). Library function is not covered in internal audit plan and internal audit not conducted for Library in March 2021 cycle.(2) Clause reference in checklist, area of non conformity and actual reporting has mismatches e.g. Audit report 02 dt 16.03.2021 BMS/B Com (A&F) audit ref. clause mentioned 7.1.6 in checklist, NC is about curriculum availability and NC raised and reported for cl 8.1. (3). Record room verification not covered in internal audit for Examination process – report dt 16.03.2021. (4) Summary of internal audits covers only NCs and Not any OFIs and its status of implementation for March 2021 audits.	Internal Audit	ISO 9001 : 2015 Cl 9.2	24.04.2021

No.	**Minor Noncorformity** (Nonconformity B)	**Area / Process**	**Standard:clause**	**Set date**
1	The process of monitoring and measurement of quality objective is not fully deployed. (1) While one of the key objectives established is "	Teaching and Learning Process – Commerce /	ISO 9001 : 2015 Cl 9.1.1	24.04.2021

No.	Minor Noncorformity (Nonconformity B)	Area / Process	Standard:clause	Set date
	100% adherence to University needs " the same is not tracked / measured with any periodicity. No records of monitoring/measurement of performance against this objective is evident. (2) The Objective of " Analysis/Review of Semester end results in Examination process is not supported with Target/measurement criteria. (3) In BMM, daily tracking of coverage of topics in Journalism and Public Opinion and Reporting courses for TY Vth semester by faculty Mr Vinod Menon is not evident.	BMM and Examination Process		

No.	PI	Area / Process	Standard:clause
1	Ensuring capturing on dates in various documents may be looked into and be improved. e.g. Date of admission/ Date of handing over of Leaving Certificate in GR , Date of evaluation of service providers performance etc. Similarly recording of information of local/outstation students in GR/Admission documents in terms of date of birth / Local guardian contact details may be initiated and ensured.	Administration / Admission Process	ISO 9001:2015 Cl 7.5.2
2	The communication to service providers/ contractors on the specific requirements of college may be strengthened by incorporating the same in agreements / AMC contracts such as requirement of drinking water testing report by RO plant/water purifier service provider, verbal instructions provided to security contract persons etc. In case if contract ameendment is not possible , a separate email communication on such issues may be initiated.	Administration / Infrastucture	ISO 9001:2015 Cl 8.4.3 / 7.4
3	Students Placement service committee working may be further strengthned by making " Placement " as formal process and inclusion in QMS documentation with specific objectives/targets/time bound actions to enable the institution to improve its visibility/branding and assistance to deserving passing out students to get employment in future.	Placement Service	ISO 9001:2015 Cl 4.4
4	Anti-Ragging / Discipline maintenance be further improved by initiating a formal process of sign offs by students/ parents during admission process and subsequent communications. Also , students concerns/suggestions invite process may further be looked into to improve its effectiveness and identify all possibilities of opportunities for improvements.	Administration / Admission Process	ISO 9001:2015 Cl 7.3 / 7.4 / 8.2

No.	PI	Area / Process	Standard:clause
5	While Measurement of student's satisfaction through google docs survey has been initiated, the analysis of the same and establishing the threshold/target be improved to identify actionable areas for improvement. The data may also be appropriately correlated to the overall performance of internal/external faculty.	QMS System coordinator/ D.R.	ISO 9001:2015 Cl 9.1.2 / 9.1.3
6	(1)The verification of acual location of the books vis-à-vis SMS system records may be looked into for improvement for periodic checking of system vs actual stock. Recording of follow up calls to defaulted students for returning of books may be improved. (2) Awareness / communication regarding copyright compliance on publications/books in terms of internal/external photocopying work be initiated to students/staff. (3) The process of objective setting for required deliverables from Library staff be improved.	Library	ISO 9001:2015 Cl 8.1 / 7.3 / 6.2

No.	GP	Area / Process	Standard:clause
1	Good infrastructure for classrooms, laboratories , student's and stafff facilities and usage of multiple remote teaching tools etc.and competent teaching/non teaching staff including visiting/empanelled faculties in various course offered. Top management commitment is visible towards system improvement and overall growth/ progress of the institution.	Management Commitment / Infrastructure/ competent staff	ISO 9001:2015 Cl 5.1 / 7.1
2	A well documented QMS with system manual elements in DI, process interactions cross referencing SOPs / OPs , user formsheets and revision control.	QMS System coordinator/ D.R.	ISO 9001:2015 Cl 4.4
3	Various accolades / recognition to Degree college such as Educational Excellence award in 2018 in western region and Improvements in usage of teaching aids , facilities provision such as Photo Studio for Mass Media Course , Accoustics in seminar hall etc are evident.	Top Management	ISO 9001:2015 Cl 10.3

No.	CM	Area / Process	Standard:clause
1	Recording of action plans / decisions made in Management review for various points discussed need to improve.	Management review	ISO 9001:2015 Cl. 9.3
2	(1) The periodicity of supplier/service providers evaluation (yearly / duration) to be established and documented in DI 05 rev 00 dt 18.11.219 (2) The criteria for A / B / C / D rating to be clearly established. e.g. A rating is >= 75 or >70 to remove ambiguity in documents. (3) List of Critical suppliers/ servcice providers may be made to focus on periodic re-evaluation of performance of those suppliers/vendors.	Administration / Purchase	ISO 9001:2015 Cl 8.4.1

No.	CM	Area / Process	Standard:clause
3	The control by coordinators/ HoDs on Teaching and Learning process in terms of ensuring all topics/modules in syllabus approved by University of Mumbai for a particular subject / course in a semister is covered by respective faculty needs improvement. Recording of topics covered by faculty in daily log needs improvement.(e.g. Reportage of Amalgamation of firm from 7.9.2 to 28.9.20 in five lectures in daily log for BM course). Also , University guidelines on No. of lectures to be planned for a subject/course in a semester to be adhered to and in case of deviation for certain reasons the process of due appoval of the same by the Principal be initiated.	Training and Learning – Commerce / BMM / BSc / MSc(IT & CS)	ISO 9001:2015 CI 8.1
4	Establishing specific objectives for training in terms completion of planned competency development of staff in a semester and measurement of effectiveness of training imparted be looked into and improved.	Teaching / Non-Teaching Staff Competency / Training	ISO 9001:2015 CI 7.2 / 6.2

Management of non-conformities

☐ Nonconformities were not found - the procedure can continue.

☒ Nonconformities were found.

 Follow-up action:

NC A: Action plan with follow-up Audit or action plan and the submission of documents

☒ **Action plan and follow-up audit**
 A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day). Based upon the action plan the on-site review and evaluation of the introduction, implementation and effectiveness of implemented guided corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).

or

☐ **Action plan and the submission of documents**
 A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day).Based upon the action plan the evaluation of the effectiveness and the implementation of corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).

NC B: Action plan and if necessary the submission of documents

☒ **Action plan**
A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day).

☐ **Submission of documents** (if necessary)
Based upon the action plan the on-site review and evaluation of the introduction, implementation and effectiveness of implemented guided corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).

Note: The audit team leader directs the non-conformities as needed to the responsible auditor for processing.

Results				
Results	**ISO 9001:2015**			
Fulfilled	☐			
Open nonconformities	☒			
Not fulfilled	☐			
None	☐			
Action plan	☒			
Document review	☐			
Follow up audit	☒			
Next audit	☐			
Follow up Audit (if recommended)				
Date of Follow-up Audit	dd/mm/yyyy	Whether all open NCRs closed	☐ Yes ☐ No	
Recommendations				
Grant/Extension*/Renewing*	☐			
Maintenance*	☐			
Suspension	☐			
Restoring	☐			
Refusing	☐			
Withdrawal	☐			
Follow up audit for NC closure / verification	☒			

*) Grant / Extension / Renewing / Maintenance in the case of open nonconformities assumes that the nonconformities will be cleared as agreed.

Explanation of the terms:

Renewing: New issue of the certificate for the re-certification.

Restoring: End of the temporary invalidity of certificate after the suspension or after delayed re-certification.

Comments for next audit

In the next audit, the final evidence of effectiveness, corrections and corrective actions will be assessed for the possible nonconformities from this audit.

The comments and potentials for improvement will be taken up again.

For the next audit (follow up audit) it is preliminarily agreed: before 24.04.2021

Signatures	
Date: 24.03.2021 Name: Kiran Dhavale	 Signature Audit team leader
Date: 24.03.2021 Name: Swiddle D'cunha , Principal	 Signature Representative of organisation