IQAC AUDIT AUG - 2021

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING HOSUR IQAC AUDIT

MINUTES OF MEETING

02/08/21

The IQAC Academic and Administrative Audit related meeting is convened today by the Principal along with all HODs to keep the records up to date and to get ready for the Audit that will commence from the 3rd week of August 2021. All the HODs have agreed to get ready for the audit and extend their full support and co-operation.

The points discussed in the meeting are as follows:

- 1. The attendance register log book, academic calendar, faculty notes and other particulars pertaining to academic side should be kept ready for the audit.
- 2. The procedures and requirements for the audit should be kept up to date and produced the auditor on demand without any loss of time.
- 3. HOD and Principal's authentication should be obtained on all the records.
- 4. Trend charts, continual improvement program, action plan should be updated and kept ready for the audit.
- 5. The records pertaining to departmental meetings and minutes of the meeting have to be updated.
- Result analysis the same has to be prepared year wise, semester wise, subject wise, department wise and faculty wise for the audit.
- 7. The improvement made in the department on the basis of complaints, suggestions and student's feedback has to be kept ready for the audit.
- Action taken on indiscipline activities of the students should be updated and kept ready for the audit.
- Motivation of the staff and student records has to be prepared and kept ready for audit.
- 10. Housing keeping register should be updated and kept ready for the audit.
- 11. Training need identification of staff, faculty profile records have to be updated and kept ready for the audit.
- 12. CAPA report if any should be prepared and kept ready for the audit.

- 13. Internal communication circular records have to be filed and kept ready for the audit.
- 14. Backup data for the records in computers has to be maintained.
- 15. Syllabus completion review, method of selection of question paper, previous year university examination question paper has to be updated and kept ready for the audit.
- 16. List of formats in the department has to be kept ready for the audit.
- 17. Infrastructure requirements for the department have to be prepared and kept ready for the audit.
- 18. Laboratory requirement and Calibration details have to be kept ready for the audit.
- 19. Alumni association records have to be updated and kept ready for the audit.

S:No	Department	Name	Signature
1	S&H	D.G. M. SVRESH	N
2	AERO	Mr. R. KARTHILE UPON	mm
3	CIVIL	S. Rameshwari	S. Rish
4	CSE	PSUMATH	OF W
5	ECE	Dr. V. VIJAYA EUMAR)	V. yal
6	EEE	G. SHASIKALA	h. shu
7	IT ·	Dr- A- MAHESH	The second
8 -	MECH	Dr. P. Englistearon	Low
9	MCO	Dr. m. Schithlich	M.
10	MBA	D. C. P. A. J. F. H	M
11	MCA	Mrg. M. Angelin Rosy	M. Angel many

MR
The Co-ordinator

The Co-ordinator
Internal Quality Assurance Cell
Perumal Manimekalai College of Engineering
Keneripalli, Hosur - 635117

PRINCIPAL

Principal

Er. Perumal Manimekalai College of Engineering Koneripelli, HOSUR - 635 117. Krishnagiri Dist. Tamil Nadu, India:

Er, PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR

STAFF CIRCULAR

02-08-2021

This is to inform that, internal Audit for ISO will be conducted on the following dates. All the Co-ordinator are requested to keep all the records in a complete manner. Follow up audit will be taken for the same, in two days after completion of the audit.

T	n.u.	Time	Auditor	Dept.	Sign	Auditee	Dept.	Sign
S.No.	Date	Time	THUM!		Herry	Prof. R. Karthikeyan	AERO	· wy
1	16-08-2021	10.00 AM	Dr.P.Rajasekaran	MECH	(A)	Asst. Prof. Ramesh		1.8.00
					1	Prof. R. Karthikeyan	CIVIL	NA TON
2	16-08-2021	2.00 PM	Dr. J. Vijayakumar	PRO	J. Mr.	Asst. Prof. Ramashwari		sports
					/	Prof. Sumathi	CSE	Oh -
3	17-08-2021	10.00 AM	Dr. M. Sahithullah	MR	DQ.	Dr. Shanmuga Karpagam	1,70,00	" NY
				550,000		Dr.V.Vijayakumari	ECE	V-Gal
4	17-08-2021	2.00 PM	Asst.Prof. G. Shasikala	EEE	a. Hh	Asst Prof.S Vidhya	2.00	0000
				+	V. /	Asst Prof. G. Shasikala	EEE	ain
. 5	18-08-2021	10.00 AM	Asst.Prof.M Dukitha	MCA	M. DL	Asst.Prof. Meenakumari		d
)					4.5	Prof. M. Sahithullah	MCO	HL
6	18-08-2021	2.00 PM	Prof. R. Karthikeyan	AERO	Sum	Asst. Prof. Suresh Kumar		10. 4M
					100	Dr.P. Rajasekaran	MECH	your
7	19-08-2021	10.00 AM	Prof. P.Sumathi	CSE	(A)	Asst. Prof. Udayakumar	MAR. 57.0	20
					1	Dr. Magesh	IT	The
8	19-08-2021	2.00 PM	Prof. G. Shasikala	EEE	a. Le	Asst. Prof. Richard		Rail
					cmm?	Dr. Rajesh	мва	pt.
9	20-08-2021	10.00 AM	Prof. R. Karthikeyan	AERO	Ly 11 X	Asst. Prof. Sangee Rani		a. Starry
					1	Prof. M Angelin Rosy	MCA	M Angelin
10	20-08-2021	2.00 PM	Dr. M. Sahithullah	MR	90	Asst. Prof. Dukitha		an. Ob
					ØN.	Dr. Suresh	S&H	Agus
11	21-08-2021	10.00 AM	Prof. P.Sumathi	CSE	And a	Dr. Selvi	S&H	6001
				MECH	Marse	Mr. M C Yeshwanth	LIB	yes
12	21-08-2021	2.00 PM	Dr.P.Rajasekaran	MECH	1		20.744	0
13	23-08-2021	10.00 AM	Asst.Prof. Dukitha	MCA	m. Ah	Mr. Kailash	MÉSS	Knienth

				, ,	1	7	Maint.	- 100
4	23-08-2021	2.00 PM	Dr. J. Vijayakumar	PRO	J.M	Mrs. Valli		K-Vallet
5	24-08-2021	10.00 AM	Prof. G. Shasikala	EEE	a.gu	Mr.Uma shankar	Logistics	Wh
_	24-08-2021			MCA	m.OL	Mrs.Padma	Purch.	John
	24-08-2021	2.00 PM	Asst.Prof. Dukitha				Top Mgt	
,	25-08-2021	10.00 AM	Dr. M. Sahithullah	MR	19	The Secretary	-	`01 4
-	25-08-2021	2.00 PM	Prof. R. Karthikeyan	AERO	wh	Dr. M. Sahithullah	MR	99
3	25-00-2021			PRO	T. Lung	Mrs.Latha	CG & C	hash
9	26-08-2021	10.00 AM	Dr. J. Vijayakumar	GAMANN STATE OF THE STATE OF TH	0 1	Dr. R. Rajesh	TRG	Pravil
0	26-08-2021	2.00 PM	Prof. P.Sumathi	CSE	(Pri	DI. As Empore		Art - Section 1

Principal

Principal

Et. Panimal Manimekalai College of Engineering

Kone: Fulli, HOSUR - 635 117. Krishnagiri Dist.

Tamil Nadu, India.

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR Internal Audit Summary

		Date					
Institution	Department		NC	OBS	SUG	Findings Pending (NC & OBS)	Remarks
	Engineering : Academics	R _S	40	, ,	=	NIL	

Institution	Department	Date	NC	OBS	SUG	Findings Pending (NC & OBS)	Ren	Remarks	
,	Engineering: Academics					OBS			
	AERO	16-08-2021	2	E	-	NIL	-	-	
	CIVIL	10-00-2021	2	-	-	NIL	-	-	
	CSE	17-08-2021	2	20	-	NIL	-	-	
	ECE	17-00-2021	2	-	-	NIL	-	-	
	EEE	18-08-2021	2	- "	-	NIL	-	-	
Engineering	MCO		2	-	1 -	NIL	-	-	
	MECH		2	-	-	NIL		-	
	IT	19-08-2021	2		11-	NIL	-	-	
	MBA	20.00.0001	2	-	-	NIL	-	-	
	MCA	20-08-2021	2		/2	NIL	-	-	
W 95	Science & Humanities	21-08-2021	2	38 3 7 7	-	NIL	-	-	

Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR Internal Audit Summary

	18		Audit Findings						
Institution	Department	Date	NC	OBS	SUG	Findings Pending (NC & OBS)	Rei	marks	
g* '8	Top Management	4	-	/J=	-	NIL	-		
	Mgt. Representative	25-08-2021	2	· ~	=	NIL	-	_	
	Library (Engg, MBA)	21-08-2021	2	·	1	NIL	-	_	
	Purchase	24-08-2021	2	-	-	NIL	-	-	
Engineering	Training & Development	26-08-2021	2	-	-	NIL	-	-	
Engmeering	Recruitment Cell	27-08-2021	2	-	-	NIL	_	_	
	Counselling & Admission	26-08-2021	2	-	-	NIL	-	-	
*	Maintanance	23-08-2021	2	-	-	NIL	-	2	
	Mess	23-08-2021	2	~	12	NIL	_	-	
**	Logistics	24-08-2021	2	-	-	NIL	_		

	28	PROCESS	MANUAL	8.8			7.		Issue	No 1.1	Page	1 of 2
*	8	TITLE: AN	TITLE: ANNUAL AUDIT PLAN								Tuge	
Doc:C / RD 06		APPROVE										
					. 60	YEAR (20	20 - 2021)			-		
FUNCTION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
Top Management				×.	100			2*3				7
Mgt. Representative	1.		S.		1	*		*		11.14		
Engineering: Academics								*				
Library (Engg, MBA)								*				
Purchase								*				
Training & Development								*				
Recruitment Cell								*				
Counselling & Admission								*				
Lab & Workshop								*	1			
Maintanance	2							*				
Mess								*				
Logistics	60					. 1		*				
Hostel & Canteen					2			*				

Whole Cycle of audit will be covered atleast once in six months

Institution wise activities are covered as the frequency

Counselling & Admission	Covered atleast once in Six months	
Lab & Workshops	All labs and workshops of all institutions are covered atleast once in a year	
Syllabus Planning and Execution	All Departments like Mechanical, Computer Science, MBA will get covered once in a year	

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Mr. R. Kartlirkeyan.
Mr. R. Ramesh

Name of the Auditor: Dr. P. RaJalekaran

Function: Den / ENGly

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	V	
2	Show me your regulatory requirements and status of compliance	· レ	
3	Show me your list of records	V	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat		
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	medic 13
) 6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	uni C	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	V	
8	Check whether record has the record name and record code in the front page.	- L	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	·	
10	Trend charts on objectives and process measures.	レ	
11	Action plan for the objectives.	レ	
12	Continual improvement program.	V	
13	Check for the departmental review meetings	V	
14	Check the awareness level on roles and responsibility.	V	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	~	
16	Check for the improvements made in the department in the passed one year	V	
17	Analysis on student / feedback from (Parameter wise analysis)	V .	7
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	V	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's	~	
22	Faculty profile - compliance to regularly requirements to be checked.	~	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	V	
24	Internal communication records like circulars.	V	
25	Incase If records are maintained in computers, backup of data to be ensured.		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	-	Company of the second
27	Method of selection of question papers (unit test and midterm tests)	~	
28	Preservation of previous year university exam question papers.	V	A STATE OF THE PERSON OF THE P
29	List of formats used in the donate with the do	~	
	List of formats used in the department and is that controlled.	V	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	V	o bird
31	Housekeeping maintain with in the departments.	V	
	LABORATORY		
32	Identification of equipments	V	
33	Calibration of equipments. (Internal / external calibration records)	V	ola Biel V
34	Preventive maintenance of equipments where appropriate.	V	the second
35	Adequate no. of Fire Extinguishers in the area.	V	
36	First aid kids stuffed with necessary Antidotes	V	w 100 a
37	Safety gears provided for the students operating equipments.	V	
38	Start and shot down instruction where appropriate,		
39	Sign boards in the laboratory.		and the same
40	Display of quality policy.	V	
41		~	Sent II
42	List of consumables used in the laporatory and maintanance of sufficient stock.	V	
43	Non conforming materials to be identified quarantined. Horizontal deployment initiatives	V	
44		· V	
45	Change made in the system considereing improvements / improving process performance.	V	
	Relevant process charts can be displayed in the laboratory.		

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC TECH Department: Acm / ENGG

Auditor: Dr. P. Ravalekonog

Date: 16.8.2021

Description of sample chosen (Year / Semester / Paper / Unit):

S.No.	Description of Audit Finding	Category	Std C ref
1.	Equally possile not Exidenced	NC	
	Rob: Panner sewan.		
2.	Students feed back on faculty		
	Garchart yet to update	NC	
	Rop: To year		
	<u> </u>	ŀ	
			×
	* 3		
			1

FORM: QSF 02

Version No: 1.0

NON CONFORMITY REPORT

Report No:

NON CONFORMANCE

Auditor: Dr. P. Rosalekonan.

Function: Aero / ENGY

Date: 16.8.2021

Auditee: Mr. R. Kartli Keyan

Mr . R. Ramesh .

	Faculty Prosite not Evidence	!										
AUDITO	R: Std Clause / Doc. Ref:		R.	Forus								
ROOT CA	USE											
S.No.	Potential Root Cause for the Non-Conformance											
	Popule available in the form of	B S	8t (of	y aw								
CORRECT	ION / CORRECTIVE ACTION:											
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.								
	Printed profile documented in	HOD.	18.8.21	Cure								
	tu mosie sie											
PREVENT	VE ACTION:											
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.								
	Faculty propile should be uptales	HOD	18.8.21	cloted								
	in media lots after pring the destruction											
Resource R	equirements if any :											
Verified by	and closed on : Vayed.	<i>></i>										
FORM: QSF	02 Version No:1.0		Issue Date	•								

NON CONFORMITY REPORT

Report No:

Function: Dero I ENGG

Date: 16.8.2021

Auditor: Dr. P. Rasalekaran

Auditee: Mr. R. Kartlei Kopy

Mr. P. Ramesh

NON CONFORMANCE

Student feed back of faculty bor chart yet to be.

AUDITOR:

Std Clause / Doc. Ref:

A familiant

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance		
	Student feedback from collected and bar Chart		
	also rede but not documented.		

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	innuclially action to be taken to	class	18 ·f·20	1 Closes
	document the studenty feed togen	6		

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Here after, standards feedback doe	class	18.8.20	, closed
	on time	Advisor	1 1	

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

ODD (CIVIL)

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: S. RAMESHWARI / M. BALAMURUMAN / RESHMA

Name of the Auditor: Dr. J. VIJAYA KUMAR

Function: CIVIL / ENGG

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	V	
2	Show me your regulatory requirements and status of compliance	~	-
3	Show me your list of records	1/	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	V	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	1
) 6	Récords of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	v	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	V	
8	Check whether record has the record name and record code in the front page.	V	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	· v	
10	Trend charts on objectives and process measures.	V	THE WAR
11	Action plan for the objectives.	v	
12	Continual improvement program.	1/	
13	Check for the departmental review meetings	V	
14	Check the awareness level on roles and responsibility.	10	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	V	
16	Check for the improvements made in the department in the passed one year	V	
17	Analysis on student / feedback from (Parameter wise analysis)	V	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	1/	-

19	Review of disciplinary actions taken against the staffs.		1979
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's	· V.	- W-1
22	Faculty profile - compliance to regularly requirements to be checked.	V	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	V	
24	Internal communication records like circulars.	_ V	
25	Incase if records are maintained in computers, backup of data to be ensured.	V	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	· V	
27	Method of selection of question papers(unit test and midterm tests)	V	
28	Preservation of previous year university exam question papers.	~	
29	List of formats used in the department and is that controlled.	V	
	Review of infrastructure requirements with it at all	V	1/
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		
31	Housekeeping maintain with in the departments.	V	-
	LABORATORY		
32	Identification of equipments	·V	
33	Calibration of equipments. (Internal / external calibration records)	V	
34	Preventive maintenance of equipments where appropriate.	V	
35	Adequate no.of Fire Extinguishers in the area.	V	12,111
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.	V	
38	Start and shot down instruction where appropriate.	V	
39	Sign boards in the laboratory.	· V	
40	Display of quality policy.	V	
41	List of consumables used in the laporatory and maintanance of sufficient stock.	V	
42	Non conforming materials to be identified quarantined.	. ~	
43	Horizontal deployment initiatives	V	
44	Change made in the system considereing improvements / improving process performance.	V	
45	Relevant process charts can be displayed in the laboratory.	V	
	and the state of t	1	1

AUDIT OBSERVATION SHEET

Institution: PMC TECH Department: CIVIL/EN GO Auditor: Dr. J. VIJAYA kumak

Description of sample chosen (Year / Semester / Paper / Unit): Date: 16.08.2021

S.No.	Description of Audit Finding	Category	Std C ref
1	Lab manual not evidence cap Reference: waters wasternater analysis	NC.	4.2.1
	Losson Plan not evidence. Reference: Structual Legign Schraning	NC	4.2.1
	Reference: Structural design saraning		
2			
			,

FORM: QSF 02

Version No: 1.0

NON CONFURNITY KEPUKI

FORM: QSF 02

عالي	o: Function: CIVIL/ENGG		S. RAME	
auditor:	Dr. J. VJAYAKUMAR.		M-BALAN	nurugar
NON CO	IFORMANCE		······································	
La	b manual not evidence.			
AUDÎTO	G. 2. Std Clause / Doc. Ref:			AUDITEE
ROOT CAL	DSE			
S.No.	Potential Root Cause for the Non-Con	formance		
1.	hab manual in the form of	Soft	copy	
ORRECT	ON / CORRECTIVE ACTION:		-	
S.No.	ON / CORRECTIVE ACTION: ACTION DESCRIPTION	Respon.	T.Date	
		 	T.Date	Sts.of Compt.
	Lab manual handcopy Preponed En	 		Compt.
	Lab manual handcopy Preponed En Jos mat and authenticated by	 		Compt.
S.No.	Lab manual handcopy Preponed En Jos mat and authenticated by	 		Compt.
S.No.	ACTION DESCRIPTION Lab Manual handcopy Proposed En Jos mat and authentecated by Itod and Pancipal VE ACTION: ACTION DESCRIPTION	Thougamus		Compt.
S.No.	ACTION DESCRIPTION Lab manual hardcopy Prepared En Jos mat and authenticated by Itod and Posnci Pal VE ACTION:	Thougamus	18.8.21	Compt.

Version No:1.0

NUN CONFURINITY KEPUKI

Report No:

NON CONFORMANCE

Auditor: Dr. J. VIJAYAKUMAR

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Lesson Plan not evidence

Function: CIVIL / ENLY

Date: 16.8.21

Auditee: S. Pameshwar)

M. BALAMURUNAN

Issue Date

AUDITOR	Std Clause / Doc. Ref:			AUDITEE
OOT CAU		ü	_	
S.No.	Potential Root Cause for the Non-Confe	ormance		
١.	Lesson Plan in the form of S	oft (ору	
ORRECT	ION / CORRECTIVE ACTION:		<u> </u>	Sts.ol
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Compt
	Hand copy of lesson Plan Stupled in	Reshma	18.2.2)	close
	Hard copy of lesson Plan Stupled in log book.	Reshma.	18.2.2)	close
REVENT		Reshma.	18.2.2	close
	log book.	Respon.	18.9.2)	Sts.of
REVENT	log book. IVE ACTION:	Respon.		Sts.of

Version No:1.0

(322) 990.

Name of the Auditor: Dr. N. Shamuga Korpogan Ap/CUE

Name of the Auditor: Dr. m. Sawthullah.

Function: CSE/EWHH

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual		
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records		
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	~	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)		essett 1
) 6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	NC	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's		wieni le
8	Check whether record has the record name and record code in the front page.		
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	· V	125 - 12
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.	V	
12	Continual improvement program.	1/	A. No
13	Check for the departmental review meetings	10	
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	1 -	e i
16	Check for the improvements made in the department in the passed one year		
17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	1	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's	V	
22	Faculty profile - compliance to regularly requirements to be checked.	1/	
23	CAPA reports in case of any problem about 11 to the checked.	1/	A six to the
24	CAPA reports in case of any problem observed in the departments and corrective actions initiated. Internal communication records like circulars.	V	
25	Incase if records are maintained in	1	
26	Incase if records are maintained in computers, backup of data to be ensured. Review of syllabus completion or particular of the syllabus completion or particular of the syllabus completion of the syllabus comp		100
27	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	1	
28	Method of selection of question papers(unit test and midterm tests)	- 10 A W 1 W	
29	Preservation of previous year university exam question papers.		
2.5	List of formats used in the department and is that controlled.		
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	V	ng sul
31	Housekeeping maintain with in the departments.	a see that treated or	ONU E I
	LABORATORY		
32	Identification of equipments	1	
33	Calibration of equipments. (Internal / external calibration records)		
34	Preventive maintenance of equipments where appropriate.		Kegai
35	Adequate no. of Fire Extinguishers in the area.		Manual Control
36	First aid kids stuffed with necessary Antidotes		- A
37	Safety gears provided for the students operating equipments.		FIRST TO
38	Start and shot down instruction where appropriate.		Eurit W
39	Sign boards in the laboratory.	1	eltadi da 4
40	Display of quality policy.		
41	List of consumables used in the laboratory and maintanance of sufficient stock.	1/1	
42	Non conforming materials to be identified quarantined.		
	u - de la company de la compan	1	
43	[norizontal deployment initiatives		
43	Horizontal deployment initiatives. Change made in the system considereing improvements / improving process performance.		

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC TECH

Department: CSE LOWN

Auditor: Proj. m. Sathithulah

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 14/8/21

S.No.	Description of Audit Finding	Category	Std C ref
0	Unit Test Amme key Not Evidone	Ne	1.24
	Referen: II year - Communication Egg		
۵.	Lab manual not Evidence	ne	4.2.)
	Lab Manual Not Evidence (Ref: 00AD Lab Video Not updated		
			-
		·	1

FORM: QSF 02

Version No: 1.0

NON CONFORMITY KEPOKI

Function: CS6/ EUNH Date: 14(8/2)

Report No:

Auditor	: By. m. satistulah.	Mrs. Anlet	Pamila.	shin AP/C
NON CO	ONFORMANCE	D.N. shr	iya Icaiga	ngen csi
	3 tan God ranged toot tinc	11. done		•
Ref	I year Subject Asmer Kay - (rides frumai	Egineen	Ġ
AUDITO	OR: Std Clause / Doc. Ref:			AUDITE
ROOT CA	NUSE			
S.No.	Potential Root Cause for the	Non-Conformance		
	from ky not updated or	the Island	490	
	Colleted as a soft copy.		0	
	1	arijangan di mandakan di mangan di mangan mangan di mangan di mangan di mangan di mangan di mangan di mangan d		
CORRECT	TION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of
	Collected a Hodisopy of An	me no Dopilo	18814	leseal
	lears and downerted with the			
	Sisnales a faulty and HOD			
PREVENT	TIVE ACTION:			
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
	Anne leg to be submitted de	ms. Deadlo	884	clased
•	the author paper submission			
Resource	Requirements if any :	8		
Effectiven	ess of the corrective action taken :			
Verified by	y and closed on :	1		**
FORM: QS	F 02 Version No:1.0		Issue Da	ite

MUN CONFURINTY KEPOKI

Function: CSE ETTS

Report No:

NON CONFORMANCE

Verified by and closed on

FORM: QSF 02

Auditor: Dr. M. Sa Ahibulah

Jah Marwal not Evidence

Date: 17(8)2)

Dr. N. Shamuya Icapayan Ap/css

Issue Date

AUDITO	R: Std Clause / Doc. Ref:			AUDIT
ROOT CAL)SE			
S.No.	Potential Root Cause for the Non-Con	formance		*
The state of the s	tale Manual is in the form of	Hor	wpy	
ORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.c
	Las manual is submitted in the form	m yogarah	18/8/14	Nose
	of Boolopy win faulty not you			
***************************************	Signatura			
REVENTI	VE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.o Comp
	Las manual should be submitted in	m. Yesprali	188/4	eal
	the form of Hodwaps before the commencement			
source R	equirements if any :			9025.355000
	ss of the corrective action taken			

Version No:1.0

ASAP MANAGEMENT CONSULTANTS (P) LTD **AUDIT CHECKLIST**

Name of the Auditee: Dr. V. Vijayokumar?
Dr. A. Kavitha / VIDHYA
Name of the Auditor: paraf. G. Sasihala

Function: ECE | ENGIG

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual		
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records		
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat		
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	,	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	/	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	/	
8	Check whether record has the record name and record code in the front page.	/	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	. /	
10	Trend charts on objectives and process measures.	7.	
11	Action plan for the objectives.	7	
12	Continual improvement program.	/	
13	Check for the departmental review meetings	7	
14	Check the awareness level on roles and responsibility.	,	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	/	
16	Check for the improvements made in the department in the passed one year		
17	Analysis on student / feedback from (Parameter wise analysis)	NC	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	0	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's		1 1 1
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	/	
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	- /	
27	Method of selection of question papers(unit test and midterm tests)		
28	Preservation of previous year university exam question papers.	/	
29	List of formats used in the department and is that controlled.	/	
	Position of the department and is that controlled.	,	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		
31	Housekeeping maintain with in the departments.		
	LABORATORY		1 10 10 10 10
32	Identification of equipments	-	1-1-1
33	Calibration of equipments. (Internal / external calibration records)		
34	Preventive maintenance of equipments where appropriate.	1	
35	Adequate no.of Fire Extinguishers in the area.		
36	First aid kids stuffed with necessary Antidotes	/	
.37	Safety gears provided for the students operating equipments.	/	
38	Start and shot down instruction where appropriate.	1	
39	Sign boards in the laboratory.	. /	
40	Display of quality policy.	1.	
41	List of consumables used in the laboratory and maintanance of sufficient stock.		1 .9
42	Non conforming materials to be identified quarantined.	. /	
43	Horizontal deployment initiatives		
44	Change made in the system considereing improvements / improving process performance.	/	
45	Relevant process charts can be displayed in the laboratory.	7	
1. V.	had the displayed in the laboratory.	/ 1	

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution:

Department: ECE /Engg

Auditor: prof. (1. Sasshala

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 142.21

S.No.	Description of Audit Finding	Category	Std C ref
1.	Student Profile not updated and year. Bloome Taxonomy was not allowed in Q.P.	NC	4.2.3
2	Blooms Taronomy was not allowed in Q.P		
	, , , , , , , , , , , , , , , , , , ,		
			¥6
			<u> </u>
		<u> </u>	
		-	-
-			
			,

FORM: QSF 02

Version No: 1.0

NUN CONFURINTY KEPURI

report no.	function: FCE/Fngg	Date: 17.8.21
Auditor: poof. G. Sasikala		Auditee: Da. V. Vijayakumo
NON CONFORMANCE		HES . VIDEYA
Student Porofile	not updated - 2nd year	1
AUDITOR:	4. 2.1 Std Clause / Doc. Ref:	AUDITEE
ROOT CAUSE	8	

1	Lederal Enton Studen	I details was not preceived Completely
		emplify
	2	, ,

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
1	Students dotails one Collated and	HoD	24-8-21	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Students details for profile one collected	HOD	24.8.21	closed

Resource Requirements if any

: M91

Effectiveness of the corrective action taken

Verified by and closed on

: Verified apple

FORM: QSF 02

Version No:1.0

NUN CONFUKIVITTY KEPUKT

Date: 14.8	Function: FCE/Engg	Report No:
Auditee: Dm	7/11/93	Auditor: paof. (7 Sastkala
		NON CONFORMANCE
wad in Q.P	was not followed	Bloom's Haxonomy
	4·2·)	AUDITOR: ()
	Std Clause / Doc. Ref:	AUDITOR: (

S.No.	Potential Root Cause for the Non-Confor	rmance
1	a uestione and not asked in a format.	
No. of Control of Cont		

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
1 -	a vestions one asked as per the format	HOD	24.8.21	closed
/////////////////////////////////////		<u>, </u>		

PREVENTIVE ACTION:

Sts.of Compt.	T.Date	Respon.	ACTION DESCRIPTION	S.No.
closel.	24-821	HOD	tarronomy in the Prostal	1
	24-82	HOD	tarenemy in the Profid	1

Resource Requirements if any

Effectiveness of the corrective action taken

: Hil : Yerified ans 21.

Verified by and closed on

FORM: QSF 02

Version No:1.0

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Mas. G. Shasifrala

Name of the Auditor: Mas. M. Dubitha

Function: FFE | ENGG.

	ASSISTANT PROFESSOR.		
S.No.	Description	Condition (Satisfactory / Not)	Auditor
2	Show me your department related proceducres / department manual	V	
-	Show me your regulatory requirements and status of compliance	· · · ·	
3	Show me your list of records	V	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	~	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	V	Herott 12
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's		
8	Check whether record has the record name and record code in the front page.		gain en
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	·V	
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.	V .	
12	Continual improvement program.	/	
13	Check for the departmental review meetings	/	
14	Check the awareness level on roles and responsibility.	/	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
16	Check for the improvements made in the department in the passed one year	V	
17	Analysis on student / feedback from (Parameter wise analysis)	/	
18	Review of suggestions / complaints resolved in the Court of the Court	/	
	Review of suggestions / complaints received in the feedback forms and action taken against the same	/	

19	Review of disciplinary actions taken against the staffs.		,
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's	1.	The state of the
22	Faculty profile - compliance to regularly requirements to be checked.	/	
23	CAPA reports in case of any problem observed in the	1	
24	CAPA reports in case of any problem observed in the departments and corrective actions initiated. Internal communication records like circulars.	/	
25		/	
26	Incase if records are maintained in computers, backup of data to be ensured. Review of syllabus completion as par the plan. Computers are part to plan to be ensured.	-	
27	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	/	
28	Method of selection of question papers(unit test and midterm tests)		
29	Preservation of previous year university exam question papers.		
2.5	List of formats used in the department and is that controlled.		
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	,	44.5
31	Housekeeping maintain with in the departments.		
	LABORATORY		
32	Identification of equipments	24 1 2 2 2 2 2 2 2 2 2 2	Total Control
33	Calibration of equipments. (Internal / external calibration records)	/	5970
34	Preventive maintenance of equipments where appropriate.	/	102
35	Adequate no. of Fire Extinguishers in the area.	/	Lain -
36	First aid kids stuffed with necessary Antidotes	/	2 7
37	Safety gears provided for the students operating equipments.	/	
38	Start and shot down instruction where appropriate.		
.0.11	Cian Land Land Land	1	
39	Isign boards in the laboratory.		
39 40	Sign boards in the laboratory. Display of quality policy.	/	
	Display of quality policy.	1	
40	Display of quality policy. List of consumables used in the laporatory and maintanance of sufficient stock	1.	-
40	Display of quality policy. List of consumables used in the laporatory and maintanance of sufficient stock. Non conforming materials to be identified quarantined.	1	
40 41 42	Display of quality policy. List of consumables used in the laporatory and maintanance of sufficient stock. Non conforming materials to be identified quarantined. Horizontal deployment initiatives.	1	
40 41 42 43	Display of quality policy. List of consumables used in the laporatory and maintanance of sufficient stock. Non conforming materials to be identified quarantined.	/	

Signature of the Auditor

AUDIT OBSERVATION SHEET

Institution: PMC TECH

Department: EFE | FNGG

Auditor: Mas. M. Dokatha.

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 12.2.21

S.No.	Description of Audit Finding	Category	Std C ref
1.	student perofile not updated	N·C	6.2
	(Reforence III Year)		
			1
2 .	Tutorial Hours not Capturing		
	lesson plan.	NC	6-4-1
	· ·		-
27			
			-
			-
			1
			,

FORM: QSF 02

Version No: 1.0

NON CONFORMITY REPORT

Report No:

Function: FFF ENGG

Date: 18-2-21

Auditor: Mas. M. Dohitha.

Auditee: Mas G. Shaes kala

Mas. S. Meena Kungai

NON CONFORMANCE

atudent Porofile not updated (Ref. III year).

AUDITOR: ADVIN

Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

S.No.	Potential Root Cause for the Non-Conformance			
1.	Available in Soft copy not documented.			

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Informed to update possible in time.			
2.	Informed to take posintout and			
	documented in time.	Mar Centh	7 mmelati	closed.

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
١,	Continuous to 110000p of opdation and			
	Same documented.	Mon senth	23. 8.21	closed-

Resource Requirements if any

: NIL.

Effectiveness of the corrective action taken

Verified by and closed on

: Vesi fred. 20182

FORM: QSF 02

Version No:1.0

NON CONFORMITY REPORT

Report No:

Function: EFE / ENG

Date: 18.2.21

Auditor: Mas. M. Dokitha

Auditee: Mar. G. Shasifhala

Mass. S. Meenakunou

NON CONFORMANCE

Tutorial House not Capturing losson plan.

AUDITOR: M. Dur

4.2.2 Std Clause / Doc. Ref:

AUDITEE

ROOT CAUSE

1. Totalial How handled but not document

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
l.	Informed to update and			
· State of the sta	documented in time.	LiMaheuwi	28.2.21	closed

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
١.	Planning of totorial hours in lenon			
	plan to be executed & documented	L. Mohesia	23.8.21	closed.

Resource Requirements if any

: H16

Effectiveness of the corrective action taken

•

Verified by and closed on

: Venified 20182

FORM: QSF 02

Version No:1.0

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Dr. M · SAHITHULLAH · MT· N · MANIVET

Name of the Auditor: Prof . KARTHIKEYAN .

Function: MCO/ENGIG

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	V	
2	Show me your regulatory requirements and status of compliance	V	
3	Show me your list of records	~	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	~	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	~	i.
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	~	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	V	
8	Check whether record has the record name and record code in the front page.	V	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	· · ·	
10	Trend charts on objectives and process measures.	V	
11	Action plan for the objectives.	V	
12	Continual improvement program.	V	
13	Check for the departmental review meetings	₩	
14	Check the awareness level on roles and responsibility.	レ	1
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	V	
16	Check for the improvements made in the department in the passed one year	V	
17	Analysis on student / feedback from (Parameter wise analysis)	V	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	NC	

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	_ · V	
21	Training need identification for the staffs by the departmental HOD's		5 823
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	~	. P
24	Internal communication records like circulars.	~	100
25	Incase if records are maintained in computers, backup of data to be ensured.	V	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		
27	Method of selection of question papers(unit test and midterm tests)	V.	
28	Preservation of previous year university exam question papers.		9
29	List of formats used in the department and is that controlled.	~	
		V	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	~	
31	Housekeeping maintain with in the departments.	~	
	LABORATORY		
32	Identification of equipments		4 11 11
33	Calibration of equipments. (Internal / external calibration records)	V	-
34	Preventive maintenance of equipments where appropriate.		-
35	Adequate no.of Fire Extinguishers in the area.		
36	First aid kids stuffed with necessary Antidotes		-
37	Safety gears provided for the students operating equipments.		-
38	Start and shot down instruction where appropriate.		
39	Sign boards in the laboratory.		
40	Display of quality policy.		<u> </u>
41	List of consumables used in the laboratory and maintanance of sufficient stock.	V	1.7
42	Non conforming materials to be identified quarantined.	V	
	Horizontal deployment initiatives		
44	Change made in the system considereing improvements / improving process performance.	V	
45	Relevant process charts can be displayed in the laboratory.	V	
-	The management of	V >	

AUDIT OBSERVATION SHEET

Institution: PMC TECH Department: MCD/ENGLO Auditor: Prof. R. Karthikgy,

Date: 18/8/2021 Description of sample chosen (Year / Semester / Paper / Unit):

S.No.	Description of Audit Finding	Category	Std C ref
1,	Unit Test - 7 Answer Key not	Nc.	4.2.1
	Unit Test-7 Answer Key not exidence (Ref: Digital Electroneis		
2.	Student Sign Missing option	N·C	4.2.1
	Student Sign Missing option Elective Lit [Rext. Robertis]		
			-

FORM: QSF 02

Version No: 1.0

MUN CUNTURINITY KEPUKI

Function: MCO/ENGH

Report No:

	Pod R. Karthikeyan.		orm Sahi	
NON CO	NFORMANCE		THE WALLEY SERVE SURVEY.	
	Unit test - I Answer key Res. Digelal Fleetronis	not k	Eviden	wed
8	Res. Digelal Electronis			1
AUDITO	R: CARD A Clause / Doc. Ref:			AUDITEE
ROOT CAI				
S.No.	Potential Root Cause for the Non-Cor	nformance		Mortino, ataque, a analaga.
·	Answer key prepared in the f	cam 08	S086	
	COPY.			
7				
CORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hand copy of Annuer Key			
	documented in the proper file	Dopika	20.8.21	closed
REVENTI	VE ACTION:	<u> </u>		<u> </u>
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
Selection of the second se	At the time of Subnition of	p. Despika	20.8.21	closed
******	OT-T OP Amurkey to be submitted	10 Maria 10		
lesource R	tequirements if any :			

Version No:1.0

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Issue Date

Date: 18/8/2021. Auditeen M. Sahi thulleh

MUM CONFURINT KEPUKI

Report No: Auditor: Prof		li koyan	Function:	Mw/	ENAN	Date: 18/8/2 Auditee: Dr.M Mr.N. N	· Sahi thullet
		sign	nissing	in	opted	Elective	List
	43	[Red:	Robotiis	J			
AUDITOR:	NOV.		4·2·/ Std Clause /	Doc. Ref:	.		AUDITEE
ROOT CAUSE			•				

S.No.	Potential Root Cause for the Non-Conformance							
	Stude	nt	gave	Preference	in	the	Sufficit	but
	^			Signature				

CORRECTION / CORRECTIVE ACTION:

S.No.	A	CTION DES	CRIPTION	**************************************	Respon.	T.Date	Sts.of Compt.
	Studente	and	advised	to put			
White and the same	signature	imme	diately		Nº Marive	immedia	y closes

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
distante con por consen	At the time of getling students	Marivel	immedial	Closes
	Vereference signature to be obtained	ŀ		

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

ODD (MECH)

ASAP MANAGEMENT CONSULTANTS (P) LTD **AUDIT CHECKLIST**

Name of the Auditee: Dr. P. PASA SEICARAN BOD / MECH No. No. 1. N

Function: MECH/ ENLIN

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	1007	
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records		
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat		
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	V	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	~	
8	Check whether record has the record name and record code in the front page.		
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	·~	
10	Trend charts on objectives and process measures.	1	
11	Action plan for the objectives.		
12	Continual improvement program.		
13	Check for the departmental review meetings	V	
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
16	Check for the improvements made in the department in the passed one year	V	
17	Analysis on student / feedback from (Parameter wise analysis)	1	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	1	

			4
19	Review of disciplinary actions taken against the staffs.		1
20	Motivation of the staffs / Students and support provided by HOD's		1
21	Training need identification for the staffs by the departmental HOD's		- (*
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		-
27	Method of selection of question papers (unit test and midterm tests)		
28	Preservation of previous year university exam question papers.		
29	List of formats used in the department and is that controlled.		
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		
31	Housekeeping maintain with in the departments.		
***	LABORATORY		-
32	Identification of equipments		3.8 - 3.82
33	Calibration of equipments. (Internal / external calibration records)		Y
34	Preventive maintenance of equipments where appropriate.		
35	Adequate no. of Fire Extinguishers in the area.		
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.		
38	Start and shot down instruction where appropriate.	- 1	
39	Sign boards in the laboratory.		
40	Display of quality policy.		
41	List of consumables used in the laboratory and maintanance of sufficient stock.		A 15
42	Non conforming materials to be identified quarantined.		
43	Horizontal deployment initiatives		
44	Change made in the system considereing improvements / improving process performance.		
45	Belevant process charts can be displayed in the laboratory.		
a	The state of the s		

Signature of the Auditee

Signature of the Auditor

Institution: PMC TECH

Department: MECH / EPUN

Auditor: Mrs. SUMATHT, AP

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 19[8] 21.

.No.	Description of Audit Finding	Category	Std C ref
١.	Assyment mande missig in Log book - [DME]	NC.	4.2.1
	Log book - [DME]		
2.	Sholant sign Missing In opted Elehre dist-[Pobotis]	NE	h. 211
	object France Major		
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FORM: QSF 02

Version No: 1.0

NUN CUNFUKIVIII Y KEPUKI

Report N	o: Function: MYSP_SUMMHI DP	Date: \	91814 Dr. B. RA	SASKEIL ALA
	NFORMANCE			
AUDITO	Assignant Mode mode missig in MI-year - Design of marker Edement B: Std Clause / Doc. Ref:	hog be	oolc.	AUDITEE
ROOT CAL			N-1470,	
S.No.	Potential Root Cause for the Non-Con	formance		
	Sholend submitteen the assignment	bud	ut w	~g
	not Correted.			er ottom e motorer, augus a
CORRECT	ON / CORRECTIVE ACTION:			•
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Assigned male are entered in	Minnerga.	Immedely	doed
	the los book	,		
PREVENTI	VE ACTION:	•		annicane
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Assigned must be would with in	s:Thiampayan	Innelly	closed
<u> </u>	2 day and morely contend in lox book	<u> </u>		
Resource R	equirements if any :			
Effectivene	ss of the corrective action taken ;			
Verified by	and closed on :	عا		18.0
FORM: QSF	02 Version No:1.0		Issue Dat	e

NUN CONFUKIVIII Y KEPUKI

Function:

Report No:

Auditor: Mrs. P. SUMATHI AP

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Shelents sign missly in opted - Robodius. AUDITOR: Std Clause / Doc. Refe	1 Elem	e Als) .
AUDITOR:			ρ
AUDITOR: Std Clause / Doc. Ref:	-		AUDI
ROOT CAUSE			
S.No. Potential Root Cause for the Non-C	Conformance		
Due to abent on the day of	1 shelo	nd the	5
sign missy in opted whole	,		
S.No. ACTION DESCRIPTION	Respon.	T.Date	1.
	Respon.	-	Com
S:No. ACTION DESCRIPTION. With in the days the foles has been completed.			Sts.
With in two days the foller tou			Com
with in two days the foller has been completed.			Com
With in two days the foller tou			Com
With in the days the foles bay been completed. REVENTIVE ACTION:	m. Asakhie	Imally T.Date	Com

Version No:1.0

Issue Date

Date: 19/8/2/ Auditee: Dr. P. RASASEILARAN

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

August-21

Name of the Auditee: Do. A. Mahesh, Mrs. M. Manyurekha Mrs. Pric HARD AP/IT Name of the Auditor: Mrs. G., Shasikala AP/EFE

Function: IT/Engg

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	V	
2	Show me your regulatory requirements and status of compliance		70
3	Show me your list of records	Ž	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	/	BOX P
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	and , II
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	/	hantz E
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	~	
8	Check whether record has the record name and record code in the front page.		
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	~	yada- II
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.		
12	Continual improvement program.		
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
16	Check for the improvements made in the department in the passed one year	1	
17	Analysis on student / feedback from (Parameter wise analysis)	× /	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	~	
21	Training need identification for the staffs by the departmental HOD's		
22	Faculty profile - compliance to regularly requirements to be checked		A STATE OF THE STA
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		100
24	internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	~	Allene
27	Method of selection of question papers(unit test and midterm tests)	<u> </u>	
28	Preservation of previous year university exam questina papers.		Alexi -
29	List of formats used in the department and is that controlled.		Walley - F
	Review of infrastructure requirements within the d	V.	William Town
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		and it
31	Housekeeping maintain with in the departments.		771.4
	LABORATORY	V	
32	Identification of equipments		and the second
33	Calibration of equipments. (Internal / external calibration records)		Mare (*)
34	Preventive maintenance of equipments where appropriate.		243011
35	Adequate no. of Fire Extinguishers in the area.		
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.		and when the last
38	Start and shot down instruction where appropriate.		7 - Y - W
39	Sign boards in the laboratory.	~	
40	Display of quality policy.	V	and the
11	List of consumables used in the laboratory and maintanance of sufficient stock.		Land I
12	Non conforming materials to be identified quarantined.		
13	Horizontal deployment initiatives.		
14	Change made in the system considerate in the	V	
15	Change made in the system considereing improvements / improving process performance. Relevant process charts can be displayed in the laboratory.		7
15			A CONTRACTOR OF THE PARTY OF TH

Institution: PMC Tech Department: IT/Engg

Auditor: Mrs. G. Shasi Kala AP/EEF.

Description of sample chosen (Year / Semester / Paper / Unit):

S.No.	Description of Audit Finding	Category	Std C ref
1.	Competency Matrix Not Evidence	NC	4.6.2
	Competency Matrix Not Evidence Ref (20-21) odd Sem.		
2.	unit test-1 Answer Key Ref (Algebra & Number Theory)		
	Red (Algebra & Number Theory)	NC	4.6.2
	II / 36		
		7	
4			
:			

FORM: QSF 02

Version No: 1.0

	Mrs. G. Shasikala	Function:	IT/Engg		21/08/ e: Dr. F Manju	
	Competency Mator	ic not			Marya	. BEKNA
AUDITO	R: G. W	Std Clause / 1	2. Doc. Ref:			AUDI
S.No.	T	ntial Root Caus	e for the Non-Con	formance		-
	Competency Mo of Soft Cop		s available	مه م	the	form
ORRECTI	ON / CORRECTIVE ACTION:	W. C.	The second secon			7

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hard Copy of Competency matrix	Foculty	i mmeliah	closed
177 - April -	was available with faculty and			
	HOD Sign.			-

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Competency matrix should be	Facultu	immedia	Closed
	Submitted at proper time further			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

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21

Report	No
uchous	140:

Function: IT/Engg Date: 21/08/21.

Auditor: Mys. G. Shasikala AP/EEF

NON CONFORMANCE

unit test - I Answer key was not submidted Rey (Algebra and Number theory) AUDITOR: Std Clause / Doc. Ref: AUDITEE

ROOT CAUSE

S.No.	P	Potential Root Cause for the Non-Conformance
Marine of Springer	Answer Key	was available in the form of
	Sidt Copy	

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
**************************************	Hood Copy of answer key was	Faculty	immediak	closed
	available weith faculty and			
	HOD Sign.			•

PREVENTIVE ACTION:

.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Answerkey should be submitted at	faculty	immediak	closed
***************************************	the time of question paper Submission			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

ASAP MANAGEMENT CONSULTANTS (P) LTD **AUDIT CHECKLIST**

Name of the Auditee: prof. Rajesh
Name of the Auditor: prof. R. Harthiteyan

Function: MBA

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	~	Low Williams
2	Show me your regulatory requirements and status of compliance		1010 E 1
3	Show me your list of records	V	nivoli
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	V	Spell u
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	partial 13
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	V	N-w
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	/	
8	Check whether record has the record name and record code in the front page.	~	- 18
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	·V	genini —
10	Trend charts on objectives and process measures.	V .	
11	Action plan for the objectives.	~	
12	Continual improvement program.		
13	Check for the departmental review meetings	~	
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	NC	
16	Check for the improvements made in the department in the passed one year		manager selection
17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	Review of disciplinary actions taken against the staffs.		T
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's		La company
22	Faculty profile - compliance to regularly requirements to be checked.	V	1 1 1 1
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	~	
24	Internal communication records like circulars.	V	
25	Incase if records are maintained in computers, backup of data to be ensured.		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	V	
27	Method of selection of question papers(unit test and midterm tests)		
28	Preservation of previous year university exam question papers.	V	
29	List of formats used in the department and is that controlled.		
10,000		~	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	/	us pd s
31	Housekeeping maintain with in the departments.		
	LABORATORY		-
32	Identification of equipments		
33	Calibration of equipments. (Internal / external calibration records)		240
34	Preventive maintenance of equipments where appropriate.	~	
35	Adequate no. of Fire Extinguishers in the area.		
36	First aid kids stuffed with necessary Antidotes	~	
37	Safety gears provided for the students operating equipments.	V	<u> </u>
38	Start and shot down instruction where appropriate.	~	
39	Sign boards in the laboratory.		10.225
40	Display of quality policy.		
41	List of consumables used in the laboratory and maintanance of sufficient stock.	~	
42	Non conforming materials to be identified quarantined.		
74			
43	Horizontal deployment initiatives.	/	
	Change made in the system considereing improvements / improving process performance.		

Aug /21

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee:

ee: prof. sangerani

Name of the Auditor: prof. R. Harthiteyar

Function: MBA

S.No.	Description	Condition (Satisfactory / Not)	Auditor
1	Show me your department related proceducres / department manual	V	
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records	V	-
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	V	951111 R
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.		
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	~	
8	Check whether record has the record name and record code in the front page.	~	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	·v	
10	Trend charts on objectives and process measures.	~	
11	Action plan for the objectives.		m
12	Continual improvement program.		
13	Check for the departmental review meetings		-
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	V0	
16	Check for the improvements made in the department in the passed one year	NC	
17	Analysis on student / feedback from (Parameter wise analysis)	~	met tear
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	-	

Institution: PMCTFCH Department: MBA

Auditor: Prof. R. Larthitem

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 28.8.21

S.No.	Description of Audit Finding	Category	Std C ref
ol.	student profile - not updated		
	Ref: [I year MBA university resu	Ita) NC	4-2
	class Attendance - Monthly	1	
	attendance : 1. not evidenced Ref (II MBA monthly Attendance) NC	4. 2.
		4	

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			(*)
			T 9 SONSKI

FORM: QSF 02

Version No: 1.0

Institution: PMC TECH Department: MBA

Auditor: Prof. R. Larthitem

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 28.8.21

S.No.	Description of Audit Finding	Category	Std C ref
ol.	student profile - not updated		
	Ref: [I year MBA university resu	Ita) NC	4-2
	class Attendance - Monthly	1 1	
	Ref (II MBA Monthly Attendance) NC	4. 2).
			X.
			1

FORM: QSF 02

Version No: 1.0

Date: 86.8.21

Auditee:

Function: M&A .

Report No:

Auditor: prof. R. Karthi keyan

NON CO	NFORMANCE	, ,		
8	tudent profile not update ef (in year MBA - universit	9		
R	ef (II year MBN - universit	y Re	diva)
AUDITO	R: A . Std Clause / Doc. Ref:	V	4	AUDITEE
ROOT CA	USE			
S.No.	Potential Root Cause for the Non-Con	formance		
	Student profile available	in the	= 9	m
	of hard copy yet univer	sity	reaul	+
	need to be updated.	V		51
CORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	university Results updated	sange	<u> ৪৮।৪ ৪।</u>	closed
	in the prexibed format	royo		
L				
PREVENTI	VE ACTION:		20	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Zt was advised to update			
	the university results at the	-range	विश मिछ	c 108e
Resource R	equirements if any	lished		
Effectivene	ss of the corrective action taken :			
Verified by	and closed on : Vering of 28/6/2	1		<i>a</i>
FORM: QSF	02 Version No:1.0		Issue Date	ı

Report No:

Report	No:	Function:	Date: 8.8.21
Audito	"Prof. K	arthikeyan	Auditee: Drof. Rajech
	ONFORMANCE	V	Prof. Rajesh Prof. Sangeeran
clo	HA an	rendance monthly	Attendance .
vot	erid	enced by (if y	ear MBA monthly)
	OR: JV.	H. B. 1	Attendance
AUDITO	OR: V	Std Clause / Doc. Ref:	AUDITEE
ROOT CA	USE		
S.No.		Potential Root Cause for the N	on-Conformance
	In a	lass Attendance	register, working
	day s	have updated bu	t attendance.
	18 not	in the proper	format.
CORRECT	TON / CORRECTIV		
F	T		
S.No.		ACTION DESCRIPTION	Sts.of
S.No.		ACTION DESCRIPTION	Respon. T.Date Sts.of Compt.
S.No.	montaly		Respon. 1.Date Compt.
S.No.	monthly updated		Respon. 1.Date Compt.
	montaly updated registe		Respon. 1.Date Compt.
No.	montaly updated registe		kespon. II.Date
No.			Respon. T.Date Compt. Respon. T.Date Sts.of
PREVENTI	VE ACTION;	Attendance 1. us R the attendance Action description	Respon. T.Date Compt. Respon. T.Date Sts.of Compt.
PREVENTI	VE ACTION:	Attendance 1. us R the attendance Action description action description	Respon. T.Date Compt. Respon. T.Date Sts.of Compt.
PREVENTI S.No.	VE ACTION:	Attendance 1. us The attendance Action description action descr	Respon. T.Date Compt. Respon. T.Date Sts.of Compt.
PREVENTI S.No.	reaction; Advised to	Attendance 1. us Attendance 1. us R the attendance Action description action description action description action description ate in register in orking day of every mon	Respon. T.Date Compt. Respon. T.Date Sts. of Compt. Howa Pajent Style of Closed
PREVENTI S.No.	PACTION; Advised to the sequirements if any	Attendance 1. us Attendance 1. us R the attendance Action description action description action description action description ate in register in orking day of every mon	Respon. T.Date Compt. Respon. T.Date Sts.of Compt.

ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: mrs. m. Angelin Rosy Ap/mcA

Name of the Auditor:

Dr. m. sa hi thullah ap/mco

Function: mcalEnss

S.No.	Description		Auditor comments
1	Show me your department related proceducres / department manual	•	
2	Show me your regulatory requirements and status of compliance	1 10 000	
3	Show me your list of records	Committee Colores	C. 46 1-7
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat		
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.		West M
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	A SAME AND DES	envisor at
8	Check whether record has the record name and record code in the front page.		Taganit.
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	in the Committee	(Apple)
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.		-
12	Continual improvement program.		
13	Check for the departmental review meetings	CONTRACTOR OF THE PARTY OF THE	
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
16	Check for the improvements made in the department in the passed one year		
17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	-	

s DD's ked. s and corrective actions initiated. De ensured. sses as per the time frame recommended by ts)		- Series
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se and corrective actions initiated. De ensured. Insess as per the time frame recommended by Its)	1	- sens
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	and the same of th	
efined internals and provision of the same is not stored in the floor due to lack of supboards in		
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and the state of t		
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Religion to the sale	1	
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	1	erfruft.
	/	A MARIE
g process performance.	/ III	micra)
	ficient stock.	ficient stock.

Signature of the Auditor

Auditor: Dr. m. sshithu

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 20/8/2/

S.No.	Description of Audit Finding	Category	Std C ref
1	course in formation sheet yet		
	to be underted in course file	NC	4,6.2
	Ref: mobile computing		
	4		
2	Elective list not ends by	IX C	4.6.2
		li li	
		e e	
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			1,
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FORM: QSF 02

Version No: 1.0

Report No	Function:	Date:	20/8/	2 /
Auditor:	m rom, s shifhollsh	Audite	e:	anse li
NON CONF	DRMANCE	mrs	' m · E	UKI'EL
	course in home tion sheet	L 60 B		
		und	5 64	
AUDITOR:	4.2.1			m. Be
AUDITOR:	Std Clause / Doc. Ref:		-	AUDITE
ROOT CAUSE				
S.No.	Potential Root Cause for the Non	-Conformance		
	mapping not comple	6-4		

ORRECTION	/ CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Posmon	<u></u>	Sts.of
			T.Date	Compt.
	mappings to function sheet	1	30/8/2)	
	wa consted	Rosy		Closed
		<u> </u>		1

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	prepare the information sheet	Rusy	30/1/21	
	previous (y	1		/

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

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Version No:1.0

30 [0]21

	11113
	Auditee:
ve list not	nds tod.
4.2./	an . 26

S.No.	Potential	Root (Cause for th	e Non-C	onformance	
	Strolen foars n	· F	Come	to	college	olu & Le
	Lock	doa	n			
	Lock	<(0 a	<u> </u>	•		

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Elective list unds lod	mrsion	mrs. on 25/0/2)	closed
	W.	Bukitha		<u>-</u>

PREVENTIVE ACTION:

S.No.		Respon.		Sts.of Compt.
	starting of semerter up collect	mrs	25/2/21	
	the elective list	Dukitha		

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

ASAP MANAGEMENT CONSULTANTS (P) LTD **AUDIT CHECKLIST**

Name of the Auditee: Dr. M. Swesh,
Mrs. Pringa
Name of the Auditor: Prof. Sumathi

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual		
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records		
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	/	exea C
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	a nittnia januari	mari 18
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	ample / dar	- N. Y
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	-	w/=19 1
8	Check whether record has the record name and record code in the front page.		
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		
10	Trend charts on objectives and process measures.	Tura .	
11	Action plan for the objectives.		100
12	Continual improvement program.		
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	No	
16	Check for the improvements made in the department in the passed one year	NC	
17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

_			
19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	1	T
21	Training need identification for the staffs by the departmental HOD's		1
22	Faculty profile - compliance to regularly requirements to be checked.	1	
23	CAPA reports in case of any problem observed in the	1	1.00
24	CAPA reports in case of any problem observed in the departments and corrective actions initiated. Internal communication records like circulars.	7	1
25	Incase if records are maintained in assessment in the control of t	7	
26	Incase if records are maintained in computers, backup of data to be ensured.	1	-
27	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	1	+
28	papers(unit test and midterm tests)		
29	Preservation of previous year university exam question papers.		
	List of formats used in the department and is that controlled.		
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in	7	in edi
31	Housekeeping maintain with in the departments.		
	LABORATORY		
32	Identification of equipments		
33	Calibration of equipments. (Internal / external calibration records)		
34	Preventive maintenance of equipments where appropriate.	1	a gent in
35	Adequate no.of Fire Extinguishers in the area.	1	Justill 1
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.	1	PHARM TO THE
38	Start and shot down instruction where appropriate.		Lant St
39	Sign boards in the laboratory.		and all the
40	Display of quality policy.		Laboration of the Control
41		1	
42	List of consumables used in the laboratory and maintanance of sufficient stock. Non conforming materials to be identified quarantined.		
43	Horizontal deployment initiatives		
44	Change made in the system and the	-	
45	Change made in the system considereing improvements / improving process performance.		
12	Relevant process charts can be displayed in the laboratory.	1	
1	f the Auditee	Signature of t	he Auditor

Institution:PMC TECH

Department: $S \not \models \mathcal{H}$

Auditor: Pro. Sumathi

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 21 - 8.2021

S.No.	Description of Audit Finding	Category	Std C ref
1	Nominal roll not updated	NC	4.2.1
	Ref [I-II]		
2	Angel Lan not original	NC	4.21
~	Answer key not evidenced Ref (I-Mco 4 Mech)		
		3	
741			

FORM: QSF 02

Version No: 1.0

Report No:

Auditor: Prof-Samath;

Function: 94 H | Engag.

Date: 21.8.2021 Auditee: Dr. 14 Suzosh

Mrs: Priga

NON C	ONFORMANCE		M 75:	Periga.		
	Nominal roll not updated. Puf[I-IJ]	7.00				
AUDÎT	OR: Std Clause / Doc. Ref:			AUDITE		
ROOT C	ROOT CAUSE					
S.No.	Potential Root Cause for the Non-Con	formance				
	Nominal roll available in the form of	soft	lopy ye	4		
	need to print		Anna tark of the state of the s			
CORREC	TION / CORRECTIVE ACTION:					
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.		
	Desinted copy of nominal soll filed	faculty	Immedial	4 closed		
	in the consesponding Opes advisors	`				
PREVENT	IVE ACTION:					
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.		
	Forculties are advised to update the possion	faculty	Examedial	y closed		
Resource R	equirements if any : -		L			
Effectivene	ss of the corrective action taken : Vesified					
erified by	and closed on :			340		
ORM: QSF	02 Version No:1.0		Issue Date			

Report A	Prof. Sumoithis Function: SAH Engy.	Date: 2	18/20. Dr. M	2) Susesh
	NFORMANCE		Mrs P	2jya
	Answer key not Evidenceal Pret [2-MCO4 Mech]			
AUDITO	Q 4.2.1			Que
ROOT CAL	DSE			8
S.No.	Potential Root Cause for the Non-Conf	ormance		*****
	Anxwes key prepared in The form of So	\$1 107) d	
CORRECTI	ON / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hard copy of answer keep	faculty	Dommedi	tel, Closed
	dorumented in the proper file.			
PREVENTIV	/E ACTION:		-	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the time of Juhanissian of question	faculty	Tommedical	y Clased
	Paper answer lay in handropy			
Resource Re	equirements if any :			
Effectivenes	s of the corrective action taken : Veged			
Verified by	and closed on	_>		(4.6)
FORM: QSF	02 Version No:1.0		Issue Date	1

Institution: DMC Tech Department: Recovilment

August - 21

Auditor: Dr. P. Rajas hekaran

Date: 27/08/21

Description of sample chosen (Year / Semester / Paper / Unit):

S.No.	Description of Audit Finding	Category	Std C ref
,	Faculty training need analysis	NC	4.2.3
	was not applated		
2.	Faculty reconstruent list was	NC	H.2.3
	not Enclosed.		
		1	
	· ·		
:			
			,

FORM: QSF 02

Version No: 1.0

Report N	io: Function:	Date: O	27/08/2	. Suvesh
Auditor:	Do. P. Rajase Kavan.	.Augitee:	Dr. M	. Suresh
NON CO	NFORMANCE		·	
the	why training need analysis we applied 4.6.2	vas r	ot	M
ROOT CAL	See that for the first			AUDITEE
S.No.	Potential Root Cause for the Non-Con	formance		
	It has not been updated	and th	ve tir	no
	of internal auditing			
CORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It has been updated and	HR	0/109/21	closed
	recorded			
<u> </u>				
	VE ACTION:		*	
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	periodically it weill be updated	HR	01/09/21	closed
<u> </u>	updated			
Resource R	tequirements if any :			
Effectivene	ess of the corrective action taken : Very's)		
Verified by	and closed on			388
	11/7			

NUN CONFUKIVIII Y KEPUKI

Function:

Report No:

Resource Requirements if any

Verified by and closed on

FORM: QSF 02

Effectiveness of the corrective action taken

Auditor: Dr. P. Rajase Kasan.

Date: 27 08 2 | Auditee: Do.m. Sush.

MOIA CO	NFORMANCE			
Ŧ	aculty relouitment list was no	ot er	relosec	£ .
AUDITO	R: Std Clause / Doc. Ref:			AUDITES
ROOT CA				AODITEE
S.No.	Potential Root Cause for the Non-Cor	formance	The same of the sa	
	Recomitment process was go	oing i	on as	↓
	the time of auditing	0		
CORRECT S.No.	ON / CORRECTIVE ACTION: ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Alter the Completion of secondina	nt HR	01/09/21	closed
	process all the files have been			
	recorded			•
PREVENT	IVE ACTION:		*	
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
		1		Λ 1
	In future it will be,	HR	01/09/21	closed
	In future it well be. Corrected	HR	01/09/21	Closed

Version No:1.0

Institution: PMC Tech Department: 1488

Auditor: Mrs. Dukitha

Description of sample chosen (Year / Semester / Paper / Unit):

Date: 23.5.21

S.No.	Description of Audit Finding	Category	Std C ref
1	Hastes are not disposed properly.	. 10	
1.	Dela: Wretes we thrown at the back	NC.	6.4
	bridge of hous hostel and not disposed		,
	daily	•	
	any		
9	Prooms are not maintained Many	No	6.4
- 4 · ·	Rule: Rooms of the good hostel are not		
	decined properly		
	The state of the s		:
	<u> </u>		
			100
75.			

FORM: QSF 02

Version No: 1.0

MON CONFORMITY KEPOKT

Function: Mess 4 hestel

Date: 23.8.21
Auditee: Mr. konlash

Report No:

Auditor: Mrs. Dukither

NONC	ONFORMANCE		*	
ŀ	Propose are not meintained Mor	1 Marie	***************************************	~
Ref	Prooms are not maintained clear. Prooms of the girls hostel are not	Cleaned	proper	ly.
AUDIT	OR: M. D. Std Clause / Doc. Ref:			19airash AUDITEE
ROOT C			***************************************	AODITE
S.No.	Potential Root Cause for the Non-	Conformance		
<u>).</u>	Boys students use not maintaine	al moons	neat	4
CORRECT	TION / CORRECTIVE ACTION:			***************************************
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of
1.	Will be noticed and settified and ad	sed Mailash	Imm	Compt.
<u> </u>	students to maintain the nooms.			
PREVENTI	VE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Periodically sports will be checked	190. kaihe	Donott.	Closed
Resource Re	equirements if any :			
ffectivenes	s of the corrective action taken :	Varia		
erified by a	nd closed on : closed	Venie &		
ORM: QSF 0	Version No:1.0	34/1	Issue Date	

MUM CUMPUKIVILLY KEPUKI

	Report N	O had	Function: Mess & hostel	Date: 2	23.8.21 Mr. Ko	is lash.
	Auditor:	Mos Dukstha			1.2	
	NON COM	IFORMANCE	<u> </u>		***************************************	
	NON CONFORMANCE Non Conformance Whates use not disposed properly Put hastes use thrown at the beach side of boys hostel and not disposed daily. AUDITOR: M. Dr. Std Clause / Doc. Ref: AUDITEE					
	ROOT CAL		Std Clause / Doc. Ref:			AUDITEE
	S.No.	Poten	ntial Root Cause for the Non-Conf	ormance		
	-1:	House kreping	pesson leure on +	but do	ref .	
-						
	CORRECTI	ON / CORRECTIVE ACTION:				
					1	Sts.of
-	S.No.	ACTION	DESCRIPTION	Respon.	T.Date	Compt.
i i i i i i i i i i i i i i i i i i i	S.No.	0.4		10 1 1	n.Date	Compt.
A THE PARTY OF THE	S.No.	Alternative mas	power to the assarge	10 1 1	1	Compt.
	S.No.	0.4		10 1 1	1	Compt.
	1	Alternative mas		10 1 1	1	Compt.
in management of the community of the co	1	Alternative mas for disposal		10 1 1	1	Compt.
hamman and the same and the sam). PREVENTI	Alternative mas for disposal	spower to the assunger	Mo kailo	h Imm	Compt.
hamman maghta ann an an deireach ann an). PREVENTI	Alternative mas for disposal VEACTION: ACTION 1	DESCRIPTION	Morkaila	h Jones	Sts.of Compt.
	PREVENTI S.No.	for disposal VE ACTION: ACTION:	power to the assanger DESCRIPTION Last to be mariotain	Morkaila	h Jones	Sts.of Compt.
Language of the same of the sa	PREVENTI S.No.	Alternative mas for disposal VE ACTION: ACTION: Love lamping of for disposal and s	power to the assanger DESCRIPTION Last to be marotain requelarly monitorios	Respon.	T.Date	Sts.of Compt.
	PREVENTI S.No.	for disposal VE ACTION: ACTION: Love leaping of for disposal and sequirements if any	power to the assunger DESCRIPTION hast to be mulatain regularly monitorise :	Respon.	T.Date	Sts.of Compt.

Auditor: Prof. sumathi Date: 26/8/8/

Institution: PMCTech Department: TRG

Description of sample chosen (Year / Semester / Paper / Unit):

S.No.	Description of Audit Finding	Category	Std C ref
1.	Feedback was collected	NC	8.4
,	but not evaluated		
9	2 mprovement track for		
	faculty development program	NC	8.4
	after completion was		
	Not updated.		
			,

FORM: QSF 02

Version No: 1.0

MUN CONFURINTY KEPUKI

Report No:	ų.	Function: TRG	Date: 26 [8 2]
Auditor: prof. 20	umathi		Auditee: Prof. Rajesh Prr. Riaz
NON CONFORMANCE			Dar. Fraz
Feedback	was	collected	but not
Feedback		,	
AUDITOR: V		Std Clause / Doc. Ref:	ANDITE
AUDITOR: W	the fallings of the second second second	Std Clause / Doc. Ref:	AUDITI

S.No.	Potential Root Cause for the Non-Conformance				
(since there are frequent change				
	in the portfolio allocation, the work				
	could not be completed in time.				

CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	now it how been	Rojech	Jum =	almo-
	collected & evaluated	Rajest	ථාධ	CIVIN

PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	In future, all these	Rolest	2 mine	Close
**********	works will be completed on	1. 1		

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

NON CONFURINTY KEPUKI

Function: TRG

Report No:

NON CONFORMANCE

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Date: 26.8.21

Issue Date

Au	provement tracks for FD	P a	fter	
AUDITO	Q & L		1	AUDITEE
ROOT CAL	JSE .			
S.No.	Potential Root Cause for the Non-Conf	ormance		
Anna Landard	Due to absence of con	ncem	incl	hauge
		dated		V
CORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	By deputing other faculty	Riaz	28.8.21	Close
~~~~~~	the file how been complete			
			<u></u>	
PREVENT	IVE ACTION:		•	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	en future i such mustakes	Riaz	8.8.21	CLOS
Motor was also to	win not happen			
Resource F	lequirements if any :			

Version No:1.0

Institution: PMc Tech

Department:

C61 &C

Aug -2)
Auditor: Dr. J.vij ayakuman

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 26-08-2021

S.No.	Description of Audit Finding	Category	Std C ref
١.	Applications were not arranged	Nc	4.2.3
	Applications were not arranged according to department		
	J	1.	
2.	certificate details were not	NC	4.2.3
	confletely filled		
	0		
			12
			if
		,	
-			

### MUM COMPORTINITY REPORT

Auditor: Dr.J. Vijay a Kunan NON CONFORMANCE		Function: Chkc	Date: 26-08-21  Auditee: Mrs. Latha
	-	re not arranged	a coording to
AUDITOR	- 2	Std Clause / Doc. Ref:	An Horalder AUDITEE
ROOT CAU	SE	·	
S.No.	Po	otential Root Cause for the Non-	Conformance
1.	Complete defail	from student.	n t

## CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1-	All the details from the			
VIII.	Students were collected immediately	przelie	Inme	closed
***********	and arranged	Bracia	Inme	. Cle

### PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION		T.Date	Sts.of Compt.
1.	During the initial stage itself	reli Imme	clow	
	details from the students are obtails			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

### NUN CONFUKIVIII Y KEPUKI

Function: Ch &c

NON COI	NFORMANCE			
	certificate détails vere not la	mpletely	file	d
AUDITO	R: Std Clause / Doc. Ref:			AUDITEE
ROOT CAL				
S.No.	Potential Root Cause for the Non-Con	formance		10 Year of the Co. of the Co. of the Co.
1.	setails were not entired property	wher	1	
	Obtained by the certificates			
CORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
and the second second second second	Separate staff should Maintain			
	this details	hatha	Imme	closed
PREVENT	VE ACTION:		<u>.                                    </u>	
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	deponate staff should be	mrs.late	Inne	closed
	alloted for this work			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

Report No:

**Auditor:** 

Dr. J. vijayakuna

FORM: QSF 02 Version No:1.0

Institution: PMc Tech

Department: MR | Engg.

Auditor: Dr. 14 Soulithrellah

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 35.8.21

S.No.	Description of Audit Finding	Category	Std C ref
1	cturdosal clause / Arramonte sebesance	-	
1.	Standard clause / documents sebesance for four reports are not identified	1Vc	4.2
	properly & maintained.		
		-	
			U
*			
			1
-			

FORM: QSF 02

Version No: 1.0

### NON CONFORMITY REPORT

1 8	standard clauses alecaments isofese	ne fo	or few	20 port
971	not properly identified of Hourstowne	d.	J	/
AUDIT	OR: Who Std Clause / Doc. Ref:			AUDITE
ROOT C	AUSE			
S.No.	Potential Root Cause for the Non-Con	formance		*************
1.	Few internal and those mot be con in	tismoil d	by mos	nifini
CORRECT	TION / CORRECTIVE ACTION:			-
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Internel and Informed propose	Vp	28.8.21	Closed
	, , , , , , , , , , , , , , , , , , ,			
PREVENT	VE ACTION:		ė.	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.

Resource Requirements if any

: 111

Effectiveness of the corrective action taken

: Verified

Verified by and closed on

Report No:

Auditor: Prof. R. Karthikayern.

: 1/8/21

FORM: QSF 02

Version No:1.0

**Issue Date** 

28.4.2)

Date: 25.8.21 Auditee: Dr. M. Sahithullah

### NUN CONFURNITY KEPUKI

Report No:	Function:	Date: Auditee:	:	
Auditor:				
NON CONFOR	MANCE		•	
	w:			
AUDITOR:	Std Clause / Doc. Ref:			AUDITEE
ROOT CAUSE	•			
S.No.	Potential Root Cause for the Non-Con	formance		
		****	~~~	
				- 4
CORRECTION /	CORRECTIVE ACTION:			***************************************
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
·				4
PREVENTIVE AC	TION:			
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
<u> </u>				
Resource Require	ements if any :			
Effectiveness of t	he corrective action taken :			
Verified by and cl	osed on :			388
FORM: QSF 02	Version No:1.0		Issue Dat	e

August - 21

Institution PMC. Tech

Department: punchase.

Auditor: ASS+ Prof

Dukith

Description of sample chosen (Year / Semester / Paper / Unit ):

ate: 24 08 21

S.No.	Description of Audit Finding	Category	Std C ref
1.	Industrial automation dats Equipment		
•	bills not available.	NC	4.2.3
·	Ref: Mechatronics bille for instru-	<u></u>	
	ment gurchased for odd sem.		
	not found		
		1	i i
			1
			-
			ļ
		<u> </u>	
			<u> </u>

FORM: QSF 02

Version No: 1.0

### NUN CUNFUKIVITTY KEPUKT

Function: purchase

Date: 94/08/21

naditor	· HST Preg. DUKITA	M	rs- na	dma
NON CO	DNFORMANCE			
Tr	rdustrial automation lab equi	pment	bil	13-
AUDITO	PR: M. Dh Std Clause / Doc. Ref:	=	J	Rock
ROOT CA	USE			
S.No.	Potential Root Cause for the Non-Con	formance		· · · · · · · · · · · · · · · · · · ·
	It was misplaced with or	her i	files	
		···		
CORRECT	TION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
	It was identified and kept	MY Sportin	28/8/21	Closed
week to the second	un proper tile	<b> </b>		
PREVENT	IVE ACTION:		<u>.</u>	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	In future, bills will be maintained	Mrs. padmo	28/9/21	closed
	D 200	. '		1

Effectiveness of the corrective action taken

Resource Requirements if any

Verified by and closed on

FORM: QSF 02

Report No:

Version No:1.0

### NUN CUNFUKIVILLY KEPUKI

Report No:	Function:	Date: .Auditee:		
Auditor:	30			
NON CONFORMA	ANCE			
and the state of t		P		
AUDITOR:	Std Clause / Doc. Ref:			AUDITEE
ROOT CAUSE				
S.No.	Potential Root Cause for the N	Ion-Conformance		Allerganis and Allerg
			<del>1</del>	
CORRECTION / CO	ORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
				ŀ
PREVENTIVE ACTI	ON:			
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
Resource Requirem	nents if any :	neren erren er Erren erren er		n fin early reproductive and an extensive of
Effectiveness of the	corrective action taken			
Verified by and clos	sed on :	*		
FORM: QSF 02	Version No:1.0		Issue Da	to

Institution: PMC TECH Department: Maintenance

Auditor: J. Vijayakumas

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 23.8.21

S.No.	Description of Audit Finding	Category	Std C ref
1-	Class room is not swept properly	NC.	4.2.)
9,	Tabs are Cobused mot cleaned properly	NC	4.2.)
a.		1	
			1
			1
	-  -		

FORM: QSF 02

Version No: 1.0

### NUN CUNTUKNITY KEPUKI

The class nooms benches was not cleaned proposly

Date: 23 . 8.21
Auditee: Mrs. Valli

Issue Date

Function:

Report No:

NON CONFORMANCE

Verified by and closed on

FORM: QSF 02

Auditor: Mr. J. Vijaya kumcis

AUDITO	R: J. W. Std Clause / Doc. Ref:		16	VOULTE
ROOT CA				
S.No.	Potential Root Cause for the Non-Co	onformance		<del></del>
).	The workers have done the worlever	plowely,	So the	
	Class horm Cerm improper Cleaning	(1		
ORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
1.	The workers are advised for good	M'8 Valli	Immedia	eclosec
<del>41.0</del>	Clowning	,		
-	U			
REVENTI	VE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	In future 21 will be corrected	Malli	Jonomed -akl	Closed

Version No:1.0

### MON CONFORMITY REPORT

Report No:

Auditor: J. Vijagak usras.

Function: Maintenance Date: 23.8.21

Auditee: Nos. Vail;

NON CO	NFORMANCE			
Mas	They are not cobered of	noperly	In the	22
AUDITO	R: Std Clause / Doc. Ref:		(	AUDITE
ROOT CA				AUDITE
S.No.	Potential Root Cause for the Non-Con	formance		**************************************
1.	Jeshen the suropes Come into the lab, s	Ludente	ase doi	Ωρ
-	prochical on they could not cleaned	all the	things	J
			0	
CORRECT	ION / CORRECTIVE ACTION:			**************************************
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	The workers are advised & given	Youll,	immedial	Closed
	Proper instruction to some on free			
	time of land			
PREVENTI	VE ACTION:			
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	The weshess will adop all the the mass	Mosti Valli	immedially	closed
	proposly		/	
Resource R	equirements if any :			
Effectivene	ss of the corrective action taken ;			
Verified by	and closed on  Version No. 1.0	e Cau		15
FORM: QSF	02 Version No:1.0		Issue Date	•

Institution: PMc Tech

Department: Logistics

Auditor: Prot. Gr shasi kala

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 84.8.21

S.No.	Description of Audit Finding	Category	Std C ref
1.	Few studente photos are missing for	NC	4.2.3
	bus application.  13e) 2 photos from IT depastment		
	(ie) 2 photos forom In de pasiment		
9	houte map (or) directions of mules		
	is not found.	NC	4.2.3
	ve) Boute map from pre Tech		
	to zuzuverdi us missioneg		
p.)			
			<u> </u>
		<u> </u>	,
		<u> L</u>	

FORM: QSF 02

Version No: 1.0

## NON CONFORMITY REPORT

Function: Logistics

Report	No: Function: Logesfics	Date:	24.8.	21 1
Audito	r: Doof . Or . Strasilcala	Audite	e: My.L	masho
NON C	ONFORMANCE		*	
(ASTA)	Photos of New Students are mies	i'my in	n the	bus
AUDITO	A.2.3			We
ROOT CA	Std Clause / Doc. Ref:			AUDIT
S.No.	Potential Root Cause for the Non-Co	onformance		
		•		
	There students were absent on	The do	test	photo
	Pollection for the bru application	) ,	***************************************	
to the same to a processor.			-	
ORRECT	TION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
1,	Applications use distributed &	1 Jon ashor	Deal Iman	9
	received that upplies from toom	7		
	A	1		
El/Ehrm	The sol .		-	
EASIAIL	VE ACTION:			
1		The same of the sa	-	-
.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of
.No.	Bus applications are chederal time	Respon.	T.Date	Sts.of Compt.

Verified by and closed on

FORM: QSF 02

Resource Requirements if any

Effectiveness of the corrective action taken

Report No:

Version No:1.0

### **NON CONFORMITY REPORT**

Report No:

**NON CONFORMANCE** 

Auditor: Pret C. Shasikala

Function: Logestics

Date: 24 .8.2)
Auditee: Mr. Omacharoka

**Issue Date** 

	Proute may con directions of Tech to Zuzuvali is musing.  A:2.3  Std Clause / Doc. Ref:	dus rou	te foo	w
pme	Fech to Zuzuvali is musing.			
AUDITO	Q.M. 42.3			wh
				AUDITEE
ROOT CA	USE			
S.No.	Potential Root Cause for the Non-Con	formance		
	The soules are dill under modifie	cetion	-	
		and the second second second		
		······································	<del></del>	
CORRECT	ION / CORRECTIVE ACTION:			***************************************
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Dusplaged the soute map	Shan car	31.8.2)	Closed
	Correctly	,		
PREVENT	VE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Route & directions of bus soutes will	Chankel	31-8-21	c) used
	De finalised at the initial dage itself			
Resource F	tequirements if any : IV ) L			
Effectivene	ess of the corrective action taken : Version No:3.0	ed.		
Verified by	and closed on :	18/21		
FORM: QSF	02 Version No:1.0		Issue Date	•

Institution: PMc Tech Department: Librasy

Auditor: Do.p. Pagas ekasan

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 21.8.21

S.No.	Description of Audit Finding	Category	Std C ref
j.	Books are shuffled and are not in the		
	onginal sessione.		
	Pref: Electronics Convite - I hooks in	NC	4.2.3
	kept in the mathematical certions.		
9	Fine collection not properly macolaine		
a.	Rob: Collection of fine amount is not	NC	4.2.3
	properly maintained.		
	Program		
		35	
			-
	· · · · · · · · · · · · · · · · · · ·		
			, ·

FORM: QSF 02

Version No: 1.0

### INUIN LUMPUKINIII Y KEPUKI

Report	· LErgy	Date:	21.8.2	-}
Auditor	: Dr. p. Prajase karan	Auditee	Mr. ya	uhwart!
NON CO	DNFORMANCE		•	
ŀ	Books are shuffled and not in their	onggin	al sec	fion
Ref:	Books use shuttled and not in their Digital electronics book is kept in	2 me	Themo	e Fical
secti	000			
AUDITO	OR: Std Clause / Doc. Ref:			AUDITER
ROOT CA	USE			**************************************
S.No.	Potential Root Cause for the Non-Con	formance		
	After etudents book submission s	hould t	Down Dol	in the
	gertion.	,	the affection of the second	Samuel and parameter in the latest section of the latest section o
ORRECT	TION / CORRECTIVE ACTION:			· ····································
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It was noticed by the numbers &	1 of raisin	31/8/1	Closed
	assenged proposty.			1
				-
PREVENT	IVE ACTION:	1		<u> </u>
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	T+ 131 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	101 0	21/08-1	1

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

**Issue Date** 

: vesified me

# MON CONFORMINY REPORT

Report No:	Function:	Lib/Engg.	Date: 21	8.27 g
Auditor: Dr. P. Ray	reekcison	- 00	.Auditee: $>$	o, Yaswarth
NON CONFORMANCE				,
Fine collection	20 pos	opesty me	curtocensel	. 1 / 2

Prof: Closing, of	account details of the ou	
AUDITOR: Propesty	mountained, 4.2.3 Std Clause / Doc. Ref:	AUDITEE

### **ROOT CAUSE**

S.No.	Potential Root Cause for the Non-Conformance
1:	It proper time settlement of fine amount to
	the office

### CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	It has been corrected by classing	Libraria	20/2/21	closed
	of amount on the daily basis		,,,,,,	

### PREVENTIVE ACTION:

.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	I smount was settled in daily	10 vasia	26/8/21	closeo
	basis and obtained from the office	ľ		

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

· Vesified 26/21

IQAC AUDIT JAN - 2022

### Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING

# HOSUR IQAC AUDIT MINUTES OF MEETING

20/12/21

The IQAC Academic and Administrative Audit related meeting is convened today by the Principal along with all HODs to keep the records up to date and to get ready for the Audit that will commence from the First week of January 2022. All the HODs have agreed to get ready for the audit and extend their full support and co-operation.

The points discussed in the meeting are as follows:

- 1. The attendance register log book, academic calendar, faculty notes and other particulars pertaining to academic side should be kept ready for the audit.
- The procedures and requirements for the audit should be kept up to date and produced the auditor on demand without any loss of time.
- 3. HOD and Principal's authentication should be obtained on all the records.
- Trend charts, continual improvement program, action plan should be updated and kept ready for the audit.
- The records pertaining to departmental meetings and minutes of the meeting have to be updated.
- 6. Result analysis the same has to be prepared year wise, semester wise, subject wise, department wise and faculty wise for the audit.
- 7. The improvement made in the department on the basis of complaints, suggestions and student's feedback has to be kept ready for the audit.
- 8. Action taken on indiscipline activities of the students should be updated and kept ready for the audit.
- Motivation of the staff and student records has to be prepared and kept ready for audit.
- 10. Housing keeping register should be updated and kept ready for the audit.
- 11. Training need identification of staff, faculty profile records have to be updated and kept ready for the audit.
- 12. CAPA report if any should be prepared and kept ready for the audit.

- 13. Internal communication circular records have to be filed and kept ready for the audit.
- 14. Backup data for the records in computers has to be maintained.
- 15. Syllabus completion review, method of selection of question paper, previous year university examination question paper has to be updated and kept ready for the audit.
- 16. List of formats in the department has to be kept ready for the audit.
- 17. Infrastructure requirements for the department have to be prepared and kept ready for the audit.
- 18. Laboratory requirement and Calibration details have to be kept ready for the audit.
- 19. Alumni association records have to be updated and kept ready for the audit.

S:No	Department	Name .	Signature
1	S&H	Dr. Sp. Probballeran	2.00
2 -	AERO	Mr. R. KARTHI KEYAN	and .
3	CIVIL	Dr. D. ZeorgkellmI	Leand
4	CSE	P-SVMATHI	On
5	ECE	Dr. V. VIBAMA LEWMARI	V. Gal
6	EEE	DOKKALAISOLVAN	holing.
7	IT	Dr. D. RAMYADORAJ	23
8	MECH	Dr. M. RAJAGOBAL	17. hg
9	MCO	Dr. m Sahithellah.	of ,
10	MBA	Dr. P. MOLLANER	Relund
11	MCA	M. Angolin Rosy	M. Angelin Pry

MR

The Co-ordinator

Internal Quality Assurance Cell

Er. Perumal Manimekalai College of Engineerings

Koneripalli, Hosur - 635117

PRINCIPAL

Principal

Er. Penimal Manimekalai College of Engineering Koneripalli, HOSUR - 635 117. Krishnagiri Dist.

Famil Nadu, India.

## Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR

### STAFF CIRCULAR

20-12-2021

This is to inform that, internal Audit for ISO will be conducted on the following dates. All the Co-ordinator are requested to keep all the records in a complete manner. Follow up audit will be taken for the same, in two days after completion of the audit.

		age .	Auditor	Dept.	Sign	Auditee	Dept.	Sign
No.	Date	Time	Additor		1 12	Prof. R. Karthikeyan	AERO	Vil
1	08-01-2022	10.00 AM	Dr.P.Rajasekaran	MECH	Mine	Asst. Prof. Ramesh		har
					w	Dr. Zea Lakshmi	CIVIL	deans.
2	08-01-2022	2.00 PM	Dr. J. Vijayakumar	PRO	5. W	Asst. Prof. Ramashwari		2 July
					/	Prof. Sumathi	CSE	Bur
3	07-01-2022	10.00 AM	Dr. M. Sahithullah	MR	40	Dr. Shanmuga Karpagam		WA
~					2 Mr	Dr.V.Vijayakumari	ECE	V: Wal
4	07-01-2022	2.00 PM	Asst.Prof. G. Shasikala	EEE	C. Y.	Asst Prof.S Vidhya		810
					Ok	Dr. K. Kalaiselvan	EEE	& Burge
5	10-01-2022	10.00 AM	Asst,Prof.M Dukitha	MCA	M. Dh	Asst.Prof. Meenakumari		d
		- 3			A 6	Prof. M. Sahithullah	MCO	M
6	10-01-2022	2.00 PM	Prof. R. Karthikeyan	AERO	my	Asst. Prof. Suresh Kumar	*	10.80.
					ON .	Dr.M. Rajagopal	MECH	n.hy
7	11-01-2022	10.00 AM	Prof. P.Sumathi	CSE	Bon	Asst. Prof. Udayakumar		200
	**************************************			- Constant	pur	Dr. Ramya Doori	IT	P
8	11-01-2022	2.00 PM	Prof. G. Shasikala	EEE	a. or	Asst. Prof. Richard		Plus
				- 3		Dr. Mohanraj	MBA	Riturn
9	12-01-2022	10.00 AM	Prof. R. Karthikeyan	AERO	Lund	Asst. Prof. Sangee Rani	•	VV
-						Prof. M Angelin Rosy	MCA	M. Angelin
10	12-01-2022	2.00 PM	Dr. M. Sahithullah	MR	le	Asst. Prof. Dukitha		m. No
				- Commercial Commercia	AN	Dr.S.P. Prabhakaran	S&H	111
11	19-01-2022	10.00 AM	Prof. P.Sumathi	CSE	Om -	Dr. Selvi	S&H	6.797
12	19-01-2022	2.00 PM	Dr.P.Rajasekaran	MECH	Merina	Mr. M C Yeshwanth	LIB	were
13	20-01-2022	10.00 AM	V 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MCA	m-Dh	Mr. Kailash	MESS	Healinal

Mrs. Valli Mr. Uma shankar	Logistics .	k- Vally
Mr.Uma shankar	-	
Mrs.Padma	Purch.	Down
WIISA UKUM	Too Mot	1 5
The Secretary	Top Nigi	
Dr. M. Sahithullah	MR	W.
	CG & C	Lather
Mrs.Latha		fi-finh
Dr. R. Rajesh	TRG	J1- 9200 -
	Dr. M. Sahithullah Mrs.Latha	Dr. M. Sahithullah MR  Mrs.Latha CG & C

## Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR Internal Audit Summary

4 9:					Audit F	indings	
Institution	Department	Date	NC	OBS	SUG	Findings Pending (NC & OBS)	Remarks
	Engineering : Academics	34.49 T.J.L	42	-	- H	NIL	

Institution	Department	Date	NC	OBS	SUG	Findings Pending (NC &	Remarks	
	Engineering: Academics		NC	OBS		OBS)		
	AERO	08-01-2022	2	-	-	NIL	-	-
	CIVIL	00-01-2022	2	-	-	NIL.	-	-
	CSE	07 01 0000	2	E	7 =	NII.		-
	ECE	07-01-2022	4	-	-	NIL	-	-
	EEE		2	-	t	NIL	-	-
Engineering	мсо	10-01-2022	2	=	-	NII.	-	-
0	MECH		2	-	-	NIL	_	-
9	IT	11-01-2022	2			NIL -	-,	-
*	MBA		2	-	-	NIL	-	-
	MCA	12-01-2022	2	-	7E	NIL		-
	Science & Humanities	19-01-2022	2		-	NIL	, ,	-

## Er. PERUMAL MANIMEKALAI COLLEGE OF ENGINEERING, HOSUR Internal Audit Summary

-	9		98		Audit F	indings		
Institution	Department	Date	NC	OBS	SUG	Findings Pending (NC & OBS)	Ren	narks
**	Top Management		-	H = =	-	NIL	-	-
	Mgt. Representative	22-01-2022	2	-	-	NIL	>	_
	Library (Engg, MBA)	19-01-2022	2		-	NIL	-	-
	Purchase	21-01-2022	2		-	NIL	-	-
	Training & Development	24-01-2022	2	-	-	NIL	-	-
Engineering	Recruitment Cell	25-01-2022	2	-	-	NIL	-	-
*	Counselling & Admission	24-01-2022	2		- "	NIL	'	-
	Maintanance	20-01-2022	2		* »= ·	NIL	-	-
	Mess	20-01-2022	2	-		NIL	-	-
	Logistics	21-01-2022	2	-	-	NIL	-	-

	9 B	PROCESS	MANUAL		±))				Issue	No 1.1	Page	1 of 2		
2.		TITLE: AN	TITLE: ANNUAL AUDIT PLAN											
Doc:C / RD 06		APPROVE	D BY:								31-01	-2022		
		YEAR ( 2020 - 2021)												
FUNCTION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC		
Top Management	*					2.5					N			
Mgt. Representative	*						(U. +)					-		
Engineering: Academics	*													
Library (Engg, MBA)	*													
Purchase	*										71			
Training & Development	*										7			
Recruitment Cell	*													
Counselling & Admission	*													
Lab & Workshop	*													
Maintanance	*					61						1		
Mess	*								, ur					
Logistics	*		#				9			4		t		
Hostel & Canteen	*					-			74		- 9			

### Whole Cycle of audit will be covered atleast once in six months

Institution wise activities are covered as the frequency

Counselling & Admission	Covered atleast once in Six months	
Lab & Workshops	All labs and workshops of all institutions are covered atleast once in a year	#
Syllabus Planning and Execution	All Departments like Mechanical, Computer Science, MBA will get covered once in a year	

## ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Prof. R. Kairthi Koyan Mr. R. Ramesh

Name of the Auditor: Dy . M. Sahi-thullah .

Function: Dero (ENGIB)

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
	Show me your department related proceducres / department manual	V	
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records	V	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	V	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)		2 2 2 2
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	NC	Mary S
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	100	NE.
8	Check whether record has the record name and record code in the front page.		
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	i	
10	Trend charts on objectives and process measures.	-	
11	Action plan for the objectives.	V	
12	Continual improvement program.		
13	Check for the departmental review meetings	~	
14	Check the awareness level on roles and responsibility.	L	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	レー	
16	Check for the Improvements made in the department in the passed one year	V	
17	Analysis on student / feedback from (Parameter wise analysis)	レ	
18	Review of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of suggestions / complaints resolved to the feature state of sugges	V	1 349 1
	Review of suggestions / complaints received in the feedback forms and action taken against the same	V	

	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	- V	19
21	Training need identification for the staffs by the departmental HOD's		
22	Faculty profile - compliance to regularly requirements to be checked.	V	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	V	AVALUATE IN ST
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.	V	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	~	T. Ash
27	Method of selection of question papers(unit test and midterm tests)	V	
28	Preservation of previous year university exam question papers.	V	
29	List of formats used in the department and is that controlled.	V	201
	Review of infrastructure regulars and is trial controlled.	V	1000
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	1	
31	Housekeeping maintain with in the departments.		
	LABORATORY	V	
32	Identification of equipments		a laws II
33	Calibration of equipments. (Internal / external calibration records)	·V	
34	Preventive maintenance of equipments where appropriate.		mer jur
35	Adequate no. of Fire Extinguishers in the area.		
36	First aid kids stuffed with necessary Antidotes	~	
37	Safety gears provided for the students operating equipments.		
38	Start and shot down Instruction where appropriate.	V	E 100 TO 100
39	Sign boards in the laboratory.	~	A Production of the
Section 1	Display of quality policy.		
	List of consumables used in the laboratory and maintanance of sufficient stock.	~	a Lamada a Fil
42	Non conforming materials to be identified quarantined.	V	e Carrol III
43	Horizontal deployment initiatives	~	o serienci di
44	Change made in the system considereing improvements / improving process performance.	·V	12-201
45 46	Relevant process charts can be displayed in the laboratory.	V	17
पारि	to the laboratory.	V.	7

Institution: PMC FECH Department: AERO / ENGly

Auditor Prod. M. Sahithulls

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 8.1.2022 .

S.No.	Description of Audit Finding	Category	Std C ref
1.	Unit Test Answer Key not	NC.	)) September 1980-1980 (1980-1985) (1980-1985)
	evi dance	mag ander 7 magen aggerner er veget er	atropio, manero e materi e sende e diben aperiche e colt. A
	(Rep: I year Subject Annuar.		and the second s
	(Keys: Fluid nechanis & Meeling)		Application of the state of the
2.	Lab Manual not evidence.	NC	-
	Rep: Thermodynamis video not update		
		and the second s	The same of the sa
		Manager of Manager Agency and the Commission of States and	
			The second of the second secon
-		The second secon	

FORM: QSF 02

Version No: 1.0

Issue Dake

## **NON CONFORMITY REPORT**

Report No:

Function: AcrolENGG Date: 8/1/2022

Auditor: pos. M. Sahithulleh.

Auditee: MY . Kartlu Keyas Mr. R. Ramesh.

NON CONFORMANCE

Unit Test Answer key not evidance.

Ab: I year stubient Answer keys ( Fluid Mechanics & Machinery)

Std Clause / Doc. Ref:

### **ROOT CAUSE**

S.No.	Potential Root Cause for the Non-Conformance				
1.	A procur key not updated as the Hard copy				
	collected as a soft copy.				

### CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
Ι.	collected as Hard Copy of Answer	M. Pugaza	e 10.1.20L	closes
-	keys and downented with the			
	Signature of Agently & 1000			

### PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Answer key to be submitted during	m·pugaza di	10.1.202	closed
	the Deurtin Paper Submission			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

## NON CONFORMITY REPORT

Function:

Date: 08/1/2002

	Prob. M. sahithulleb.	Auditee	R. Kart R. Ram	li Keyes
	Lab vanuel not Evidence. Refer: Thermodynamics Lab Vi	des no	t upola	led.
AUDITOR	: DAP APJAS GRAPAN Std Clause / Doc. Ref:		Pr	PLAME!
ROOT CAU	SE -			
S.No.	Potential Root Cause for the Non-Con	formance		
1.	Lab Manuel is in the form of	Soft	copy.	
CORRECTION	ON / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
2.	Lock reserved is submitted in			
	the from the Hand inou with Lowelle	10 ID.	10 librar	toreal

### PREVENTIVE ACTION:

Report No:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
and the sales of t	Les Manual Chearld be susmetted in the	R. Pamel	college	closed
	from the Hard copy the commencer similar			

Resource Requirements if any

Effectiveness of the corrective action taken

HOD Signeltive

Verified by and closed on

FORM: QSF 02

Version No:1.0

: and y

ASAP MANAGEMENT CONSULTANTS (P) LTD

AUDIT CHECKLIST

D4. ZEA LAKSHMI

Name of the Auditee: S. RAMS SHWARI / S. RESHMA.

Name of the Auditor: Dr. J. V IJ AYAKUMAR.

Function: CIVIL/ENGG.

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	~	
2	Show me your regulatory requirements and status of compliance	~	
3	Show me your list of records	V	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	V	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	~	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	NC	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	_	endanto, e e e e e
8	Check whether record has the record name and record code in the front page.		The state of the s
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	·~	
10	Trend charts on objectives and process measures.	V .	
11	Action plan for the objectives.		
12	Continual improvement program.	~	
13	Check for the departmental review meetings	V	
14	Check the awareness level on roles and responsibility.	V	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	10	
16	Check for the improvements made in the department in the passed one year	6	
17	Analysis on student / feedback from (Parameter wise analysis)	~	
1,8	Review of suggestions / complaints received in the feedback forms and action taken against the same	1/	

	the state of the s		
19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's	V	
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	V	
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.	V	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	- /	
27	Method of selection of question papers(unit test and midterm tests)	~	
28	Preservation of previous year university exam question papers.	V	
29	List of formats used in the department and is that controlled,	V	
	Review of infractmenture and in the controlled,	V	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		
31	Housekeeping maintain with in the departments.		1 1 1 1
	LABORATORY	~	
32	Identification of equipments		1()
33	Calibration of equipments. (Internal / external calibration records)		
34	Preventive maintenance of equipments where appropriate.		
35	Adequate no. of Fire Extinguishers in the area.		
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.	V-	
38	Start and shot down instruction where appropriate,	V	
39	Sign boards in the laboratory.		
40	Display of quality policy.	V	1. 1.
41	List of consumables used in the laboratory and maintanance of sufficient stock.	~	
42	Non conforming materials to be identified quarantined.	V	
43	Horizontal deployment initiatives	V	
44	Change made in the system considereing improvements / improving process performance.	~	
45	Relevant process charts can be displayed in the laboratory,	V	
7	de displayed in the laboratory.	V	

Signature of the Auditee

Signature of the Auditor

Institution: PMCTECH Department: CIVIL/ENGG Auditor: Dr. J. VIJAYAKUMAR

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 08 6 . 2022.

S.No.	Description of Audit Finding	Category	Std C ref
l.	Student feed back not evidence. Reference: Ind civil	NC	4.2.1
	Reference: Ind Civil	-	
2	Content bound syllabus not		
	Content beyond syllabus not updated in comme file	NC	4.2.1
			•
-			
			1.
	* E		

FORM: QSF 02

Version No: 1.0

## MON CONFORMITY REPORT

Report	No: Function: CIVIL/EWAG			
Auditor	: Do. I. VJAYAKUMAR	Auditee	S. RES	
NON CO	NFORMANCE		-	
8+	udent feedback not evidence	፟.		
AUDITO	OR: J. Std Clause / Doc. Ref:			AUDITEE
ROOT CA	USE			
S.No.	Potential Root Cause for the Non-Con	formance		**************************************
	students teedback from collecte	d but	not	ń
	documented.			
<u>L</u>				
CORRECT	TON / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	I mmediate author to be taken	ItoD	12.1.00	closed
-	Go document the toeback.			,
<b></b>				
PREVENTI	VE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Student freedback should submit	1000		
Resource R	equirements if any			
Effectivene	ss of the corrective action taken			
Verified by	and closed on : Verned			
FORM: QSF	1 1 1 1 2 1		Icono Date	_

#### NUN CONFURINTY REPORT

Function: CIVIL/ENGY Date: 08.01.2022

Auditee: S. RAMSSITWARI

Auditor	Dr.J. VJAYA KUMAR.		C DCC	1
NON CO	NFORMANCE		S. RES	HIME).
Con	tent beyond syllcubus not u	pdateo	lün	
Cou	we Ille.	1		
,				0
AUDITO	Std Clause / Doc. Ref:		Notice of the second se	AUDITEE
ROOT CA	USE			
S.No.	Potential Root Cause for the Non-	Canfarmana		<del></del>
311401			1 0	
	Content beyond Syllabus cond	neted	by m	2t
	documented.		O	
			*	*
CORRECT	TION / CORRECTIVE ACTION:	A particular and a part	of common marketines and grave company and services are services and services and services and services and services and services are services and services are services and services and services are services are services and s	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of
	0		<del> </del>	Compt.
	Content beyond Syllabus	146D	12.1.22	closed
	documented.			
			1	
PREVENT	IVE ACTION:		-	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
		1,4		1 0

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Report No:

Version No:1.0

.

EVEN C CSE).

## ASAP MANAGEMENT CONSULTANTS (P) LTD

Name of the Auditee: D. N. Swarnya lear payon

Name of the Auditor: Dr. m. Shi thelah

Function: CSE/ EVUN.

S.No.	Description	Condition (Satisfactory / Not)	Auditor
1	Show me your department related proceducres / department manual	1100	
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records		
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat		
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	nc.	1
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.		
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's		
8	Check whether record has the record name and record code in the front page.		
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		VISION TO
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.		
12	Continual improvement program.		
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
16	Check for the improvements made in the department in the passed one year		
17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's		
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.		200
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		17.1
27	Method of selection of question papers(unit test and midterm tests)		
28	Preservation of previous year university exam question papers.		
29	List of formats used in the department and is that controlled.		
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		140 144
31	Housekeeping maintain with in the departments.		
	LABORATORY		-7
32	Identification of equipments		
33	Calibration of equipments. (Internal / external calibration records)		DAY:
34	Preventive maintenance of equipments where appropriate.		
35	Adequate no. of Fire Extinguishers in the area.		
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.		
88	Start and shot down instruction where appropriate,		HA.
19	Sign boards in the laboratory.	V	
10	Display of quality policy.		4
1	List of consumables used in the laporatory and maintanance of sufficient stock.	1	
2	Non conforming materials to be identified quarantined.		
3	Horizontal deployment initiatives		and the state of t
4	Change made in the system considereing improvements / improving process performance.		
5/	Relevant process charts can be displayed in the laboratory.		saal, I
DCJa.	The payer in the laboratory.		wall in the

Signature of the Auditor

# **AUDIT OBSERVATION SHEET**

Institution: pmc JECH

Department: CSE/ENG

Auditor: Dr. m. sahithullah

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 7/1/22.

S.No.	Description of Audit Finding	Category	Std C ref
١.	South Profile Not Evidencel.	NZ	4.2.1
	Ref: E. Somthash Ican		
2.	students jeed back on faulty, bordrest	nc	4.2.)
	yet to update  Pef: I year	1	
	Ref: I year		
			1
33			
			-
			1

FORM: QSF 02

Version No: 1.0

#### MUN CUNFURIVITY KEPUKI

Report I	t wiscom.	Date: Audited S Anlet F N. Shamy	7/1/22	
NON CO	NFORMANCE Dx.	N. Shamy	en lurpoy	em.
8	Faulls profile not Evidened.			
AUDITO	R: Std Clause / Doc. Ref:		PEOF-	H n www 2 AUDITE
ROOT CA	USE			
S.No.	Potential Root Cause for the Non-	Conformance		
	Posite available in the form	HO2. (3	copy	
	and get so port.	V	V	
CORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Printel profile clourented in	HoD	ulila	Ubreo
	the posite site			
REVENTI	VE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	fault people choul be cypoloted	HOD	24112	
	South people shoul be supplied			
esource R	equirements if any			
fectivene	ss of the corrective action taken	1		

Version No:1.0

Verified by and closed on

FORM: QSF 02

#### NUN CONFUKIVITY KEPUKI

Report I	Vo: Function: CSEI ENUM	Date: Auditee	111122	
Auditor:	Dr. m. Soulvirhullah		mile sh surrat	hei,
NON CO	NFORMANCE Dr. W.	Shamy	1 round	oyom,
	want food back on faulty box cl	out ?	yet ho	be
mby				
AUDITO	R: Std Clause / Doc. Ref:		beot.	SUMat
ROOT CA	USE			
S.No.	Potential Root Cause for the Non-Con	formance		
North Wassers Avenue	Students feedball from collected a	ed b	orchol	abo
	made but not doomenteel			
				5
CORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
*********	Inmediate action to be taken to	day	24.1.22	closed
	downer He sholand food bak	Adrier		
·				
	IVE ACTION:		N#1	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
# Mile A stranger was	Howard sholant Joed bab charrented	clay	24.1.22	closed
	or he	Advise		
esource R	lequirements if any :	All the special states are as pass		· · · · · · · · · · · · · · · · · · ·

Verified by and closed on

Effectiveness of the corrective action taken

FORM: QSF 02

Version No:1.0

#### ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Mas. v. vijcuya homorii

Name of the Auditor: Mas M. Duketha

Function: FCE / Exicity

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
	Show me your department related proceducres / department manual	~	WIETERS DE LA COMP
2	Show me your regulatory requirements and status of compliance	V	
3	Show me your list of records		
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	~	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	1
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.		
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	v	<del></del> ,
8	Check whether record has the record name and record code in the front page.	~	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	· · · ·	
10	Trend charts on objectives and process measures.	7.	
11	Action plan for the objectives.		
12	Continual improvement program.		
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.	~	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		+
16	Check for the improvements made in the department in the passed one year	<u> </u>	
17	Analysis on student / feedback from (Parameter wise analysis)		the state of the s
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	7. 1	

10000			
19	Review of disciplinary actions taken against the staffs.		7
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's		
22	Faculty profile - compliance to regularly requirements to be checked.		1
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	V .	
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.	V	1.1
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		1
27	Method of selection of question papers(unit test and midterm tests)		
28	Preservation of previous year university exam question papers.		
29	List of formats used in the department and is that controlled.	<u> </u>	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		
31	Housekeeping maintain with in the departments.		
	LABORATORY	V	P
32	Identification of equipments	1	1 (
33	Calibration of equipments. (Internal / external calibration records)	V	
34	Preventive maintenance of equipments where appropriate.	~	
35	Adequate no. of Fire Extinguishers in the area.	V	
36	First aid kids stuffed with necessary Antidotes	V :	i i
37	Safety gears provided for the students operating equipments.	V	
38	Start and shot down instruction where appropriate.	/	
39	Sign boards in the laboratory.		
40	Display of quality policy.	V	4
41	List of consumables used in the laboratory and maintanance of sufficient stock.	~	
42	Non conforming materials to be identified quarantined.		
43	Horizontal deployment initiatives	/	
44	Change made in the system considereing improvements / improving process performance.	/	- Annual Charles
-		The state of the s	
45	Relevant process charts can be displayed in the laboratory.	/	

Signature of the Auditor

## **AUDIT OBSERVATION SHEET**

Institution: PME TECH Department: FCE / ENGG Auditor: Morc. M. Doketha

Description of sample chosen (Year / Semester / Paper / Unit ): Date: 7 1 22

S.No.	Description of Audit Finding	Category	Std C ref
1.	Student Feedback on Faculty	NC	4.2.3
	not evadenced.		
•			
2,	Deviations in Lab besson plan	NC	4-2-2
		<del>                                     </del>	
		1.	
			-
			<u> </u>
			1

FORM: QSF 02

Version No: 1.0

#### MUM CUMPUKIVIII Y KEPUKI

Report No:

Function: ECF/Engq

Date: + 1-22

Auditor: Mas. M Dukitha

Auditee: Mrs. v Vijayakumou

Mors . S. V?d hya

**NON CONFORMANCE** 

student Feedback on Faculty not evidenced.

AUDITOR: M. Overitha

4.2.1 Std Clause / Doc. Ref:

S. VEDLYA

**ROOT CAUSE** 

S.No.	Potential Root Cause for the Non-Conformance	
1 -	Soft Copy of student Feedback under parageness.	

#### **CORRECTION / CORRECTIVE ACTION:**

	Respon.	T.Date	"Compt.
Informed to Complete student			
fredback porgaenin time.	HOD	Immala	closed.
•			

#### PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
Le	Houndcopy to be documented por			
	Semater en time	HOD	11-1-22	closed.

Resource Requirements if any

: N91

Effectiveness of the corrective action taken

Verified by and closed on

: Verified.

**Issue Date** 

FORM: QSF 02

Version No:1.0

#### INUIN CUNTUKINITI Y KEPUKI

Report No:	 Function: ECE   EN	1(4 Date:
		Andite

Auditor: Mas. M. Dukatha

Auditee: Mors v.v: jayakumoù Mors . S. Vidhya

**NON CONFORMANCE** 

Deviations in Lab Lesson plan:
(Reference - Electorical Machinel - IT).

AUDITOR: M. ONKITHA Std Clause / Doc. Ref:

#### **ROOT CAUSE**

S.No.	Potential Root Cause for the Non-Conformance
1.	Completion of 2001 3 exportments in one
	lab class.

#### CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	Inflamed to conduct one		11-1-22	
	experiment per lab class	Min Devent		closed

#### PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	To execute tob experiments as			
	per lesson plan	ikin Dens	11.1.22	closed

Resource Requirements if any

: NIL

Effectiveness of the corrective action taken

Verified by and closed on

: verified . The

FORM: QSF 02

Version No:1.0

#### ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: Mars G. Chasikala Dt. Malaiser Vari

Name of the Auditor: Mas, M. Duhitha

Function: FFE | FNC19.

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	V	
2	Show me your regulatory requirements and status of compliance	V	
3	Show me your list of records	V	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	V	epine de la companya
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	No	_pol() 23
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	- 12 V 12 11 11 11 11 11 11 11 11 11 11 11 11	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's		
8	Check whether record has the record name and record code in the front page.	/	
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.		
12	Continual improvement program.		
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
16	Check for the improvements made in the department in the passed one year	/	
17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	Review of disciplinary actions taken against the staffs.		
20		. /	1
21	Motivation of the staffs / Students and support provided by HOD's	/	1 11 11 11 11
22	Training need identification for the staffs by the departmental HOD's	/	
	Faculty profile - compliance to regularly requirements to be checked.	/	
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	/	
, 24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.	/	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		
27	Method of selection of question papers(unit test and midterm tests)		11 0000
28	Preservation of previous year university exam question papers.		
29	List of formats used in the department and is that controlled.		
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		2.00
31	Housekeeping maintain with in the departments.		
	LABORATORY		+
32	Identification of equipments		
33	Calibration of equipments. (Internal / external calibration records)		Ingetti ' I
34	Preventive maintenance of equipments where appropriate.		
35	Adequate no.of Fire Extinguishers in the area.		4
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.		1,111
38	Start and shot down instruction where appropriate.		4
39	Sign boards in the laboratory.	and the second	10000
40	Display of quality policy.		Aurorit to
41	List of consumables used in the laboratory and maintanance of sufficient stock.		
42	Non conforming materials to be identified quarantined.		Ferth 45
43	Horizontal deployment initiatives.		
44			Partie II
45	Change made in the system considereing improvements / improving process performance.		- II (
75	Relevant process charts can be displayed in the laboratory.		

Signature of the Auditee

Signature of the Auditor

# **AUDIT OBSERVATION SHEET**

Institution: PMC 4F(H. Department: EEE | ENGG.

Auditor: Marcin Dokitha

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 10-1-22

S.No.	Description of Audit Finding	Category	Std C ref
	Student feedback on faculty not		
	Evidenced.	NG	4.2.3
2.	Deviations in Lab Lexon plan	NC	4.2.2
			<u> </u>
·			-
31			
:			
			1

FORM: QSF 02

Version No: 1.0

## **NON CONFORMITY REPORT**

Report No:

Function: EEE/ENGG

Date: 10-1-22

Auditor: Mars-M. Dukitha.

Auditee: Mas G Shari hala

Do Halaiselvan

**NON CONFORMANCE** 

catualent Feedback on Faculty not Evidenced.

AUDITOR: A WATHA

4·2- \
Std Clause / Doc. Ref:

AUDITEE

#### **ROOT CAUSE**

## CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Informed to Complete student			
Million (Markhau)	feedback perogram in time.	Hop	Immediat	closed.

#### PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Hard Copy to be documented			
	per Semester in time.	Hop	12.1.22	closed.

Resource Requirements if any

: HIL

Effectiveness of the corrective action taken

Verified by and closed on

· Verified Affile

FORM: QSF 02

Version No:1.0

## **NON CONFORMITY REPORT**

Function: EEE/ENC1(1)	Auditee: Mas C. sharkala Dr. Kalaiselv Mas. S. Mecnakerne
	Mais. S. Mechakum
Lemma alan	
Tectorical Machine	4-II)
Std Clause Doc. Ref:	AUDITEE
	Lemon plan. lectorical Machine Std Clause / Doc. Ref:

	Potential Root Cause for the Non-Conformance
1.	Completion of 2 000 3 experiments in one Lab
	clan.

# CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	Informed to Conduct one			
	exposiment per Lab clam.	MJ.Devos	12:(-22	closed

#### PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	To execute Lab experiments as			
·	per Lemon plan.	Mon Deven	12.1.22	closed.

Resource Requirements if any

: NIL.

Effectiveness of the corrective action taken

Verified by and closed on

: Verified. 12/1/22

FORM: QSF 02

Version No:1.0

EVEN (WECH)

#### ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: DV. M. PAJAMOPAL HODIMECH Mr. K. UDAIKVMAA AP/MECH Name of the Auditor: Mrs. P. SUMATHI AP

Function: MECH / ENVIOLA

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual		
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records	L-	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	~	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)		
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	V	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	V	
8	Check whether record has the record name and record code in the front page.		
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	· V	
10	Trend charts on objectives and process measures.	in	
11	Action plan for the objectives.	1/	
12	Continual improvement program.	1/	
13	Check for the departmental review meetings		
14	Check the awareness level on roles and responsibility.	1	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	4	3
16	Check for the improvements made in the department in the passed one year	V	
17	Analysis on student / feedback from (Parameter wise analysis)	V	
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's	V	
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	1/	7.7
24	Internal communication records like circulars.	1/	T-10
25	Incase if records are maintained in computers, backup of data to be ensured.	1	
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	V	
27	Method of selection of question papers(unit test and midterm tests)		1
28	Preservation of previous year university exam question papers.	1/	<del> </del>
29	List of formats used in the department and is that controlled.	1/	× .
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		
31	Housekeeping maintain with in the departments.	1/	e in
	LABORATORY		T
32	Identification of equipments		
33	Calibration of equipments. (Internal / external calibration records)		1
34	Preventive maintenance of equipments where appropriate.		
35	Adequate no. of Fire Extinguishers in the area.	./	1
36	First aid kids stuffed with necessary Antidotes		<del> </del>
37	Safety gears provided for the students operating equipments.	1	<del> </del>
38	Start and shot down instruction where appropriate.		<del>                                     </del>
39	Sign boards in the laboratory.		<del> </del>
40	Display of quality policy.	-:/	· · ·
41	List of consumables used in the laporatory and maintanance of sufficient stock.		
42	Non conforming materials to be identified quarantined.		-
43	Horizontal deployment initiatives.	./	
44	Change made in the system considereing improvements / improving process performance.		
45		1//	
45	Relevant process charts can be displayed in the laboratory.	Signature of	the Auditor

# **AUDIT OBSERVATION SHEET**

Institution: PMC TECH

Department: MECH | ENGL

Auditor: Mrs. P. SOMATHI

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 11 1 2 2

S.No.	Description of Audit Finding	Category	Std C ref
	Mail day -1 Anner Kou not		
	Unit dest -1 Answer Key Not	NC	4,21]
	Evidence (Ref: Design of Transmission Systems)		
a.	Sholent Sign Missin opted		
	Sholent Sign Missig opted Elehe dist [ Ref: EDP]	Nc	4.2.1
	O Company of the comp	,	
			Fi Fi
-			

FORM: QSF 02

Version No: 1.0

#### MON CONFORMITY KEPUKI

Function: MECH | ENWH

Date: 11/1/29

Auditee: Mrs. P. Sumer H)

**Issue Date** 

Report No:

Auditor: Dr. M. RASAMPAL

**NON CONFORMANCE** 

Resource Requirements if any

Verified by and closed on

FORM: QSF 02

Effectiveness of the corrective action taken

	Onit dest -1 Anymer Key Not Evic	doned		
l an	Rof: Design of Moumission Sys	lens.		
AUDIT	4.2.1		DE.M.	AUDITEE AUDITEE
ROOT CA	USE			
S.No.	Potential Root Cause for the Non-Cor	nformance		Martin Translation Control Control
	Aroneer key Prepared in the de	m of	462	
	l mbs			
			· en	
CORREC	TION / CORRECTIVE ACTION:	*	-8	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hord lopy of Doner ky	K. Ranjuty	25 1/22	closed
	documented in the proper file	<u> </u>		
*****			1	
PREVENT	IVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the time of submission of	K. Rayyon Kuny	25/1/22	class.
•		1.		

Version No:1.0

#### NUN CONFURINTT KEPUKT

Report No:

Auditor: Mr. S. P. Swashi

Verified by and closed on

FORM: QSF 02

Function: MECH 16Nhh Date: 11/1/29

Auditee: Dr. M. RASAhopal

NON CO	NFORMANCE			
	botgo in given mize trabonds	Elehve	Hst.	
AUDITO	R: P. SUMPTHE Std Clause / Doc. Ref:		D6. M.	Paltagopa Auditee
ROOT CAL	JSE .			
S.No.	Potential Root Cause for the Non-Co	nformance		**************************************
- William Company	Sholar Jare Preferen in the	Subject	but	
	danget to put signable			
			······································	**************************************
ORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Shodent and advised to put	minunia	Irmadial	clased
Andrews on the Person	signales Immediath			
REVENTI	VE ACTION:		•	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	At the tire of getting shoted	M Molires	Immedd	closed
************	profescu signale do be obtained			
	0.3.	M. Morre	Transold	

Version No:1.0

#### ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee: D. M. Sahi thulled

Nr. N. Maulivel.

Name of the Auditor: prof. R. KARTHIKEYAN.

Function: MCO/ENGO

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual	~	
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records		
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat		
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	MC	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	~	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	V	
8	Check whether record has the record name and record code in the front page.		<u></u>
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	· ✓	
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.		
12	Continual improvement program.		-
13	Check for the departmental review meetings	~	
14	Check the awareness level on roles and responsibility.		<u> </u>
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	V	-
16	Check for the improvements made in the department in the passed one year	V	+
17	Analysis on student / feedback from (Parameter wise analysis)		<del> </del>
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	V	1

19	Review of disciplinary actions taken against the staffs.			
20	Motivation of the staffs / Students and support provid	ad Lucas		T
21	Training need identification for the staffs by the depar	ed by HOD's	~	4 24
22	Faculty profile - compliance to regularly requirements	tmental HOD's	V	
23	CAPA reports in case of any problem observed in the	to be checked.	V	
. 24	CAPA reports in case of any problem observed in the d Internal communication records like circulars.	epartments and corrective actions initiated.	7	
25	Incase if records are maintained in computers, backup			1 2 10
26	Review of syllabus completion as per the plan Completion	of data to be ensured.	V	+
2.7	Method of selection of question record in	tion of courses as per the time frame recommended by	V	1
28	and m	idterm tests)		+
29	Preservation of previous year university exam question	papers.	V	
	List of formats used in the department and is that contributed in the department and is the department	olled.	- V	-
30	the department.	tment at defined internals and provision of the same is not ecords are stored in the floor due to lack of supboards in		
31	Housekeeping maintain with in the departments.			
	LABORATO	DRY	V	100
32	Identification of equipments		~	1 1
33	Calibration of equipments. (Internal / external calibration	n records)	V	
34	Preventive maintenance of equipments where appropria	ite and a second	V	
35	Adequate no. of Fire Extinguishers in the area.	NC.	V	2.4
. 36	First aid kids stuffed with necessary Antidotes		V .	
37	Safety gears provided for the students operating equipm		V	
38	Start and shot down instruction where appropriate.	ents.	V	
39	Sign boards in the laboratory.		V	
40	Display of quality policy.	16955 7	V	
41	List of consumables used in the laboratory and maintana		V I	
42	Non conforming materials to be identified quarantined.	nce of sufficient stock.	1	
43	Horizontal deployment initiatives.			
44	Change made in the system south at it		V	
45	Change made in the system considereing improvements /	improving process performance.	_	
00	Relevant process charts can be displayed in the laborator	1.	7	
Will be	f the Auditee			

## **AUDIT OBSERVATION SHEET**

Institution: PMC TECH Department: MCO/ENGG

Auditor: 1009. Karthi Keyan,
Date: 10.1.2022.

Description of sample chosen (Year / Semester / Paper / Unit ):

S.No.	Description of Audit Finding	Category	Std C ref
1.	A ssignent Mane rulling in Log	NC.	
	MOR [Red: (Amgt). Advanced		
-	Maputaclusing Fechnology]		
A 12			
2.	Student sign niving in option.	NC.	
	Student Sign mining en opted. Elective Lut: [Red: 1V. year]		
			<u> </u>
			Α.
			,
			*

FORM: QSF 02

Version No: 1.0

#### NUN LUNTUKIVIII Y KEPUKI

Function: MCOLENGH

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	IV	yea	N.M	to				Log		
AUDITO	s: unn				use / Doc. l		······································			AUBITE
OOT CAL										
S.No.			Pot	ential Root	t Cause for	r the I	Von-Cor	nformance		
				•					,	
	Stroll	lut	Sul	metted	Ctil	al	118m	ent 6	rut it	was
	NOE			mitted	Otil	al	118m	ent t	out it	. Was
ORRECTI	NOE	ame	reted		Chil	as	168 m	out k	out st	was
ORRECTI S.No.	1	ame	<u>action</u>			al	108 m	Respon.	T.Date	Sts.of
	ON / CORRE	COY E	ACTION:	: N DESCRIP	TION			Respon.	T.Date	Sts.of Compl
	ON / CORRE	COY E	ACTION:		TION			Respon.	T.Date	Sts.of

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

S.No.

Report No:

Auditor: Pol. R. Karothikeyan.

Version No:1.0

**ACTION DESCRIPTION** 

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Issue Date

T.Date

Kumar 11.1.22

Respon.

K. Surek

Sts.of

Compt.

Cloted

Date: (0/1/2022 .

Auditee: Dr. M. Sahithull

Mr. N. Maurel

#### NUN CONFORMITT REPORT

Report No:

FORM: QSF 02

Function: MCO/ENGG

Date: 10.1.2022.

**Issue Date** 

Auditor:	Prof. R. Kartli Keyan.	Auditee:	Di.M.Sa Mi.N. Mo	hi thul univel
	IFORMANCE			
	Students sign wissing in opted IN year Mco.	Flee	tive h	ile
474	IN year Mco.			00,
AUDITOR	Std Clause / Doc. Ref:			AUDITI
OOT CAU				
S.No.	Potential Root Cause for the Non-Conf	formance		
	Due to absent on the day 08.	tudent	the	e
	Sign ruising en opted fletive	Liet:		
ORRECTI	ON / CORRECTIVE ACTION:	I		Sts.o
3.140.	ACTION DESCRIPTION	Respon.	T.Date	Comp
	with in I days the file has	E-prockage	11.1.22	cur
	Geen completed			
	Will was			-
REVENTI	VE ACTION:	1		L
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.c Comp
	Student Sigh get in opted	E-Prakou	11.1.22	cure
	Student Sigh get in opted			
esource R	requirements if any :			- Bartoning operation was
	vignet			**
smiled by	and closed on :			

Version No:1.0

Febrauary - 22

## ASAP MANAGEMENT CONSULTANTS (P) LTD

Name of the Auditee: Dr. A. Makesh, Mrs. Selvarary, AP

APPLEE Name of the Auditor: Mrs. G. Shasikala

Function: IT/frgg

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual		
2	Show me your regulatory requirements and status of compliance		
3	Show me your list of records		
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat		
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	rick 13
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	1	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	~	
8	Check whether record has the record name and record code in the front page.		
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		
10	Trend charts on objectives and process measures.	-	
11	Action plan for the objectives.		
12	Continual improvement program.		
13	Check for the departmental review meetings	1	
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
16	Check for the improvements made in the department in the passed one year		
.17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	1	7.
21	Training need identification for the staffs by the departmental HOD's		mark view de la company
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.	/ W	A CONTRACTOR OF STREET
24	Internal communication records like circulars.		
25	Incase if records are maintained in computers, backup of data to be ensured.		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	/	J. 95-6
27	Method of selection of question papers(unit test and midterm tests)	/	
28	Preservation of previous year university exam question papers.		
29	List of formats used in the department and is that controlled.		
	Review of infractive continue and is that controlled.	1	
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	1	e in an
31	Housekeeping maintain with in the departments.		
	LABORATORY		1
32	Identification of equipments		terioria di la
33	Calibration of equipments. (Internal / external calibration records)		
34	Preventive maintenance of equipments where appropriate.		TEBE
35	Adequate no. of Fire Extinguishers in the area.		Jedel e
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.	1	
38	Start and shot down instruction where appropriate.	/	unear st
39	Sign boards in the laboratory.		
40	Display of quality policy.		Track St.
41	List of consumables used in the laboratory and maintanance of sufficient stock.		COTTO NO
42	Non conforming materials to be identified quarantined.		Carrie N
43	Horizontal deployment initiatives		nesso Li
44	Change made in the system considereing improvements / improving process performance.		metal 13
45	Relevant process charts can be displayed in the laboratory.	/	
M	a deproyed in the laboratory,		

Signature of the Auditee

√ - W

Signature of the Auditor

Signat

# **AUDIT OBSERVATION SHEET**

Institution:PMC Tech.

Department: IT/Engg.

Auditor: Mrs. G. Shasikala

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 11 01 22

S.No.	Description of Audit Finding	Category	Std C ref
1.	It-1 Answer Key is not evidence	NC	4.6.2
	Ref (Environmental Science)		
	TT/36.		
2.	Log book not Authenticated by		
	principal Ref (Mobile Computing)	NC	4.6.2
	亚 /86.		
-	· ·		
			-
			ı

FORM: QSF 02

Version No: 1.0

## NON CONFORMITY REPORT

Report No:

Function: IT/Engq

Date: 11/1/22
Auditee: Do o Pra My A Done

Auditor: Mrs. G. Shasikala Ap

Mrs - Selvagani

NON CONFORMANCE

Log book not authenticated by principal.

Ref. mobile computing.

AUDITOR: 6 Shum

Std Clause / Doc. Ref:

De . A. MAHESH

AUDITEE

**ROOT CAUSE** 

S.No.		Potential Root Cause for the Non-Confor	mance
	Log book i	8 not authenticated	by poincipal as
		aculty is absent on -	Commence of the State of the St

## **CORRECTION / CORRECTIVE ACTION:**

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Log book authenticated by			
	Paincipal.	faculty	immaliale	closed

#### PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Log books should be authenticated	faculty	y immediate	closed
	by principal on every forday			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Issue D

## NON CONFORMITY REPORT

Report No:
------------

Function: IT/Engg

Date: |1/1

Auditor: Hrs. G1. Shasikala AP.

**NON CONFORMANCE** 

IT-I Answer key not submitted at that time.

Ref (Envisonmental Science)

H. 6. 2

AUDITOR: G. W. Std Clause / Doc. Ref:

AUDITE

Std Clause / Doc. Ref:

AUDITEE

**ROOT CAUSE** 

S.No.			Potential I	Root Cause for the N	on-Conf	ormance	
	Answea	Key	was	available	å	+.he	form of
	Solt	Copy					

#### **CORRECTION / CORRECTIVE ACTION:**

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Hard copy of answer key uses			
	available with faculty and.	Faculty	immediat	Clard
	HOD Sign.			

#### PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Answer key should be submitted	Faculty	immodiak	closed
	at the time of oguestion paper submission	. 0		2

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

#### ASAP MANAGEMENT CONSULTANTS (P) LTD **AUDIT CHECKLIST**

Name of the Auditee: Prof. Rajesh
Name of the Auditor: Prof. sangeeran'i
Prof. Karthikeyo

1	Karthikeyon	Function: MBA
	RUNINIREUNIA	10,011

S.No.	Description	Condition (Satisfactory / Not)	Auditor
	Show me your department related proceducres / department manual	~	
2	Show me your regulatory requirements and status of compliance	~	
3	Show me your list of records	V	
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat		
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	randa Fil
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.	V	
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's		
8	Check whether record has the record name and record code in the front page.		
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	·V	
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.		
12	Continual improvement program.	~	
13	Check for the departmental review meetings	~	
14	Check the awareness level on roles and responsibility.		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)	V	
16	Check for the improvements made in the department in the passed one year	NC	
17	Analysis on student / feedback from (Parameter wise analysis)		
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	1	
-	, see leed at the leedback forms and action taken against the same	7	- 11110-1-2-11111

19	Review of disciplinary actions taken against the staffs.		0.00
20	Motivation of the staffs / Students and support provided by HOD's		1
21	Training need identification for the staffs by the departmental HOD's		
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		and the same
24	Internal communication records like circulars,	~	
25	Incase if records are maintained in computers, backup of data to be ensured.		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		
27	Method of selection of question papers(unit test and midterm tests)	V	
28	Preservation of previous year university exam question papers.		1
29	List of formats used in the dependent of		
	List of formats used in the department and is that controlled.		-
30	Review of infrastructure requirements within the department at defined internals and provision of the same is n evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.	ot	A A I
31	Housekeeping maintain with in the departments.	The state of the con-	A DE TABLE
	LABORATORY		
32	Identification of equipments		manti a (
33	Calibration of equipments. (Internal / external calibration records)	V	out must but
34	Preventive maintenance of equipments where appropriate.		
35	Adequate no.of Fire Extinguishers in the area.	V	
36	First aid kids stuffed with necessary Antidotes	V	
37	Safety gears provided for the students operating equipments.	V	
38	Start and shot down instruction where appropriate.		ana fe
39	Sign boards in the laboratory.	~	Justine E4
40	Display of quality policy.		0.00
41	List of consumables used in the laboratory and maintanance of sufficient stock.	V	t neitri in
42	Non conforming materials to be identified quarantined.	V	Carried St
43	Horizontal deployment initiatives	V	dental of the
44	Change made in the system considereing improvements / improving process performance.		
	Relevant process charts can be displayed in the laboratory,		
45	Relevant process charts can be displayed in the laborate		

Signature of the Auditor

# **AUDIT OBSERVATION SHEET**

Institution: PMC Tech Department: MBA

Auditor: Prof. R. Karthi Keyan
Date: 18/1/22

Description of sample chosen (Year / Semester / Paper / Unit ):

S.No.	Description of Audit Finding	Category	Std C ref
NO.	student profile - not updated		
D.	Ref: [i year MBA university Ro	sults] we	G. H
02.	Clars Attendance - Monthly		
	Attendance 1. not evidenced Ref (I MBA monthly Attendance)	NC	4.2
	V Company		
			,
			4,,,,,
		1	

FORM: QSF 02

Version No: 1.0

## NON CONFORMITY REPORT

repor	Function: MBA	Date: 12/1/22							
Audit	or: Prof. R. Kaythikeyan	Auditee: Prof. Rajesh							
	CONFORMANCE CANAL	Prof. Rajesh Prof. sangeeran							
2	Student profile not updated.								
P	ef. Ci year MBA -univer	sity Results)							
AUDIT	OR: Std Clause / Doc. Ref:	AUDITEE							
ROOT	AUSE								
S.No.	S.No. Potential Root Cause for the Non-Conformance								
	student profile available	in the form							
	of hard copy yet university result								
	need to be updated.								
CORRECTION / CORRECTIVE ACTION:									
S.No.	ACTION DESCRIPTION	Respon. T.Date Sts.of Compt.							
	university feauts updated	Compt.							
	in the prescribed format	Pajes / 81/1/22 closed.							
PREVENTIVE ACTION:									
S.No.	ACTION DESCRIPTION	Respon. T.Date Sts.of Compt.							
	It was advised to update								
<u> </u>	the university Results	Rayenhala closed							
Resource Requirements if any :									
Effectiveness of the corrective action taken : Vailed									
Verified by and closed on									
	and closed on								

## NON CONFORMITY REPORT

Report	No:	Function:	Date:	12/1	22
Auditor Pro.	F. R. Karthi k	eyar	Audite	of Ra	ijesh igeelar
not mo	eviden	red by (I - yell- Hendance). 4.6.2	Attend	lance 18 A	.1.
ROOT CA	R: N	Std Clause / Doc. Ref:			AUDITEE
S.No.		Potential Root Cause for the Non-C	onformance		
	days or	e updated but	oter, a	worki	ng
	& nok	in the proper to	rmat	noana	e 'J.
CORRECT	ION / CORRECTIVE				
			-		
S.No.		ACTION DESCRIPTION	Respon.	T.Date	Sts.of
S.No.	monthly	Attendance 1. was	4		Compt.
S.No.		Attendance 1. was	4		Compt.
S.No.			4		Compt.
		Attendance 1. was	4		Compt.
	updated t	Attendance 1. was	4		Closed.
PREVENTI S.No.	register.	ACTION DESCRIPTION	Respon.	عال الم	Closed.  Sts.of Compt.
PREVENTI S.No.	register. VE ACTION:  Advised to attendance register equirements if any	ACTION DESCRIPTION  Calculate the update in the day of every m	Respon.	عال الم	Closed.  Sts.of Compt.
PREVENTI S.No.	register.	ACTION DESCRIPTION  Calculate the update in the day of every m	Respon.	عال الم	Closed.  Sts.of Compt.

#### ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKLIST

Name of the Auditee:

mrs. on. onselin posy. ap/mco mrs. on. pukithe ap/mco

Name of the Auditor:

Function: ncal Fass

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual		
2	Show me your regulatory requirements and status of compliance	unit /	
3	Show me your list of records		10-11-11-11-11-11-11-11-11-11-11-11-11-1
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	- butters you might a	estado 198 Aprelio
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	valanie pogas	
6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.		
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's		
8	Check whether record has the record name and record code in the front page.		
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.		VEYTEL
10	Trend charts on objectives and process measures.	C.	
11	Action plan for the objectives.		Maria Carana Anna Carana Caran
12	Continual improvement program.		
13	Check for the departmental review meetings	1	
14	Check the awareness level on roles and responsibility,		
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		Control of the Contro
16	Check for the improvements made in the department in the passed one year		
. 17	Analysis on student / feedback from (Parameter wise analysis)	7	- Indiana - Indi
18	Review of suggestions / complaints received in the feedback forms and action taken against the same	NC.	

The second second			
19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's	. 1	
21	Training need identification for the staffs by the departmental HOD's		
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		THE RESERVE
24	Internal communication records like circulars.	(	
25	Incase if records are maintained in computers, backup of data to be ensured.		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by	1	
27	Method of selection of question papers (unit test and midterm tests)	(	
28	Preservation of previous year university exam questina papers.		100
29	List of formats used in the deap the de	1 100	
	List of formats used in the department and is that controlled.	1	X
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		N squai
31	Housekeeping maintain with in the departments.	Poolege Off at 1	
	LABORATORY		
32	Identification of equipments		(
33	Calibration of equipments. (Internal / external calibration records)		and the second
34	Preventive maintenance of equipments where appropriate.		g'eeu) .
35	Adequate no. of Fire Extinguishers in the area.	-	Parities I -
36	First aid kids stuffed with necessary Antidotes		
37	Safety gears provided for the students operating equipments.		
38	Start and shot down instruction where appropriate,		- 0
39	Sign boards in the laboratory.	1	estill in
40	Display of quality policy.	1	neon in
41	List of consumables used in the laporatory and maintanance of sufficient stock.	/	tradition of
42	Non conforming materials to be identified quarantined.	/	
43	Horizontal deployment initiatives	-	educal III
44	Change made in the system considereing improvements / improving process performance.		
45	Relevant process charts can be displayed in the laboratory.	1	essional - thy
Δ	1 D		

M. Angelingay Signature of the Auditee M. Dh.

Signature of the Auditor

Institution: Proc Tech Department: ence / Engg

Auditor: Sashithullsh

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 20/1/22

S.No.	Description of Audit Finding	Category	Std C ref
/.	stratest feedback on Facelty	NC	4.6.2
	not updated		
2.	Reviewer details Not		
	upola 64	NC	4.6.2
	~	-	
		2017	
			,
		-	

FORM: QSF 02

Version No: 1.0

### NON CONFORMITY REPORT

			71		
Report No		Function: mcalEns.		20/1/	22 m . so sy
Auditor:	Brom schi	thullsh	, and the second		. Dukins
NON CON	FORMANCE			wer. w	, 3000
	chident	Fred back on 1	Faculty	no F	
	3,	uncla 64			
AUDITOR:	Na.	Cr. 6.2 Std Clause / Doc. Ref:		N.S	AUDITEE
OOT CAUS	E				
S.No.		Potential Root Cause for the Non-	Conformance		
	Due to	Lock down connu	1 960	e to	
	c-llee F	feetback from	Strate	, /-	***************************************
			AMERICAN CONTRACTOR CO		Establishment
DRRECTIO	N / CORRECTIVE ACT	TON:			
S.No.	A	CTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	to -0 600	6 - Entry		1	1

## PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Fred beck on faculty			
	collected in hime			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

**Issue Date** 

Closeof

## **NON CONFORMITY REPORT**

Report No:

FORM: QSF 02

mr.m. sshithullsh

Function: mcalenss

Date: 20 /1/22

**Issue Date** 

petails not undelay	Or
td Clause / Doc. Ref:	AUDI
Root Cause for the Non-Conformance	
not specify the	·
details	
Kespon, IT.Date	Sts.c
esils updated mass.on	
Dulei the 27/1/22 e	lose
Kespon.   I.Date   C	Sts.o Comp
fails under God	****
ely	
for its undo God ely  : Verged.	

Version No:1.0

#### ASAP MANAGEMENT CONSULTANTS (P) LTD AUDIT CHECKUST

Name of the Auditee: Dr. M. Swish Newl. Paiya Name of the Auditor: prof. Sumathi

DE. S. P. PRABHAKAAAN HOD /52H

Function:

S.No.	Description	Condition (Satisfactory / Not)	Auditor comments
1	Show me your department related proceducres / department manual		
2	Show me your regulatory requirements and status of compliance	/	
3	Show me your list of records		
4	Whether records are stored and preserved properly up to its retention time. Records should not be dumped should be produced within min. time. Should look neat	1	
5	List one record and ask auditee to produce(Subject allotment sheet, action plan, Attendance, Log book, academic calendar, faculty notes)	NC	jesovilj iz
) 6	Records of faculty performance assessment in terms capabilities (Class control, presentation, communication and fluency, voice clarity, subject knowledge is not evident.		
7	Check whether record has the record legibility and signature at appropriate places for review and approval by HOD's	0 900	in the
8	Check whether record has the record name and record code in the front page.		sin initii
9	Awereness on ISO, quality policy, process measures and objectives. Contribution of the staffs to achieve the policy.	INCI / NOT	g china Al
10	Trend charts on objectives and process measures.		
11	Action plan for the objectives.		
12	Continual improvement program.		
13	Check for the departmental review meetings	1000	
14	Check the awareness level on roles and responsibility.	1 SHIP CH	
15	Analysis on data- result analysis (Subject wise, semester wise, Year wise, department wise, faculty wise)		
16	Check for the improvements made in the department in the passed one year		
17	Analysis on student / feedback from (Parameter wise analysis)		****
18	Review of suggestions / complaints received in the feedback forms and action taken against the same		

1111111111111			
19	Review of disciplinary actions taken against the staffs.		
20	Motivation of the staffs / Students and support provided by HOD's		
21	Training need identification for the staffs by the departmental HOD's		
22	Faculty profile - compliance to regularly requirements to be checked.		
23	CAPA reports in case of any problem observed in the departments and corrective actions initiated.		and section a second
24	Internal communication records like circulars.		
25	incase if records are maintained in computers, backup of data to be ensured.		
26	Review of syllabus completion as per the plan. Completion of courses as per the time frame recommended by		100110
27	Method of selection of question papers(unit test and midterm tests)	-	
28	Preservation of previous year university exam question papers.	11412	1007
29	List of formats used in the department and is that controlled.		NO.
	Political in the department and is that controlled.		ACCIDE 1
30	Review of infrastructure requirements within the department at defined internals and provision of the same is not evident. Reference: student answers sheets/ projects/ records are stored in the floor due to lack of supboards in the department.		
31	Housekeeping maintain with in the departments,		
	LABORATORY		
32	Identification of equipments		250000
33	Calibration of equipments. (Internal / external calibration records)		45
34	Preventive maintenance of equipments where appropriate.		
35			
	Adequate no.of Fire Extinguishers in the area.		
36	Adequate no.of Fire Extinguishers in the area.		
36 37	Adequate no.of Fire Extinguishers in the area.  First aid kids stuffed with necessary Antidotes		
-	Adequate no.of Fire Extinguishers in the area.  First aid kids stuffed with necessary Antidotes  Safety gears provided for the students operating equipments.		
37	Adequate no.of Fire Extinguishers in the area.  First aid kids stuffed with necessary Antidotes		
37 38	Adequate no.of Fire Extinguishers in the area.  First aid kids stuffed with necessary Antidotes  Safety gears provided for the students operating equipments.  Start and shot down instruction where appropriate.  Sign boards in the laboratory.		
37 38 39 40	Adequate no.of Fire Extinguishers in the area.  First aid kids stuffed with necessary Antidotes  Safety gears provided for the students operating equipments.  Start and shot down instruction where appropriate.  Sign boards in the laboratory.  Display of quality policy.		
37 38 39 40	Adequate no.of Fire Extinguishers in the area.  First aid kids stuffed with necessary Antidotes  Safety gears provided for the students operating equipments.  Start and shot down instruction where appropriate.  Sign boards in the laboratory.  Display of quality policy.  List of consumables used in the laboratory and maintanance of sufficient stock		
37 38 39 40 41 42	Adequate no.of Fire Extinguishers in the area.  First aid kids stuffed with necessary Antidotes  Safety gears provided for the students operating equipments.  Start and shot down instruction where appropriate.  Sign boards in the laboratory.  Display of quality policy.  List of consumables used in the laboratory and maintanance of sufficient stock.  Non conforming materials to be identified quarantined.		
37 38 39 40 41	Adequate no.of Fire Extinguishers in the area.  First aid kids stuffed with necessary Antidotes  Safety gears provided for the students operating equipments.  Start and shot down instruction where appropriate.  Sign boards in the laboratory.  Display of quality policy.  List of consumables used in the laboratory and maintanance of sufficient stock		

Signature of the Auditee

Signature of the Auditor

Institution: pmcTech

Department:

Auditor: Prof. Sumathi

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 19-01-2022

S.No.	Description of Audit Finding	Category	Std C ref
ι,	Time Pable- Faculty sign not	Wc	4.2
	Time Pable- Faculty sign not authenticated Ref [TISE]		*
۷.	Lesson plan tutorial hours not	NC	4.2
	Lesson plan tutorial hours not Mentioned Ref: [I - Mechanical Mathe)		
3			

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Version No: 1.0

## NON CONFORMITY REPORT

Auditor: Pro	f. Sumarni.	ate: 19-01-2021 John Suresh  Lys. 8 Dr. 4
	faculty Sign not in time table. (Ref. 9th 500 days)	
AUDITOR:	Std Clause / Doc. Ref:	AUDITEE
S.No.	Potential Root Cause for the Non-Conform	ance
Ter	ae Pable available in the prescrib	and fromat

## CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Faculty authentication : got in	Dr. M. Swa	Immed	close
	the prescribed format.			

but there is no authentication [faculty]

## PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Advised to corresponding advisor	Dr. y fuel	Immedi	dored
	to get authorficated from faculty			

Resource Requirements If any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

1/22

## **NON CONFORMITY REPORT**

Lerson plan tutorial house not Mentioned

Report No:

Auditor: prof. sumathi

**NON CONFORMANCE** 

Function: St # (engly

Date: 19/01/22

Auditee: Dr. M. Swood h.

Mrs. s. prija.

	n Ret - I - Mechanical En	ginevin	4	0
AUDITO	OR: Std Clause / Doc. Ref:			AUDITE
ROOT CA	USE		Mahammatta o na natimo na agasta, mak	
S.No.	Potential Root Cause for the Non-Con	formance		V Page 1981 - Anna 1982
	Lerson plan ouidenced in the pro	escribe	ed fil	le
	but tutorial hours not ment			
				9
CORRECT	TION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Actionial hour added in the	Drewen	22 01/22	chare
	Lerson plan with the planned			
	hours			
PREVENT	IVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
- MALIAN - III	Adviced to faculty to add tutorial	Dr. Junesh	22/01/22	Closed
	hours at the time of planning the monplan			
Resource i	tequirements if any : N;			
Effectivend	ess of the corrective action taken : Vuifu	٨.		
Verified by	and closed on : de la company	L		(ma)
FORM: QSI	02 Version No:1.0		Icoup Date	

Institution: proc Tech

Department: Ch & C

Auditor: Dr. J. Vjayakuma

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 24-01-22

S.No.	Description of Audit Finding	Category	Std C ref
1.	How applications were incomplete of	Ne	4.2.3
	fen nere misplaced		
2.	The obtained culticate detalls	NC	4.2.3
	The obtained culticate detalls were found to be incomplète		
-			
		100	
			1

FORM: QSF 02

Version No: 1.0

#### NUN CONFURINITY KEPUKI

Report No:

Auditor: Dr. J. Vijayakuman

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Function: Ch&C

Date: 24-01-2022 Auditee: Mrs. Latha

**Issue Date** 

NON CO	NFORMANCE			***
•	Few applications were in complete	2 6	er m	en
gain	lared.			
	X.M		٨	l-la-
AUDITO	R: Std Clause / Doc. Ref:		<u> </u>	AUDITEE
ROOT CAL	)SE			
S.No.	Potential Root Cause for the Non-Cor	nformance		
1.	Details were not completely fil	led by	the	
	Students at the time of a	(	1	few
	students applications are not	found.		
CORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
(,	Students details are collected	Dradvi	Inne	cloud
	I tilled immediately			
PREVENTI	VE ACTION:	.1		and the second s
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	complete details are filled &	Dr. Whi	Inno	cloud
***************************************	obtained at the initial stage itself	,		
lesource R	lequirements if any			

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### NUN CONFURINTY KEPOKI

Report No:

Auditor: Dr. J. Vijay Kumas

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Function: Cade

THE PERSON NAMED IN	NFORMANCE			***************************************
	Obrained cutificate details wer	u four	d to be	
uncon	obrained cutificate details were replete.			
AUDITO			1	AUDITE
OOT CAI			THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	74001
S.No.	Potential Root Cause for the Non-Co	onformance		
( -	Some details in the centificate	nera	not e	nteres
	h. H at 1 to 1 10			
ORRECT	by the students at the inition.	al sta	<b>℃</b> .	
ORRECT		Respon.	T.Date	Sts.of Compt
	ION / CORRECTIVE ACTION:  ACTION DESCRIPTION	Respon.		Compt
	ION / CORRECTIVE ACTION:  ACTION DESCRIPTION	Respon.	T.Date	Compt
S.No.	ION / CORRECTIVE ACTION:	Respon.	T.Date	Compt
S.No.	ION / CORRECTIVE ACTION:  ACTION DESCRIPTION	Respon.	T.Date	Compt
S.No.	ACTION DESCRIPTION  Separate staff is allocated and tamed etails are updated	Respon.	T.Date	Compt
S.No.	ION/CORRECTIVE ACTION:  ACTION DESCRIPTION  Separate staff is allocated and tamed atails are updated  VE ACTION:	Respon.	T.Date  T.Date	Clove Sts.of

Version No:1.0

**Issue Date** 

Date: 04-01-22 Auditee: Mrs. catha

Institution: PM c Tech Department: TRE

Feb (22 Auditor: Prof. Dukitha

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 24 |1 |22

S.No.	Description of Audit Finding	Category	Std C ref
1	consolidate teedback for the		
	soft skill training programme	NC	4.2.3
	not found.		
, mar. 1 - 7.7			
3.	course material for this	NC	A-0.3
9.	training is not found.		
			a a
			V
			1

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### MUM CUMPUKINITY KEPUKI

**Function:** 

Marran	Prof. Dukitha  NFORMANCE	Auditee: Prof. Rajesh Mr. Riaz
trai	solidated readback form	for softskill
AUDITO	R: Std Clause / Doc. Ref:	AUDITI
ROOT CAI	Potential Root Cause for the No	on-Conformance
	muplaced worth other.	files
CORRECT	ION / CORRECTIVE ACTION:  ACTION DESCRIPTION	Respon. T.Date Sts.of
<del></del>	-1 1-1 1 -1 6	Compl

## PREVENTIVE ACTION:

Report No:

.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	separate file was mainte	seried training	D - 11	die
	d keep safely	member	Propode	Cicke

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

**Issue Date** 

Date: 84 /1/22

### NOW CONFORMITY KEPUKI

**Function:** 

	Prof. Dukitha  IFORMANCE	Mr. Riaz
Cou	use material for the Soft ining programme & not f	8 Kiu
AUDITOR	Std Clause / Doc. Ref:	Rug. 1
ROOT CAU		*
S.No.	Potential Root Cause for the Non-Conformation	nce
1.	Not collected the material	from

## **CORRECTION / CORRECTIVE ACTION:**

S.No.	ACTION DESCRIPTION		T.Date	Sts.of Compt.
١.	collected of maintained in	Training	Rmme	d 1992
	a separate file.	member	diate	

### PREVENTIVE ACTION:

Report No:

.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	carefully maintained the	Training	Rime	Clave
	course material for training			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

**Issue Date** 

Date: 24/1/22

Institution: pmc Tech.

Department: hagistics

Auditor: a. Sharilcula.

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 21-01-22

S.No.	Description of Audit Finding	Category	Std C ref
	In logistics frequenty and puts		
(*	are under inspection-terest should be	NC	6.0
	cutigorised as accepts 4 rejects		
2.	preventure maintanême records		
	not for the following		
	Wohicles.	NC	4.2
	TN 47 F 4793		
	TN70 Q 9149		
-			
:			
J			

FORM: QSF 02

Version No: 1.0

## NON CONFORMITY REPORT

Report N Auditor:	prof. a-shasi kala.	Date: Audite	21-0 e: Mr.	1-22 Umashar
NON CON	IFORMANCE .			
under a se	In logistics most frequently inspection that should be consects.  Std Clause / Doc. Ref:	wed	pouts of	ecupt
AUDITOR	Std Clause / Doc. Ref:			AUDITE
ROOT CAU	SE .			
S.No.	Potential Root Cause for the Non-Cor	formance		
1.	me to shortege of machines	Then	has	not
	been inspected			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
<u>l</u> .	Immediate action is taken and	Una	I Im	closed
	Categorized as accepts & rejects	-		
REVENTIVE	ACTION:	<u> </u>	1	1
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1. [	Those will be prevented infuture	Ome Showka	june	Closed
source Req	uirements if any :			
ctiveness	of the corrective action taken : Veryfield			à
ified by an	d closed on	>		58.

Version No:1.0

**Issue Date** 

FORM: QSF 02

## NON CONFORMITY REPORT

Rei	port	No:
MAG	JUL !	14O:

Auditor: prof- a-shavikala

Function: Logistics Date: 21-01-22

Auditee: MY. Una
Shanka

**NON CONFORMANCE** 

Maintainence Secords of the following vehicles
TN 47 F 4793 & TN 70 a 9149 are not recentained,
AUDITOR: (1. Std Clause / Doc. Ref:

**ROOT CAUSE** 

S.No.	Potential Root Cause for the Non-Conformance				
1.	Due to the seplacement of maintainence record				
	the above vehicles at the time of audit				

## CORRECTION / CORRECTIVE ACTION:

ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
paintainera record has maintained	Una chanka	Inne	Clore
tappely & submitted correctly for	,		
	paintainence occurred has maintained	maintainera record has maintained change	Maintainera record has maintained chenka Inna

#### PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
\r		shanles	- Immo	closed
	the praintainence of record			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Institution: proceed

Department: Library

Feb-22

Auditor: Dr. p. Payasekalan

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 19-01-22

S.No.	Description of Audit Finding	Category	Std C ref
1.	Books are shuffled and are not in		
	the original revious.		
	Ret : Digital electronics bookis	NC	4.2.3
	kept in the mathematical sections		
2-	Fine collection not proparly		
	Maintained		
	Ret: Colloction of fine amount	NC	4.2.3
	is not proposly maintained	ii.	
		-	
·			
			,

FORM: QSF 02

Version No: 1.0

#### NUN CUNFUKIVITT KEPUKT

Function:

Date: 19-01-22

Auditee: Mr. Yeshwanth

1	we are shifted and not in to on. Ret: Diffital electronics book	in Ke	al rect	ton.
AUDITO	R: Std Clause / Doc. Ref:			AUDITE
OOT CAL	JSE .			
S.No.	Potential Root Cause for the Non-Cor	nformance		
	After students book submit s	hauld	Maria	`
	the rection.	y do regar	poper	<u> </u>
<del></del>	The rection.	- 140,000,000,000,000,000,000	and the second s	er er de en de en
	1			
ORRECT	ION / CORRECTIVE ACTION:			
ORRECT S.No.	ION / CORRECTIVE ACTION:  ACTION DESCRIPTION	Respon.	T.Date	1
	ACTION DESCRIPTION		<b> </b>	Compt
	It was noticed by the		7.Date 23/1/21	Sts.of Compt
	ACTION DESCRIPTION		<b> </b>	Compt
S.No.	ACTION DESCRIPTION.  It was noticed by the number and arranged proporty		<b> </b>	Compt
S.No.	It was noticed by the		<b> </b>	Une
S.No.	ACTION DESCRIPTION.  It was noticed by the number and arranged proporty		<b> </b>	Compt

FORM: QSF 02

Resource Requirements if any

Verified by and closed on

Effectiveness of the corrective action taken

Report No:

**NON CONFORMANCE** 

Auditor: pr. P. Rayane baran.

Version No:1.0

## NUN CUNFUKIVITTY KEPUKT

Report No:	Function: Lib/Brys Date: 19-01-22
Auditor: JY	p. Rajasekavan. Auditee: nr. yer huc
NON CONFO	Fine colcection not properly maintained closing of acount details of the outgoine closing of properly maintained.  Std Clause / Doc. Ref:  AUDIT
•	Fine collection not properly maintained
0.4.	Claring of acount details of the outgoine
stude	the not properly maintained.
AUDITOR:	Std Clause / Doc. Ref: AUDITI
ROOT CAUSE	
S.No.	Potential Root Cause for the Non-Conformance

## CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It has been corrected by thosing	lub	Inn	ewas
····	It amount on the duly baris	ļ.		

### PREVENTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	Amount was settled in daily	طنا	Inn	Close
	basis and obine from the affect			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

Institution: PMC Tech Department: Mess

Auditor: Mr. Dukitha

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 20 1 . 22

S.No.	Description of Audit Finding	Category	Std C ref
1.	Solid wastes of liquid wastes use not	NC	6.4
	disposed proposly.		
	Ref: Solid wastes of liquid wastes are found		
	here and there during break times in		
	oness.		
2	Hestel sooms not cleaned regularly.	71	
	Bet: Crists hostel norms not cleaned	NC	6.4
	In the morning due to servante delay		
	J		
		-	
			-
: :			
•			

FORM: QSF 02

Version No: 1.0

### MUN CONFUKIVITY KEPOKI

Function: Mess

Date: 20 .1.22 Auditee: Mr. kowlach.

Issue Date

Report No:

FORM: QSF 02

Auditor	: Mrs. Dulotha	Auditee	. Mr. k	cailagh
NON CO	NFORMANCE			
Red	Liquid wastes use not disposed to  : Mastes are found here and these ale fines in muss.  B. M. Dh. Std Clause / Doc. Ref:	properti	° 229	ai losh AUDITEE
ROOT CA				
S.No.	Potential Root Cause for the Non-Con	formance		
	This problem was due to cope for colid & liquid waster.	isoele	dustb	123
CORRECT	ION / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1,	It has been connected for repusale duething solid of liquid waster	Mr. Kaifa	6 2 A . 1-22	closed
PREVENTI	VE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1				CANADA CONTRACTOR OF THE PARTY
) .	To adoid the problem frequently checking for made.	148. kailash	24.1.22	Closed
Effectivenes	To aboid the problem frequently checking for made.  equirements if any  so of the corrective action taken  and closed on  : closed.			Closed

Version No:1.0

#### NUN CONFURINITY KEPUKI

Auditor:	Mr. Dukitha	.Auditee:	4)8. ka	illish.
		<u> </u>		
Red;	Cosiols hostel mooms are not clean Cosiols hostel mooms not claimed due to servant delay.	in the	moron	inej
AUDITOR			150	AUDITE
OOT CAU	DSE .	•		
S.No.	Potential Root Cause for the Non-Conf	ormance		***************************************
1 .	This problem was due to shortage o	) ma	rpower	£
ORRECTI	ON / CORRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt
1.	It has been corrected by appointing	Mr. kasho	194 1 22	Closed
	Jew mose Employees:	~		
REVENTI	VE ACTION:	4		
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt

**Resource** Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Report No:

Version No:1.0

**Issue Date** 

: Closed soffer

Institution: PMCTech. Department: Maintance.

Auditor: J.Vijay Kumarı

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 20-01-2022

S.No.	Description of Audit Finding	Category	Std C ref
1.	class soon is not seeept properly	No	6.4
2.	Labos are cobrab not cleaned	No.	6.4
	properly		
			1
			_
•			-
<i>y</i>			3

FORM: QSF 02

Version No: 1.0

### MUN CONFUNITY KEPOKI

Function: Main tenance

Date: 20-01-22

Auditee: Hrs. Valli

Report No:

**NON CONFORMANCE** 

Verified by and closed on

FORM: QSF 02

Auditor: Mr. J. Vijay arcuman.

	The class room benches was no	of cla	aned	
Prop	The class room benches was no edy.  Std Clause / Doc. Ref:		Y	Valla
ROOT CAI				
S.No.	Potential Root Cause for the Non-Con	formance		
	The Workers have done the wo	YIC Veu	y slow	sly
	so, the class soom seem	in prove	e clea	ning .
CORRECT	ON / CORRECTIVE ACTION:		The state of the s	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	The workers are adviced for	Ms.	24/1/22	close
	good cleaning			
		<u></u>		
PREVENTI	VE ACTION:			2
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
(.	If future it will be corrected	hs. Valli	24/1/22	Uored
Resource R	equirements if any :			
Effectivenes	s of the corrective action taken			

Version No:1.0

### MUN CONFURINTY KEPOKI

Report N	D:	200	Function:		Date: 20 -	
Auditor:	rst. Vijaya	Kumau			.Auditee: MY	. valli
NON CON	FORMANCE					•
	They		cobweb	cleaned	propelly	in the
class	l habs					6. Yacas
AUDITOR	•		Std Clause / Do	c. Ref:		AUDITE
ROOT CAU	SE		*			
S.No.		Potent	ial Root Cause I	or the Non-Confo	ermance	
1.	When	the a.		0;		

## CORRECTION / CORRECTIVE ACTION:

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1	The workers are advissed and	ms.	imm	clores
	given proper instruction to com			
	on free time of lab			

practical So they could not cleaned

### PREVENTIVE ACTION:

.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
ι.	The workers will map all the things	wall?	Imm	clone
	properly			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

SHEET Febrauary-22,

(ell Auditor: Dr. p. Rajasekaran

Date: 25/01/22

Institution: PMC Tech Department: Recouilment

Description of sample chosen (Year / Semester / Paper / Unit ):

S.No.	Description of Audit Finding	Category	Std C ref
1.	Consolidated report on faculty		
	rperformance assessant are not	NC	4.2
-	documented properly	1 2100 17	
T **	Al .		
ř.e	performance assessment of the	19	
	newly selected Staff for the	NC	4.2
	rewly selected Staff for the academic year 2019 - 2020		
		-	
		-	
			n e vezu si essa
16			
			-
: i			

FORM: QSF 02

Version No: 1.0

## MON CONFORMITY KEPOKI

Report No	Function: Reconstruct Date: 25/01/22
Auditor: (	Dr. P. Rajasekaran Cell Auditee: Dr. M. Swrest
	ORMANCE
Conso	Lidated support on faculty performance assument to documented properly for the newly led Stuff for a cadernic year 2021 - 2022 M. July Std Clause / Doc. Ref: AUDITE
ROOT CAU	E .
S.No.	Potential Root Cause for the Non-Conformance
1.	It has been made only at the End of the

## **CORRECTION / CORRECTIVE ACTION:**

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
) .	Preponed and secured one in	Agen 2 oct	28/01/22	-Closed
· · · · · · · · · · · · · · · · · · ·	a Semester			

### PREVENTIVE ACTION:

ACTION DESCRIPTIO	'N	Respon.	T.Date	Sts.of Compt.
roperly maintained	at future	Dr. Suns)	08/01/22	Clascol
	Δ	Δ		

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

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## MUM CONFURINTY KEPORT

vebout un:		Function:	Date:		
Auditor:			Auditee	P.	
NON CONFO	RMANCE				
1					
		*			
AUDITOR:		Std Clause / Doc. Ref:			AUDITEE
ROOT CAUSE					
S.No.	Potenti	al Root Cause for the Non-C	onformance		
				Destruction of the second	<del>-</del>
					the trade of the security of the second of
		der terminale en en entado en capalante en capalante de la projectiva distribución de entaga en enque en	a distribution de la financia del financia del financia de la fina		
CORRECTION	/ CORRECTIVE ACTION:				
S.No.	ACTION DE	SCRIPTION	Respon.	T.Date	Sts.of Compt.
				The state of the s	
PREVENTIVE A	CTION:				
S.No.	ACTION DE	SCRIPTION	Respon.	T.Date	Sts.of Compt.
	4				
Resource Requir	rements if any	:		Berrierand out out of the state	***************************************
Effectiveness of	the corrective action taken				
Verified by and	closed on	:			44
FORM: QSF 02		Version No:1.0		Issue Dat	te

Institution: pric Tech

Department: MR

Feb 22

Auditor: Prof. R. Karthikeyan

Description of sample chosen (Year / Semester / Paper / Unit ):

Date: 22-01-22

S.No.	Description of Audit Finding	Category	Std C ref
1.	Derectives has to be		
•	Department Objectives has to be reviewed periodically to achieve the targets	NC.	5.3.
•	tagets		
	0		
·			
			1

FORM: QSF 02

Version No: 1.0

### NUN CONFURINITY KEPURT

Function: MR. Engg

Auditor	: Prof. R. Kauterikæyan.		Sahi	hullah
NON CO	NFORMANCE	200220 W 2004 1 0 W 20	C≢S	
	Departments objectives has to be	sevi en	red	
Perio	Departments objectives has to be dically to achieve the targets.  Std Clause / Doc. Ref:			0 -
AUDITO	OR: W Std Clause / Doc. Ref:			AUDITEE
ROOT CA			enderen er Government av av Government.	
S.No.	Potential Root Cause for the Non-Con	formance		
).	Review meeting was not lander	cted by	eriodic	ally
	V	<del></del>		
CORRECT	TION / CORRECTIVE ACTION:		остичного подото в постор пробото до дуго	
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
Į.	Review meeting conducted on every	Ŋ.	Inne	Chres
	semaster and and the objectives	Shirbandlan		
	atayets are revised		+	
PREVENT	IVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
1.	moeting is anyrough on proper time	Hi witelle	4 Inn	(losed
	interes of			

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Report No:

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### NUN CONFUKIVITY KEPUKI

Report No:	Function:	Date: Auditee:		
Auditor:				
NON CONFORMA	NCE			
	4			
AUDITOR:	Std Clause / Doc. Ref:			AUDITEE
	ou adust ! voo har	n ngang sahi sa masasakhan misasakhan sahistasa pang sahi sa sahista hala sa Pag		1441 PP
ROOT CAUSE	N	in .		
S.No.	Potential Root Cause for the N	Ion-Conformance		×
	*		*****	,
		The second secon		
CORRECTION / CO	RRECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of
				Compt.
	alternative to the second control of the sec			
PREVENTIVE ACTION	ON:	-	Y	
.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
			<del>                                     </del>	
		annaum marga for annual compressions as a single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-single-si	<u></u>	<u> </u>
Resource Requirem	ents if any :			
Effectiveness of the	corrective action taken :			
Verified by and close	ed on :	34		
FORM: OSF 02	Version No:1.0		Issue Da	

AUDIT OBSERVATION SHEET

Te braugy - 22

Institution: PHC Tech Department: Purchase. Auditor: Asst. prof.

Description of sample chosen (Year / Semester / Paper / Unit): Date: 21 01 22 Description of sample chosen (Year / Semester / Paper / Unit ):

S.No.	Description of Audit Finding	Category	Std C ref
1.	Microprocessor das bills are not		
	available.		
-	Ref: Vi Microsystem bills for.	NC	4.2.3
	instrument purchased for even.		
	Sem not found		
		1	
•			
eti.			
			1

FORM: QSF 02

Version No: 1.0

#### NOW CONFORMITY KEPOKI

Report	No:	
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**Function:** 

Auditor: Assl. prof. Dakitha

Auditee: MYS padma

**NON CONFORMANCE** 

Microprocessor lab bills are not available.

Ref: Instruments from vi Microsystems.

AUDITOR: M. D. Std Clause / Doc. Ref:

AUDITOR: M. DI

#### **ROOT CAUSE**

S.No.	Potential Root Cause for the Non-Conformance	
	Forgetten to collect bills from.	
	ECE Stalfs.	

## **CORRECTION / CORRECTIVE ACTION:**

S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	It was identified and Kept	Mrs. padm	24/01/25	closed
	in tile			

#### PREVENTIVE ACTION:

.S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
	In Juture Such probleme will.	Mrs. Dadma	24/01/22	closed
	be preventeil	1		

Resource Requirements if any

Effectiveness of the corrective action taken

Verified by and closed on

FORM: QSF 02

Version No:1.0

### NUN CONFUKIVIII Y KEPUKI

report no:	Function:	Date: .Auditee:		
Auditor:				
NON CONFORMAN	Œ	and the second s		and the second second second second
	é .			
AUDITOR:	Std Clause / Doc. Ref:			AUDITEE
ROOT CAUSE	٠			
S.No.	Potential Root Cause for the Non	-Conformance		
				*
CORRECTION / COR	RECTIVE ACTION:			
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Sts.of Compt.
				1
				<u> </u>
PREVENTIVE ACTION	d.		<u></u>	1
····		L	L	Sts.of
S.No.	ACTION DESCRIPTION	Respon.	T.Date	Compt.
Resource Requiremen	ts if any :			
Effectiveness of the co	orrective action taken ;			
/erified by and closed	on :			1.5
ORM: OSE 02	Version No.1 0		Issue D	rto.