Audit Report (Surveillance 1)

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 Diya Mukherjee
E-Mail	principalnirmalacollege@gmail.com; nmfciso@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 Surveillance audit 1 --- 	--- ---
System documentation: Revision / Issue	Quality Manual – Documented Information – DI Issue no. 00 dt. 18.11.2019 Rev 03 dt 20.12.2021	
Surveillance mode	Yearly surveillance	
Audit team leader / responsible	Kiran Dhavale	
Audit team	P Subbaramaiah , NABCB Witness	
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	

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TÜV NORD Certification

Audited Standards			
ISO 9001 **:** 2015		**Surveillance Audit**	
Non-applicability of chapters: 8.3			
Audit team leader:	Kiran Dhavale	Audit number(ZA):	Q 10639/2021
Certificate number:	QM 01 00964	Valid until:	23.04.2024

Audit-Details	
Sites	Kandivali, Mumbai
Audit date	24.03.2022 and 25.03.2022
Audit duration	2.00 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	Not neccessary	
Duration Stage 1 - Audit	ISO 9001 : 2015	0.00 person-day (s) 0.00 Total
Date Stage 1 - Audit	Not Applicable	

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/	☐ Questionaire(s) / Checklist(s)
corresponding audit documentation	☐ 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	☒	2									
4.3	☒	1									
4.4	☒	2									
5.1	☒	1									
5.2	☒	1									
5.3	☒	2									
6.1	☒	1									
6.2	☒	3									
6.3	☒	2									
7.1	☒	1									
7.2	☒	3									
7.3	☒	2									
7.4	☒	2									
7.5	☒	2									
8.1	☒	3									
8.2	☒	2									
8.3	☐	-									
8.4	☒	2									
8.5	☒	3									
8.6	☒	1									
8.7	☒	1									
9.1	☒	3									
9.2	☒	2									
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	☒	1

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) : 115**

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 Surveillane purpose 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 Surveillance audit was performed on 24th and 25th March 2022 for Kandivali, Mumbai facility on site.

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

There is no change to the scope of Quality Management System (QMS) as per ISO 9001:2015, from the last Certification audit. 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 03 dt 20.12.2021 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. Three nos 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 **maintenance of the certificate** as per ISO 9001:2015 **subject to closure of the identified three Minor Non Conformities**.

- **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 25.02.2021, 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 03.01.2022 and 22.03.2022, audit planning from March 2022 and audit report(s) from 10.03.2022 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
	Nil			

No.	Minor Noncorformity (Nonconformity B)	Area / Process	Standard:clause	Set date
1	The process of setting measurable objectives and monitoring / tracking of the same is not effective. Evidences : 1. Measurement/tracking data for objective of " Measure of 100% Adherance to Mumbai University needs" not evident. 2. Objective : " Analysis and review of daily admission status " : measurability of objective /target need to be established. 3. Similarly objectives of :enhancing enterprenure skills thro workshops/ projects " and Placement effectiveness" tracking is missing.3. Examination process % adherance to action plan for results improvement – no tracking is evident ISO 90012015 Clause 6.2 requires The organization shall establish quality objectives at relevant functions, levels and processes needed for the quality management system. The quality objectives shall: ; b) be measurable; d) be relevant to conformity of products and services and to enhancement of customer satisfaction; e) be monitored; Cl 9.1.1 requires The organization shall determine: a) what needs to be monitored and measured; b) the methods for monitoring, measurement, analysis and evaluation needed to ensure valid results	Admission Process / Teacing & Learning / Placement Services	ISO 9001 : 2015 CI 6.2 / 9.1.1	25.04.2022
2	The process of operational control and related review in Teaching & Learning process for ensuring Teaching plan completion in time is not effective. Evidences : 1. For BSc CS – Artificial Intelligence subject of Semister V in AY 21-22 instead of 45 lectures as per Teaching plan , Monthly	Teaching and Learning Process – BSc IT & CS	ISO 9001 : 2015 CI 8.1	25.04.2022

No.	Minor Noncorformity (Nonconformity B)	Area / Process	Standard:clause	Set date
	Monitoring sheet indicates 38 Lectures completed. Actual completion as per daily logsheet differs in July/ Aug 2021. Data on practicals and theory classes to be seggregaed. 2. Similar Situation exists in Data Science subject of Term I – MSC IT course for fulfillment of Mumbai University requirement of Completion of 60 lectures for theory & practicals in Oct and Nov 21, which differs from Monthly monitoring reports vis-à-vis daily log sheet from faculty. ISO 9001:2015 : Cl 8.1 require The organization shall plan, implement and control the processes needed to meet the requirements for the provision of products and services, and to implement the actions determined by: a) determining the requirements for the products and services; b) establishing criteria for: 1) the processes; 2) the acceptance of products and services			
3	The Process of compilation of training needs of teaching staff and training recording is not effective. Evidences 1. As per DI 04 Rev 0 dt 20.12.2021 DR to coordinate and compile the training needs of teaching staff . The compilation was not clearly evident , eventhough need based trainings to staff are organised by management. 2. The training records are not updated as per requirement of format Annex XI – DI/SUP/ITR/01. ISO 9001:2015 Cl 7.2 requires The organization shall: a) determine the necessary competence of person(s) doing work under its control that affects the performance and effectiveness of the quality management system c) where applicable, take actions to acquire the necessary competence, and evaluate the effectiveness of the actions taken; d) retain appropriate documented information as evidence of competence.	HR – Training / Competence	ISO 9001 : 2015 Cl 7.2	25.04.2022

No.	PI	Area / Process	Standard:clause
1	Position of DR may be updated in organogram – Annexure V – DI/LEAD/ORG/00 dt 18.11.2019 and specific roles/responsibilities of DR may be captured in DI.	System Coordinator / D.R.	ISO 9001:2015 Cl 5.3
2	Planning of changes to capture various methods / inputs / triggers for changes such as students/parents feedback, Suggestions from staff, findings of internal/exernal audits, inernal reviews etc.	System Coordinator / D.R	ISO 9001:2015 Cl 6.3
3	While details of correction, root cause and corrective actions are captured on non-conformity reports in internal audits, the recording of verification of NC closure may be improved by capturing actual evidences of corrections and corrective actions taken in NC reports prior to closing of NCs instead of only verification signature.	Internal audit	ISO 9001:2015 Cl 9.2
4	Anti-Ragging / Discipline maintenance be further improved by initiating a formal process of sign offs by students/ parents and uploading of declarations online at the time of admission process and subsequent communication.	Administration / Admission Process	ISO 9001:2015 Cl 7.3 / 7.4 / 4.2
5	Management review output recording may further be improved by capturing data such as : external providers performance and mentioning of no further action needed after the review as the case may be.	QMS System coordinator/ D.R./ Top Management	ISO 9001:2015 Cl 9.3.3
6	A recording log of continual improvements made in chronological order may be considered with capturing pending actions for ease of further review.	QMS System coordinator/ D.R.	ISO 9001:2015 Cl 10.3

No.	GP	Area / Process	Standard:clause
1	A well documented QMS with system manual elements in DI, Process flows/ process interactions, Annexures, cross referencing SOPs / OPs , user formsheets and with good revision control and accesibility.	QMS System coordinator/ D.R.	ISO 9001:2015 Cl 4.4
2.	Good infrastructure for classrooms with AV facilities, Computer / IT and other laboratories , well equipped Library with books/journals and internet facilities, student's and stafff facilities such as Gymkhana, canteen, Wellness centre ; 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
3	Improvemets in operational areas , such as extension of various modes of fees payments to parents/students , creation of google forms platform for students/parents satisfaction	Top Management	ISO 9001:2015 Cl 10.3

No.	GP	Area / Process	Standard:clause
	feedback, Consideration of fees differal for needy students etc. Improvements in usage of teaching aids , facilities provision such as Photo Studio for Mass Media Course , Accoustics in seminar hall , working thro various committees such as Exam committee, Student Gymkhana committee , Anti Ragging protocol etc are evident.		

No.	CM	Area / Process	Standard:clause
1	The process of recovery / return of Library books / and necessary recording / tracking needs improvement in terms of operational controls	Library	ISO 9001:2015 Cl. 8.1

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 <u>and</u> 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).

<div align="center">or</div>

☐ **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 <u>and if necessary the</u> 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	☐			
	☐			

*) 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 it is preliminarily agreed: before 25.03.2023

Audit Report (Surveillance 1)

Organisation : NIRMALA MEMORIAL FOUNDATION
Audits (ZA)   : Q 10639/2021

TÜV NORD
Certification

Signatures	
Date: 25.03.2022 Name: Kiran Dhavale	*(signature)* Signature Audit team leader
Date: 25.03.2022 Name: Swiddle D'cunha , Principal	*(signature and stamp)* Signature Representative of organisation