Certificate of Registration

This is to certify that

SHRI HARI EDUCATIONAL TRUST'S,
ST. ROCK'S DEGREE COLLEGE OF COMMERCE & SCIENCE
BORIVALI WEST, MUMBAI - 400092, MAHARASHTRA, INDIA

has been independently assessed by QRO
and is compliant with the requirement of:

ISO 9001:2015

Quality Management System

For the following scope of activities:

IMPARTING UNDERGRADUATE PROGRAMMES IN COMMERCE AND SCIENCE AS PER THE CURRICULUM SET BY UNIVERSITY OF MUMBAI/ UNIVERSITY GRANT COMMISSION

Date of Certification: 15th March 2023
1st Surveillance Audit Due: 14th March 2024
2nd Surveillance Audit Due: 14th March 2025
Certificate Expiry: 14th March 2026

Certificate Number: 305023041543Q

CAB # 119005

Head of Certification

Validity of this certificate is subject to annual surveillance audits to be done successfully on or before 365 days from date of the audit.
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ISO 9001:2015

Quality Management System

QUALITY MANUAL

International Organization for Standardization

Shri Hari Educational Trust's

St. Rock's Degree College of Commerce and Science

ID: ST.ROCK /QM/01.
COPY NO.: 01.
COPY HOLDER: MR & PRINCIPAL.

Index & Revision Record

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DISTRIBUTION LIST

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LIST OF ABBREVIATIONS

ST.ROCK	**ST. ROCKS DEGREE COLLEGE OF COMMERCE AND SCIENCE**
ISO	International Organization for Standardization
CEO	Chief Executive Officer
EO	Education Officer
BEO	Block Education Officer
QM	Quality Manual
CB	Certification Body
IA	Internal Audit
MRM	Management Review Meeting
MR	Management Representative
NC	Non Conformance
NCP	Non-Conforming Product
NCR	Non Conformance Report
Rev	Revision
SOP	Standard Operating Procedure
QMS	Quality Management System
WI	Work Instructions
HOD	Head of Department
QAP	Quality Assurance Procedure
QP	Quality Procedure

1.0 Scope

ST.ROCK has demonstrated its ability to consistently provide service that meets customer and applicable statutory and regulatory requirements, and aims to enhance customer satisfaction through the effective application of the QMS system, including processes for continual improvement of the system and the assurance of conformity to customer and applicable statutory and regulatory requirements.

2.0 Normative Reference

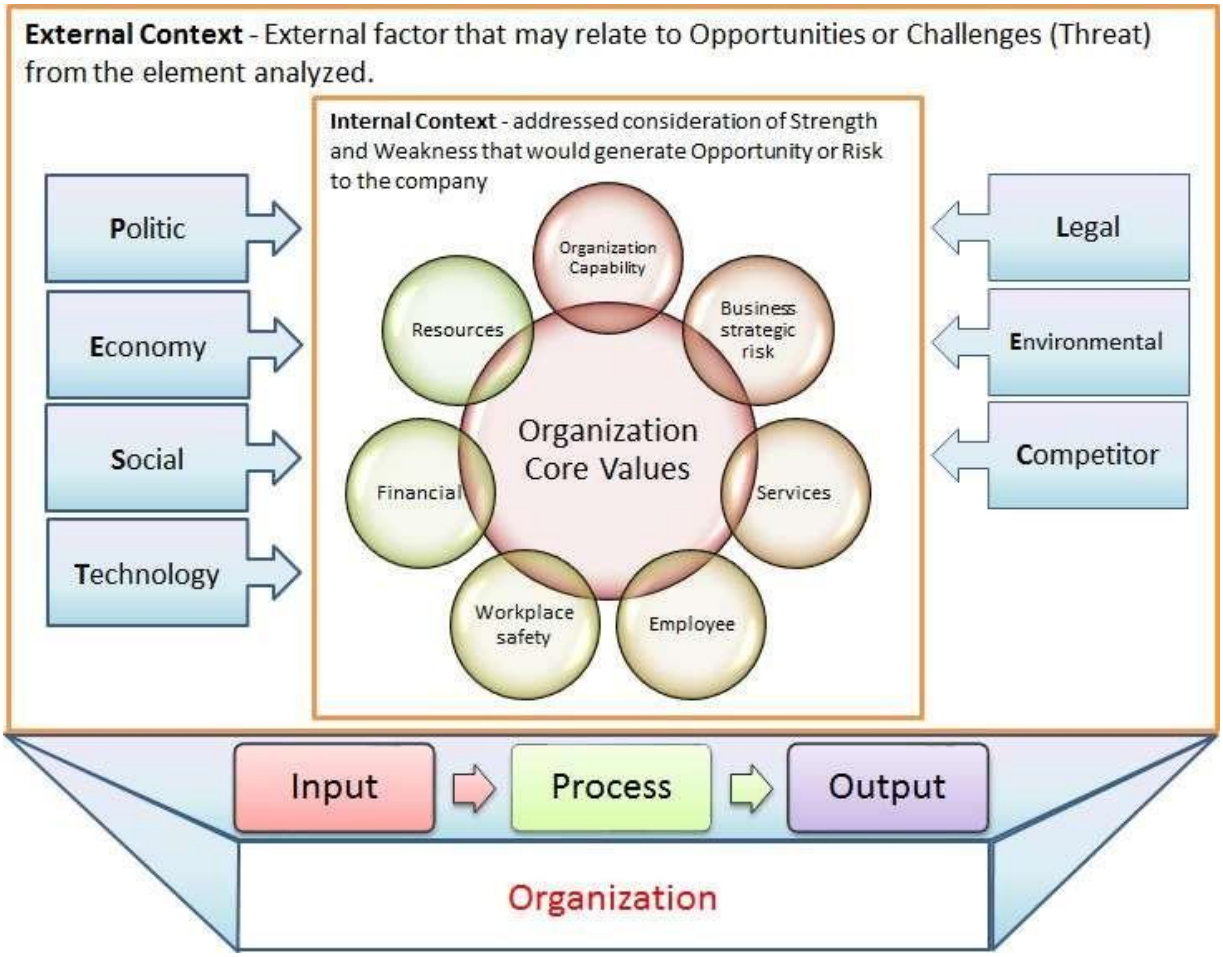
ISO 9001:2015 standard

3.0 Terms and Conditions

- **Interested Parties**: Person or Organization can affect or be affected by decision or activity.
- **Effectiveness**: Extent to which planned activities are realized and planned results are achieved.
- **Risk**: Effect of uncertainty on expected results.
- **Competence**: Ability to apply knowledge and skills to achieve intended results.
- **Documented information**: Information required be controlling and maintaining by the organization and the medium on which it is contained.
- **Process:** Set of interrelated or interacting activities that transforms inputs to outputs
- **Outsource**: Make an arrangement where an external organization performs part of an organization function or process
- **Monitoring:** determining the status of a system, a process or an activity
- **Measurement:** Process to determine a value
- **Context of the organization**: Business environment.

4.0 Context of the organization

Internal and external issue of **Short Name** can be displayed from below diagram;



4.1 Understanding the organization and its context

ST.ROCK has determined external and internal issues, that are relevant to its purpose and its strategic direction and that affect its ability to achieve the intended outcome of its quality management system.

When determining relevant external and internal issues, ST.ROCK has considered those arising from:

a) Changes and trends which can have an impact on the objectives of the organization.
b) Relationships with, and perceptions and values of relevant interested parties,
c) Government issues, strategic priorities, internal policies and commitments; and
d) Resource availability and priorities and technological change.

Refer: Risk & Opportunities – ST.ROCK /RO.

4.1.1 General Requirement - Understanding the organization and its context

We at ST.ROCK, MUMBAI have established, documented, implemented & maintained the QMS to demonstrate our ability to meet customer & applicable regulatory requirements.
We at ST.ROCK, MUMBAI are also committed to enhance the customer satisfaction by continually improving effectiveness of the QMS and its processes.

Business Processes of ST.ROCK, MUMBAI:

1. Processing of Programs (Govt. Schemes)
2. Service Provision in Various areas.
3. Monitoring and measurement
4. Handling, Storage, Preservation and Dispatch.
5. Control of NC Service
6. Handling Customer Complaints

Key supporting process of ST.ROCK, MUMBAI:

1. Management Review
2. Control of Quality Records
3. Training.
4. Collection and analysis of data
5. Internal quality Audit.
6. Assessing Customer Satisfaction
7. Continual Improvement
8. Corrective and preventive Action
9. Document Control
10. Purchasing

1. Processing of Programs:

Principal and staff works on a program for improvement in the life of general public in the district. Every program is having guidelines to follow along with funds sanctioned. EO, BEO and department heads are responsible for timely & effective execution of these programs. The ST.ROCK President & the other elected members provide valuable inputs to enhance effectiveness of the service. The list of actual beneficiary is collected from SOCIETY or district levels from people's representatives, as appropriate.

2. Planning:

Principal and staff discuss on these programs and plan for execution. Responsibilities are fixed with department staff. Department head and section officer plan for purchasing of materials if any required in the program. Periodical visits to the locality are planned and staff including department head collects all info required to execute the plan.

3. Purchasing:

Principle and Staff plan for purchasing of materials if any required in the program. Tenders are processed and issued to approve suppliers. At times, as appropriate, the suppliers are selected from the vendors having a rate contract with the ST.ROCK. The suppliers are selected on the basis of their ability to meet the requirements and purchase orders are released to supplier. The material specifications are provided to supplier.

4. Service Provision:

Principle/ staff responsible for the program follows guidelines strictly and arrange for all required supporting services from other department from ST.ROCK, MUMBAI. In case of disbursement of payments to the beneficiary, the cheques are prepared and issued to bank. The payments are collected by beneficiary from the bank. The materials are issued to respective body and distributed as appropriate.

5. Monitoring & Measurement:

Principle/staff prepares monthly balance sheet and submit it to AUTHORITY stating the various program related to that dept., Funds received / utilized and effective performance of the department. Department head takes ownership for performance of the programs. At the end of the financial year ST.ROCK MUMBAI ST.ROCK World prepares annual work report stating total programs received, executed and overall performance of the same.

6. Customers Feedback & Recording Process:

The feedback is collected from the beneficiary for the services provided to them by ST.ROCK MUMBAI. The yearly feedback so obtained is recorded and analyzed and data is taken as input to Management review.

In case of customer complaint, it is registered in the customer complaint register maintained at each dept. and root cause analysis is conducted in order to plan corrective actions.

Sequencing & interaction among these processes & within themselves is determined. Criteria & methods needed to ensure effective operation & control of these processes is determined.
Resources & information necessary to operate & monitor these processes is provided.
These processes are monitored, measured & analyzed from time to time & actions are implemented to get the results planned & also continually improve the processes.

ST.ROCK MUMBAI has not outsourced any process to provide its services. Whenever it will do so the control over such processes will be suitably identified & addressed.

4.2 Understanding the needs and expectations of interested parties

Due to their impact or potential impact on the ST.ROCK ability to consistently provide products and services that meet customer and applicable statutory and regulatory requirements, ST.ROCK has determined:

a) The interested parties (customer) that are relevant to the quality management system;
b) The requirements of these interested parties that are relevant to the quality management system.

ST.ROCK monitor and review the information about these interested parties and their relevant requirements.

4.3 Determining the scope of the quality management system

ST.ROCK has determined the boundaries and applicability of the quality management system to establish its scope.

When determining this scope, the ST.ROCK has considered:

a) The external and internal issues;
b) The requirements of relevant interested parties;
c) The products and services of the organization.

Scope: IMPARTING UNDERGRADUATE PROGRAMMES IN COMMERCE AND SCIENCE AS PER CURRICULUM OF UNIVERSITY OF MUMBAI/ UNIVERSITY GRANT COMMISSION.

Quality Management System & its process

ST.ROCK has established, implemented, maintained and continually improved a quality management system, including the processes needed and their interactions, in accordance with the requirements of this International Standard.

ST.ROCK has determined the processes needed for the quality management system and their application throughout the organization and determined:

a) the inputs required and the outputs expected from these processes;
b) the sequence and interaction of these processes;
c) the criteria, methods, including measurements and related performance indicators needed to ensure the effective operation, and control of these processes;
d) the resources needed and ensure their availability;
e) the assignment of the responsibilities and authorities for these processes;
f) the risks and opportunities in accordance with the scope activity, and plan and implement the appropriate actions to address them;
g) the methods for monitoring, measuring, as appropriate, and evaluation of processes and, if needed, the changes to processes to ensure that they achieve intended results;
h) Opportunities for improvement of the processes and the quality management system.

The organization shall maintain documented information to the extent necessary to support the operation of processes and retain documented information to the extent necessary to have confidence that the processes are being carried out as planned.

5 Leadership

5.1 Leadership and commitment

5.1.1 Leadership and commitment for the quality management system

Top management demonstrates leadership and commitment with respect to the QMS by:

a) taking accountability of the effectiveness of the quality management system;
b) ensuring that the quality policy and quality objectives are established for the quality management system and are compatible with the strategic direction and the context of the organization;
c) ensuring that the quality policy is communicated, understood and applied within the organization;
d) ensuring the integration of the quality management system requirements into the organization's business processes;
e) promoting awareness of the process approach;
f) ensuring that the resources needed for the quality management system are available;
g) communicating the importance of effective quality management and of conforming to the quality management system requirements;
h) ensuring that the quality management system achieves its intended results;
i) engaging, directing and supporting persons to contribute to the effectiveness of the quality management system;
j) promoting continual improvement;
k) Supporting other relevant management roles to demonstrate their leadership as it applies to their areas of responsibility.

5.1.2 Customer focus

Top management demonstrates leadership and commitment with respect to customer focus by ensuring that:

a) customer requirements and applicable statutory and regulatory requirements are determined and met;
b) the risks and opportunities that can affect conformity of services and the ability to enhance customer satisfaction are determined and addressed;
c) the focus on consistently providing services that meet customer and applicable statutory and regulatory requirements is maintained;
d) The focus on enhancing customer satisfaction is maintained.

5.2 Quality policy

5.2.1 Top management has established, review and maintain a quality policy that:

a) is appropriate to the purpose and context of the organization;
b) provides a framework for setting and reviewing quality objectives;
c) includes a commitment to satisfy applicable requirements;
d) Includes a commitment to continual improvement of the quality management system.

5.2.2 The quality policy is:

a) available as documented information;
b) communicated, understood and applied within the organization;
c) Available to relevant interested parties, as appropriate.

Refer: Quality Policy & Objectives- Annex 2

5.3 Organizational roles, responsibilities and authorities

Top management ensure that the responsibilities and authorities for relevant roles are assigned, communicated and understood within the organization.

Top management assign the responsibility and authority for:

a) Ensuring that the QMS conforms to the requirements of this International Standard;
b) ensuring that the processes are delivering their intended outputs;
c) Reporting on the performance of the QMS, on opportunities for improvement and on the need for change or innovation, and especially for reporting to top management;
d) Ensuring the promotion of customer focus throughout the organization;
e) Ensuring that the integrity of the QMS is maintained when changes to the QMS are planned and implemented.

Refer: Organization chart and responsibilities and authorities- Annex 3

6 Planning for the quality management system

6.1 Actions to address risks and opportunities

6.1.1 When planning for the quality management system, the ST.ROCK has considered the issues and the requirements and determine the risks and opportunities that need to be addressed to:

a) Give assurance that the quality management system can achieve its intended results.
b) prevent, or reduce, undesired effects;
c) Achieve continual improvement.

6.1.2 ST.ROCK has plan:

a) actions to address these risks and opportunities;
b) how to:
   1) integrate and implement the actions into its QMS processes;
   2) Evaluate the effectiveness of these actions.

Actions taken to address risks and opportunities shall be proportionate to the potential impact on the conformity of products and services.

Refer: Risk and opportunities action plan – ST.ROCK /RO

6.2 Quality objectives and planning to achieve them

6.2.1 ST.ROCK established quality objectives at relevant functions, levels and processes.

The quality objectives are:

a) consistent with the quality policy,
b) measurable;
c) take into account applicable requirements;
d) relevant to conformity of products and services and the enhancement of customer satisfaction;
e) monitored;
f) communicated;
g) Updated as appropriate.

ST.ROCK has retain documented information on the quality objectives.

6.2.2 When planning how to achieve its quality objectives, ST.ROCK has determined:

a) what will be done;
b) what resources will be required;
c) who will be responsible;
d) when it will be completed;

e) How the results will be evaluated.

Refer: Quality Policy & Objectives- Annex 2

6.3 Planning of changes

ST.ROCK determines the need for change to the QMS, the change is carried out in a planned and systematic manner.

ST.ROCK consider:

a) the purpose of the change and any of its potential consequences;
b) the integrity of the quality management system;
c) the availability of resources;
d) The allocation or reallocation of responsibilities and authorities.

7 Support

7.1 Resources

7.1.1 General

ST.ROCK determines and provides the resources needed for the establishment, Implementation, maintenance and continual improvement of the QMS.

ST.ROCK has considered:

a) the capabilities of, and constraints on, existing internal resources;
b) What needs to be obtained from external providers? (Ref. outsourced processes)

7.1.2 People

To ensure that ST.ROCK can consistently meet customer and applicable statutory and regulatory requirements, ST.ROCK provide the persons necessary for the effective operation of the QMS, including the processes needed.

7.1.3 Infrastructure

ST.ROCK has determine, provide and maintain the infrastructure for the operation of its processes to achieve conformity of products and services for.

a) buildings and associated utilities;
b) equipment including hardware and software;
c) transportation;
d) Information and communication technology.

7.1.4 Environment for the operation of processes

ST.ROCK has determined, provided and maintained the environment necessary for the operation of its processes and to achieve conformity of products and services.

Environment for the operation of processes includes physical, social, psychological, environmental and other factors (such as temperature, humidity, ergonomics and cleanliness).

Monitoring and measuring resources

Where monitoring or measuring is used for evidence of conformity of services to specified requirements ST.ROCK determined the resources needed to ensure valid and reliable monitoring and measuring results.

ST.ROCK ensure that the resources provided:

a) are suitable for the specific type of monitoring and measurement activities being undertaken;
b) Are maintained to ensure their continued fitness for their purpose.

ST.ROCK retain appropriate documented information as evidence of fitness for purpose of monitoring and measurement resources.

7.1.5 Organizational knowledge

ST.ROCK has determined the knowledge necessary for the operation of its processes and to achieve conformity of products and services.

This knowledge maintained, and made available to the extent necessary.

When addressing changing needs and trends. ST.ROCK considers its current knowledge and determine how to acquire or access the necessary additional knowledge.

Refer: Competence Matrix- Annex 4, Organization chart – Annex 3

7.2 Competence

ST.ROCK determine the necessary competence of persons doing work under its control that affects its quality performance and ensures that these persons are competent on the basis of appropriate education, training, or experience; where applicable, take actions to acquire the necessary competence, and evaluate the effectiveness of the actions taken.

ST.ROCK retain appropriate documented information as evidence of competence.

Refer: Competence Matrix- Annex 4, Training Plan-ST.ROCK /TP, Training Identification-ST.ROCK /TI.

7.3 Awareness

Persons doing work under the ST.ROCK control are aware of:

a) the quality policy;
b) relevant quality objectives;
c) their contribution to the effectiveness of the QMS, including the benefits of improved quality performance;
d) The implications of not conforming to the quality management system requirements.

Refer: Training record- ST.ROCK /TR

7.4 Communication

ST.ROCK has determine the internal and external communications relevant to the quality management system including:

a) on what it will communicate;
b) when to communicate;
c) with whom to communicate;
d) How to communicate.

7.5 Documented information

7.5.1 General

ST.ROCK quality management system includes

a) documented information required by this International Standard;

b) Documented information determined by ST.ROCK as being necessary for the effectiveness of the QMS.

Refer: Procedures- Annex-5

7.5.2 Creating and updating

When creating and updating documented information ST.ROCK ensure appropriate: Identification and description, format and media (e.g. paper, electronic); review and approval for suitability and adequacy.

7.5.3 Control of documented Information

7.5.3.1 Documented information required by the quality management system and by this International Standard are controlled to ensure:

a) It is available and suitable for use, where and when it is needed;

b) It is adequately protected.

7.5.3.2 For the control of documented information, ST.ROCK address the following activities, as applicable:

a) Distribution, access, retrieval and use;

b) Storage and preservation, including preservation of legibility;

c) Control of changes

d) Retention and disposition.

Documented information of external origin determined by ST.ROCK to be necessary for the planning and operation of the QMS is identified and controlled.

Refer: Procedure for control of document and record- PM-01

8 Operation

8.1 Operational planning and control

ST.ROCK plan, implement and control the processes needed to meet requirements for the provision of services and to implement the actions by:

a) Determining requirements for the services;

b) Establishing criteria for the processes and for the acceptance of services;

c) Determining the resources needed to achieve conformity to service requirements;

d) Implementing control of the processes in accordance with the criteria;

e) Retaining documented information to the extent necessary to have confidence that the processes have been carried out as planned and to demonstrate conformity of services to requirements. The output of this planning is suitable for the ST.ROCK operations.

ST.ROCK control planned changes and review the consequences of unintended changes, taking action to mitigate any adverse effects, as necessary.

ST.ROCK ensure that outsourced processes are controlled (Refer Outsourced processes)

8.2 Determination of requirements for products and services

8.2.1 Customer communication

ST.ROCK established the processes for communicating with customers in relation to:

a) Information relating to products and services;

b) Enquiries, contracts or order handling, including changes;

c) Obtaining customer views and perceptions, including customer complaints;

d) The handling or treatment of customer property, if applicable;

e) Specific requirements for contingency actions, when relevant.

8.2.2 Determination of requirements related to products and services

ST.ROCK has established, implemented and maintained a process to determine the requirements for the products and services to be offered to potential customers.

ST.ROCK ensures that:

a) product and service requirements and applicable statutory and regulatory requirements, are defined;

b) It has the ability to meet the defined requirements and substantiate the claims for the products and services it offers.

8.2.3 Review of requirements related to products and services

ST.ROCK has review, as applicable:

a) requirements specified by the customer, including the requirements for delivery and post-delivery activities;
b) requirements not stated by the customer, but necessary for the customers' specified or intended use, when known;
c) additional statutory and regulatory requirements applicable to the products and services;
d) Contract or order requirements differing from those previously expressed.

8.2.4 Changes to requirements for products and services

ST.ROCK ensure that relevant documented information is amended, and relevant persons are made aware of the changed requirements, when the requirements for products & services are changed.

8.3 Design and development of products and services

Excluded

8.4 Control of externally provided products and services

8.4.1 General

ST.ROCK ensure that externally provided processes, products, and services conform to specified requirements.

ST.ROCK establish and apply criteria for the evaluation, selection, monitoring of performance and re-evaluation of external providers based on their ability to provide processes or products and services in accordance with specified requirements.

ST.ROCK retains appropriate documented information of the results of the evaluations, monitoring of the performance and re-evaluations of the external providers.

Refer: Outsourced processes, List of Supplier, Supplier Rating Form and Supplier Assessment

8.4.2 Type and extent of control of external provision

In determining the type and extent of controls to be applied to the external provision of processes, products and services, ST.ROCK take into consideration:

a) The potential impact of the externally provided processes, products and services on the ST.ROCK ability to consistently meet customer and applicable statutory and regulatory requirements;

b) The perceived effectiveness of the controls applied by the external provider.

ST.ROCK establish and implement verification or other activities necessary to ensure the externally provided processes, products and services do not adversely affect the ST.ROCK ability to consistently deliver conforming products and services to its customers.

Processes or functions of the ST.ROCK which have been outsourced to an external provider remain within the scope of the ST.ROCK quality management system; accordingly, the ST.ROCK consider a)

and b) above and define both the controls it intends to apply to the external provider and those it intends to apply to the resulting process output.

8.4.3 Information for external providers

ST.ROCK communicate to external providers applicable requirements for the following:

a) the products and services to be provided or the processes to be performed on behalf of ST.ROCK ;
b) approval or release of products and services, methods, processes or equipment;
c) competence of personnel, including necessary qualification;
d) their interactions with the organization's quality management system;
e) the control and monitoring of the external provider's performance to be applied by the organization;
f) Verification activities that the organization, or its customer, intends to perform at the external provider's premises.

The organization shall ensure the adequacy of specified requirements prior to their communication to the external provider.

8.5 Production and service provision

8.5.1 Control of production and service provision

ST.ROCK implement controlled conditions for service provision, including delivery and post-delivery activities.

Controlled conditions include,

a) the availability of documented information that defines the characteristics of the product and services;
b) the availability of documented information that defines the activities to be performed and the results to be achieved;
c) Monitoring and measurement activities at appropriate stages to verify that criteria for control of processes and process outputs, and acceptance criteria for products and services, have been met.
d) the use, and control of suitable infrastructure and process environment;
e) the availability and use of suitable monitoring and measuring resources;
f) the competence and, where applicable, required qualification of persons;
g) the validation, and periodic revalidation, of the ability to achieve planned results of any process for production and service provision where the resulting output cannot be verified by subsequent monitoring or measurement;
h) The implementation of products and services release, delivery and post-delivery activities.

8.5.2 Identification and traceability

Where necessary to ensure conformity of products and services, ST.ROCK use suitable means to identify process outputs.

ST.ROCK identifies the status of process outputs with respect to monitoring and measurement requirements throughout service provision.

Where traceability is a requirement, ST.ROCK control the unique identification of the process outputs, and retain any documented information necessary to maintain traceability.

8.5.3 Property belonging to customers or external providers

Customer property like samples from customer or drawings / specification provided for use or for incorporation into the product is suitably identified, verified, protected and safe guarded. If any customer property is lost or damaged or found to be unsuitable for use, the same shall be reported to the customer and records shall be maintained as per control of records procedure no. PM/01.

Specifications, drawings, and technical information received from the customer is treated as the intellectual property of the customer & is also protected for its secrecy as appropriate.

8.5.4 Preservation

ST.ROCK ensures preservation of process outputs during production and service provision, to the extent necessary to maintain conformity to requirements.

8.5.5 Post-delivery activities

ST.ROCK meet requirements for post-delivery activities associated with the services. In determining the extent of post-delivery activities that are required, ST.ROCK considers:

a) The risks associated with the services;

b) The nature, use and intended lifetime of the services;

c) Customer feedback;

d) Statutory and regulatory requirements.

8.5.6 Control of changes

ST.ROCK review and control unplanned changes essential for service provision to the extent necessary to ensure continuing conformity with specified requirements. ST.ROCK retain documented information describing the results of the review of changes, the personnel authorizing the change, and any necessary actions.

8.6 Release of products and services

ST.ROCK implement the planned arrangements at appropriate stages to verify that product and service requirements have been met. Evidence of conformity with the acceptance criteria are retained.

The release of products and services to the customer is not proceed until the planned

Arrangements for verification of conformity have been satisfactorily completed, unless otherwise approved by a relevant authority and, as applicable, by the customer. Documented information provides traceability to the person authorizing release of products and services for delivery to the customer.

8.7 Control of nonconforming process outputs, products and services

ST.ROCK ensure process outputs, products and services that do not conform to requirements are identified and controlled to prevent their unintended use or delivery. ST.ROCK takes appropriate corrective action based on the nature of the nonconformity and its impact on the conformity of products and services. This applies also to nonconforming products and services detected after delivery of the products or during the provision of the service.

ST.ROCK deal with nonconforming process outputs, products and services in one or more of the following ways:

a) Correction;

b) Segregation, containment, return or suspension of provision of products and services;

c) Informing the customer;

d) Obtaining authorization for: use "as-is'; release, continuation or re-provision of the products and services; acceptance under concession. Where nonconforming process outputs, products and services are corrected, conformity to the requirements are verified. ST.ROCK retain documented information of actions taken on nonconforming process outputs, products and services, including on any concessions obtained and on the person or authority that made the decision regarding dealing with the nonconformity.

9 Performance evaluations

9.1 Monitoring, measurement, analysis and evaluation

9.1.1 General

ST.ROCK determine:

a) What needs to be monitored and measured?

b) The methods for monitoring, measurement, analysis and evaluation, to ensure valid results;

c) When the monitoring and measuring are performed;

d) When the results from monitoring and measurement is analyzed and evaluated.

ST.ROCK ensure that monitoring and measurement activities are implemented in accordance with the determined requirements and retain appropriate documented information as evidence of the results. ST.ROCK evaluate the quality performance and the effectiveness of the QMS.

9.1.2 Customer satisfaction

ST.ROCK monitor customer perceptions of the degree to which requirements have been met.

ST.ROCK obtain information relating to customer views and opinions of the ST.ROCK and its products and services.

Customer satisfaction evaluated through appraisals received for crew recruited.

Ref. Customer satisfaction Feedback, Customer Complaint Register

9.1.3 Analysis and evaluation

ST.ROCK analyze and evaluate appropriate data and information arising from monitoring, measurement and other sources.

The output of analysis and evaluation is used to:

a) Demonstrate conformity of products and services to requirements;

b) Assess and enhance customer satisfaction;

c) Ensure conformity and effectiveness of the quality management system;

d) Demonstrate that planning has been successfully implemented;

e) Assess the performance of processes;

f) Assess the performance of external providers

g) Determine the need or opportunities for improvements within the quality management system.

The results of analysis and evaluation is also be used to provide inputs to management review.

9.2 Internal audit

9.2.1 ST.ROCK conduct internal audits **Once a year** to provide information on whether the QMS;

a) Conforms to: the ST.ROCK own requirements for its QMS and the requirements of this International Standard;

b) Is effectively implemented and maintained.

9.2.2 ST.ROCK:
a) plan, establish, implement and maintain an audit program including the frequency, methods, responsibilities, planning requirements and reporting, which takes into consideration the quality objectives, the importance of the processes concerned, customer feedback, changes impacting on the STI, and the results of previous audits;
b) Define the audit criteria and scope for each audit;
c) Select auditors and conduct audits to ensure objectivity and the impartiality of the audit process;
d) Ensure that the results of the audits are reported to relevant management;
e) Take necessary correction and corrective actions without undue delay;
F) Retain documented information as evidence of the implementation of the audit program and the audit results.
Refer: Procedure for internal audit PM-03, internal audit reports.

9.3 Management review
9.3.1 Top management reviews the QMS, at Once a year frequency or earlier if required, to ensure its continuing suitability, adequacy, and effectiveness.
The management review is planned and carried out taking into consideration:
a) The status of actions from previous management reviews;
b) Changes in external and internal issues that are relevant to the quality management system Including its strategic direction;
c) Information on the quality performance, including trends and indicators for:
1) Nonconformities and corrective actions;
2) Monitoring and measurement results;
3) audit results;
4) Customer satisfaction;
5) Issues concerning external providers and other relevant interested parties;
6) Adequacy of resources required for maintaining an effective quality management system;
7) Process performance and conformity of products and services;
d) The effectiveness of actions taken to address risks and opportunities
e) New potential opportunities for continual improvement.

9.3.2 The outputs of the management review include decisions and actions related to:
a) Continual improvement opportunities;
b) Any need for changes to the QMS, including resource needs.
ST.ROCK retain documented information as evidence of the results of management reviews.
Refer: MRM Agenda, MRM reports

10 Improvement

10.1 General

ST.ROCK determines and select opportunities for improvement and implement necessary actions to meet customer requirements and enhance customer satisfaction.

This includes,

A) Improving processes to prevent nonconformities;

b) Improving products and services to meet known and predicted requirements;

c) Improving quality management system results.

10.2 Nonconformity and corrective action

10.2.1 When nonconformity occurs, including those arising from complaints, ST.ROCK

a) React to the nonconformity,

1) Take action to control and correct it;

2) deal with the consequences;

b) Evaluate the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by:

1) Reviewing the nonconformity;

2) Determining the causes of the nonconformity;

3) Determining if similar nonconformities exist, or could potentially occur;

c) Implement any action needed;

d) Review the effectiveness of any corrective action taken;

e) Make changes to the quality management system, if necessary.

Corrective actions are appropriate to the effects of the nonconformities encountered.

10.2.2 ST.ROCK retains documented information as evidence of:

a) The nature of the nonconformities and any subsequent actions taken;

b) The results of any corrective action.

10.3 Continual improvement

ST.ROCK continually improves the suitability, adequacy, and effectiveness of the QMS.

ST.ROCK consider the outputs of analysis and evaluation, and the outputs from management review, to confirm if there are areas of underperformance or opportunities that is addressed as part of continual improvement.

Annexure - I

QUALITY POLICY

We all at ST.ROCK are committed to provide education to not only meet but exceed requirements of our students & parents by clearly understanding their needs & expectations.

We shall strive to demonstrate transparency, timely provision of service and enhancement in the standard of education quality.

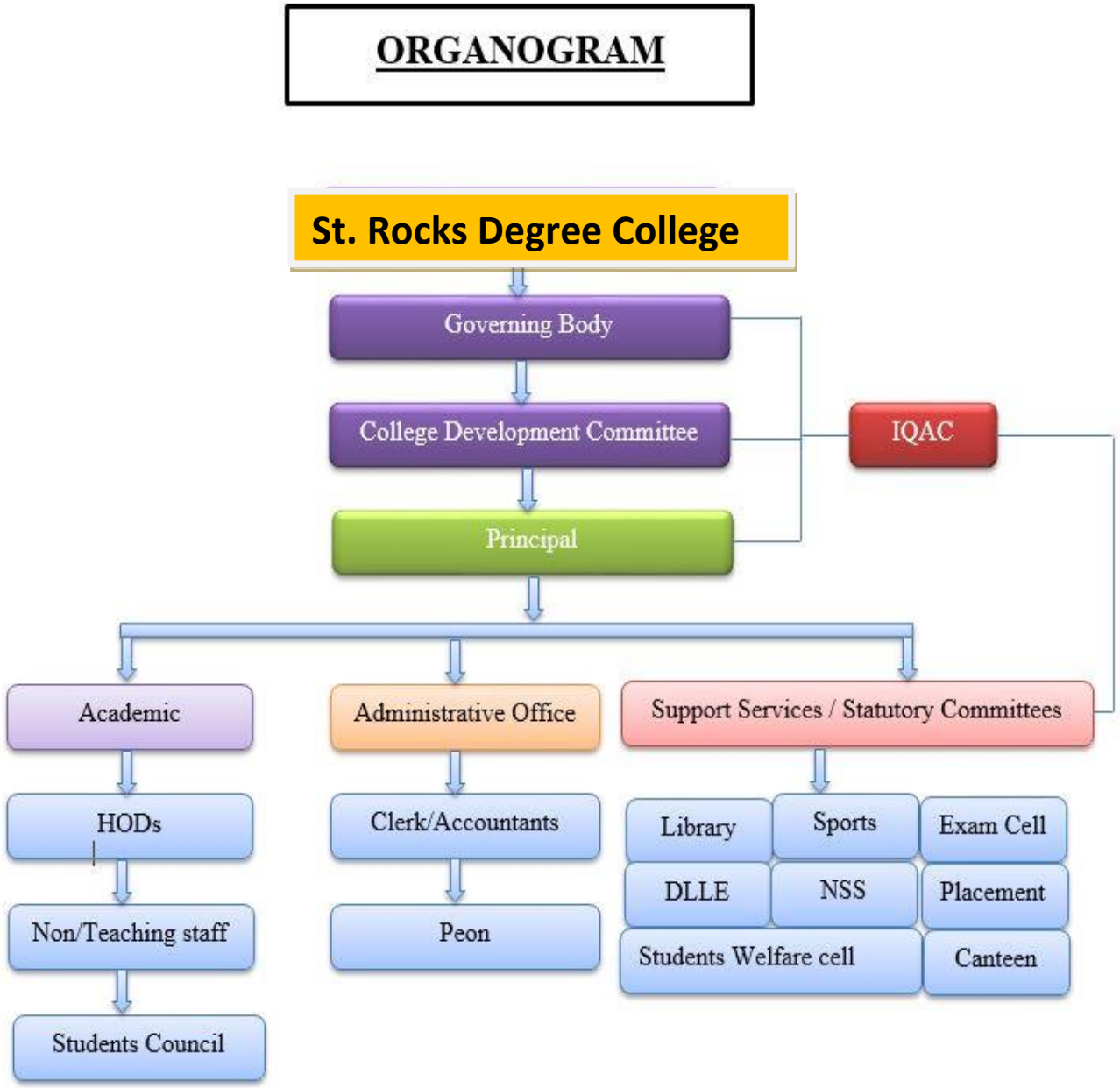
We shall continually improve each of our processes to enhance satisfaction of our students & parents. & abide by the State Directives. We will effectively involve each of our employees, our vendors of materials and services to make a difference in the living of people, we are committed to serve.

QUALITY OBJECTIVES

1. to get ISO 9001:2015 certification.
2. To improve housekeeping including cleanliness to the satisfaction of all.
3. to carryout 100% task on time.
4. To take ISO awareness at all College staff level.
5. To take customer feedback and carryout effective analysis for each department.
6. To provide minimum 10 hours training annually for each staff from education dept.
7. To maintain firefighting arrangements in the required areas.
8. To complete actions on 70% of checklist points.

Annexure 2 – Organization Chart

ORGANISATION CHART



Annexure - 3

Responsibilities and authorities of Principal, MR & QA Head

- Final decision making for all cases related to the organization.
- Select, evaluate and re-evaluate the Suppliers
- Determine & review the requirements related to the service/ work execution
- Accept or reject an offer / order
- Resolving differences related to the contracts with the students & parents.
- Finalize the work execution schedule and monitor the same with inspection
- Taking decisions regarding the disposition of non-conforming products/ services
- Taking decisions regarding the preventive & corrective action and ensure that the same are implemented adequately within target date
- Providing resources as per requirements
- Evaluation of various personnel and identification of training needs
- Approve all technical and commercial matters and chair the Management Review meetings
- Ensure that all requirements of the customer and other regulatory requirements are fulfilled and the quality management system is implemented throughout the organization
- To ensure that the quality policy and the quality objectives are effectively communicated and established within the organization and the same is well understood and fulfilled.
- To ensure that the Internal Audits, management reviews, employee trainings, Supplier evaluation results, calibration and others are performed in time
- Approve & issue all documents related to the quality management system
- Ensure control of documents & records. Arrange and convene the MRMs
- Planning for internal audits and other planning related to QMS
- Collection & analysis of data
- Ensuring that the quality assurance activities are properly performed at all locations
- Head of Quality Assurance, Calibration of measuring instruments
- Ensuring that the processes within the quality management system are established implemented and maintained.
- Reporting to the MRC regarding the performance of the quality management system and any need for improvement

Responsibilities and authorities of Office Assistant/Admin/Clerk

- Keep and maintain all sorts of office related records.
- Attend telephone calls and record details when required.
- Report to the Proprietor about the incoming mails and telephone calls.
- Preservation of records

Annexure 4 – Competency Matrix

Sr. No.	Designation	Min Qualification	Min Experience	Skills Desired
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Annex 5 Procedures

PM-01 Control of Document and Record

1.0 **PURPOSE:**

To establish and maintain a system for preparation, distribution control and updating of documents related to Quality Management System.

2.0 **SCOPE:**

Applicable to all QMS related Manual, Procedures, Work Instructions, forms specification etc.

4.0 **RESPONSIBILITIES:**

4.1 The Management Representative is responsible for the preparation, issue, revision, and amendment of Quality Management Manual and is also responsible for incorporation of amendments and issue of the documents.

4.2 The responsibility for preparation, revision / amendment and responsibility for approval of various documents is given below:

DOCUMENT	ISSUING AUTHORITY	APPROVING AUTHORITY
Quality manual	MR	Principal
Dept. Procedure/work instructions/ forms/exhibits etc.	MR	Principal
System related procedure/ work instructions/forms/exhibits etc.	MR	Principal

DESCRIPTION:

S.NO.	ACTIVITY	RESPONSIBILITY	REF. DOC
5.1	**Creation of Document**		
5.1.1	Determine the need of a document	***Any employee***	
5.1.2	Locate the person(s) for writing the document and discuss the requirements to be included in the document.	MR	
5.1.3	Prepare the draft document	Identified Author	
5.1.3.1	Procedure Document shall be prepared in the standard format giving ❖ Purpose ❖ Scope ❖ Definition ❖ Responsibilities ❖ Description ❖ References SOPs shall have following format: ❖ Purpose ❖ Responsibility ❖ Operating Procedure		
5.1.3.2	All Procedures must have the top block with their relevant details on the top of each page of the document as given on this page of the procedure.		

5.1.3.3	Forms or Registers / Log Books for use, shall be identified by document number, Issue number & Issue date, marked preferably at right hand top corner of form. COMPANY/ xxx ISSUE: NN / LL Where ST.ROCK - is Initial of ST.ROCK xxx- is initial of format title NN / LL - Issue No. / Revision No. Followed by Issue Date.		
5.1.3.3	Document numbering system: Documents are numbered as XX/YY/ZZ, where X stands for type of document For Ex.: QP- Quality Procedure FC – Flow Chart All formats, Lists, Registers are identified by their name YY stands for Departments: For Ex: GAD- general Admin. HTH- Health ANH- Animal Husbandry PRE – Primary Education ZZ stands for Running Serial Number		
5.1.3.4	If the form is of more than one page, the current page number and total number of pages (e.g. Page -- of --) is also marked in addition to the above, e.g. (Page -- of --)		
5.1.3.5	Registers and Log Books have document number on their cover pages. All pages of Register/Log Books are serially numbered.		
5.1.4	Receive the draft document from the Author.	MR	
5.1.5	Review the draft document with affected personnel/ depts.	MR	
5.1.6	Finalize the document and put up for approval	MR	

5.1.7	Approve the document	Approving Authority (See 4.2 above)	
5.1.8	Enter the details of Document No., Title & Issue No. in the Master List of document.	MR	ST.ROCK / MLD
5.2	**Issue Control**		
5.2.1.	Issue the Document to the concerned Dept. Heads with instructions, if any. Ensure that each page of the document (other than form) is duly stamped "**CONTROLLED**" and Master forms as "**SPECIMEN**". *In case of documents available on Softcopy /Shared LAN, the "controlled" word is replaced by **Password** that is being controlled by MR.* The master copy is the only hard copy of any document and is initialed in **Green** on each page by the author.	MR	
5.2.2	Keep the documents at an identified place to facilitate reference by concerned.	HOD	
5.2.3	Maintain a list of National and International Standards used for QMS. Keep them updated through regular interaction with standard Bodies.	MR	
5.2.4	Maintain records of documents of external origin e.g., various standards, manuals, journal etc. Keep them updated.	HOD	
5.3	**Document Changes/Revisions**		
5.3.1	Send request for changes in a document to MR.	Any employee	
5.3.2	Discuss the change proposal with concerned department's Head and forward a draft copy to originating department.	MR	
5.3.3	Follow steps 5.1.5 to 5.2.4		
5.3.4	Enter the details of document revision in the revision column in the Master List and issue the revised document to the same persons to whom originally issued. Note: after 20 amendments / revisions of a document the issue number changes to next issue no. or any revision in standard, new	MR	

	issue will be issued.		

Record Control

5.1	Record Identification	Responsibilities
5.1.1	Record identification is done for all records with file name and number.	MR
5.1.2	Collect the formats of all the records created in every department	-do-
5.1.3	Verify if the master format of the records exists in the "controlled" set of formats in the Formats Manual. If not, give the proper identification to the format of the record as per the "Procedure for Document & Data Control". Maintain a "Specimen" format of the record in the Formats Manual.	-do-
5.1.4	Update the record matrix to reflect the identified record details.	-do-
5.2	**Record Storage & Retrieval**	
5.2.1	Maintain efficient filing system for all records created in the department	HOD
5.2.1.1	For hard copies: maintain files according to the category of the records. Tag the files suitably for instant identification of the contents. Store the files in cabinets or cupboards as per the convenience of the user. Stick a list of all files on the inner side of the cabinet / drawer / cupboard in such a way that records can be easily located. E.g. the supplier database and all the supplier evaluation reports may be filed together while the Tag of the File mentions: Title: Supplier Details 1. Supplier Database 2. Supplier Evaluation Reports This file may be kept in Cupboard and the name of the file shall be appended to the List of Files stuck on inner	-do-

	side of the same cupboard door.	
5.2.1.2	For soft copies: create folders in the User PC as per the category of the records created by the user. Name the files for easy identification of the content. E.g. The PC No. 04 located in the Purchase Department may have the entire supplier data located in "C:\My Documents\ISO\PUR\". The name of the spreadsheet in which there is a list of all Suppliers may be named as "PUR-R-01 Supplier Database". And the name of the spreadsheet in which there is an evaluation report of a supplier M/s ST.ROCK Ltd., may be named as "PUR-F-01 Supplier Evaluation Report – ST.ROCK Ltd.".	-do-
5.2.2	Update the Record Matrix to reflect the location of the records	MR
5.3	**Record Protection**	
5.3.1	Determine the retention period of each records after reviewing the necessity of record availability as per financial, management, customer, statutory and regulatory requirements	MR
5.3.2	Determine record protection method	MR
5.3.2.1	For hard copies: determine periodic data compilation into reports for data analysis so that even if the hard copies are lost, the data will be available in the form of reports stored elsewhere.	-do-
5.3.2.2	For soft copies: determine data backup methods, frequency and location of the backup up data so that even if the soft copies are deleted, the data can be retrieved from backup copies stored elsewhere.	-do-
5.3.3	Update the Record Matrix to reflect the retention period and backup details.	-do-
5.4	**Record Disposal**	
5.4.1	Determine the methodologies of disposing records after the retention period. The disposal methodology shall be dependent on the criticality of confidentiality of the data to be disposed off.	MR

5.4.2	Update the record matrix for reflecting the disposal details.	MR

Reference: Master list of Document- ST.ROCK / MLD

Master list of Records- ST.ROCK / MLR

List of External Origin Document- ST.ROCK /LED

PM-02: Procedure for Non-Conforming Product/ Output

1.0 Purpose:

To establish the method to ensure, that the product or services/ output which does not conform to the requirements, is identified and controlled, to prevent unintended use or delivery.

2.0 Scope:

It is applicable to non-conformities observed with respect to the services of the organization.

3.0 Responsibility:

The overall responsibility of identifying, evaluating and segregation of non-conforming product or services lies with Department Head. The responsibility of disposition or rectification of non-conformities rests with Department Head.

4.0 Description:

Sr. No.	Activity	Responsibility	Doc/Ref. No.
5.1	Identify products which do not conform to requirements with respect to: a) QMS requirements b) Customer requirements c) Statutory or regulatory requirements	Any employee	
5.2	Inform the non-conformities observed in the department to HOD	-do-	
5.2.1	In case a deviation is observed after delivery or use has started, take corrective action for the consequences of non-conformity.	Designated Personnel	
5.3	Record the non-conformity in the Non-conformity Register.	-do-	ST.ROCK / NCR
5.4	Take corrective action/ rectification and plan preventive action and record. Inform regulatory	-do-	

Sr. No.	Activity	Responsibility	Doc/Ref. No.
	body if required.		
5.5	Evaluate and decide actions to be taken for disposition / rectification or concessions	-do-	
5.6	Record the action taken in non-conformity register.	-do-	

5.0 Reference:

6.1 Non-conformity Register: ST.ROCK / NCR

PM-03 Procedure for Internal Audit

1.0 Purpose:

To establish and maintain a system of Internal audits to verify whether quality activities comply with planned arrangements and to determine the effectiveness of the Quality Management system adopted by the organization.

2.0 Scope:

This procedure is applicable to all aspects of the Quality system for the implementation of Quality Management Systems.

3.0 Responsibility:

3.1 Management Representative is responsible for ensuring the implementation of this procedure. He is also responsible for the overall coordination of matters related to Internal Quality Audits.

3.2 Department Head - Responsible for providing necessary co-operation for conduct of audits and ensuring timely implementation of corrective actions arising out of such audits.

4.0 Description:

SR.NO.	Activity	Responsibility	Doc. Ref. No.
5.1	**Selection of Auditor(s)**	**MR**	
5.1.1	Select and appoint auditors based on their audit related qualifications	--do--	
5.2	**Planning the Audits**		
5.2.1	Prepare an Annual Schedule of Internal Quality Audits. The planning shall include at least 2 Internal Quality Audits in a year.	MR	ST.ROCK / IA-01

SR.NO.	Activity	Responsibility	Doc. Ref. No.
5.2.2	Prepare Audit Plans for each scheduled audit in advance. The audit plan shall include: a. Date of the Audit b. Areas to be audited c. Each area to have auditor independent of that activity d. The time slots of audit for each area e. The applicable clauses of the standard against which each area will be audited f. Timings for opening and closing meeting	--do--	ST.ROCK /IA-01
5.2.3	Circulate copies of the Annual Schedule and Audit Plans to each concerned departments / auditees and the Auditor(s)	--do--	
5.3	**Preparing for the audit**		
5.3.1	Collect information about the area to be audited	Auditor(s)	
5.3.2	Refer the past records of audits conducted on the area to be audited	--do--	
5.3.3	Prepare audit checklists / questionnaire to be used while conducting audit on the concerned area	--do--	
5.4	**Conducting Audit**		
5.4.1	Conduct the opening meeting as per the Audit Plan	Auditor(s)	
5.4.2	Audit the areas as per the Audit Plan.	--do--	
5.4.2.1	Record findings on the audit checklists / questionnaires.	--do--	
5.4.2.2	Collect objective evidences to support the findings.	--do--	

SR.NO.	Activity	Responsibility	Doc. Ref. No.
5.4.3	Discuss the findings with MR before finalizing the Non-conformances. Cross-verify the findings with other Auditors, if any, for conforming the results. Re-verify the findings with the auditee, if required.	--do--	
5.4.4	Conduct the Closing Meeting as per the Audit Plan	--do--	
5.4.4.1	Brief the auditees about the findings	--do--	
5.4.4.2	Disclose the Non-conformances to the auditees thru the use of NC format	--do--	**ST.ROCK / IA-03**
5.4.4.3	Conduct a root cause analysis of the non-conformance	Auditee	
5.4.4.4	Suggest the disposition / correction of the Non-conformity	--do--	
5.4.4.5	Suggest the Corrective Action to be taken to eliminate the root cause of the Non-conformity	--do--	
5.4.4.6	Decide on the target date of compliance to the suggested Corrective Action	--do--	
5.4.4.7	Analyze the CAR and write down the observations and / or any suggestion on the CAR	MR	
5.4.4.8	Retain the signed copy of the CAR and issue one photocopy of the same to the Auditor and one photocopy to the Auditee for record and follow-up.	--do--	
5.5	**Audit Reporting**	--do--	
5.5.1	Prepare a summary report of the Internal Quality Audit & submit to the Top Management for information	--do--	

SR.NO.	Activity	Responsibility	Doc. Ref. No.
5.5.2	Discus the Audit Report during the subsequent Management Review Meeting	--do--	
5.6	**Audit Follow-up**	--do--	
5.6.1	Verify compliance to all the Corrective Actions / Preventive Actions committed by the auditees. Ensure that the compliances are made within the target period specified.	MR	
5.6.2	In case of any non-adherence to the compliance requirements, discuss the status and the reasons with the auditee. Assist the auditee in solving any organizational or out of scope problems related to the Corrective Action / Preventive Action implementation. If required, involve Top Management for necessary support.	--do--	

Reference: Internal Audit plan- ST.ROCK / IA-01
Internal Audit Report- ST.ROCK / IA-02
NC Report- ST.ROCK / IA-03

PM-04- Procedure for Corrective Action

1.0 Purpose:

To establish a procedure for initiating corrective and preventive action, to prevent, recurrence of any non-conformity, and to eliminate potential causes of non-conformities.

2.0 Scope:

Applicable to all areas of Operation and Customer feedback

3.0 Responsibility:

Department heads are responsible for coordinating, recording & monitoring of all corrective and preventive action and informing MR of the above activities. The overall responsibility of establishing corrective and preventive action procedure at all functions of the organization lies with MR.

4.0 Description:

Sr. No.	Activity	Responsibility	Doc/Ref. No.
5.1	Corrective Action		
5.1.1	Whenever any nonconformity is observed during inspection/ audits / complaints or any deviation observed from documented system, enter the details in nonconformity register or CAR	Concerned Personnel / Auditor	ST.ROCK / NCR
5.1.2	Discuss the method of disposition with Concerned HOD and after disposition of nonconforming product, investigate reason for nonconformity and record.	Concerned Personnel in consultation with HOD	--do--
5.1.3	Discuss the results of investigation with the concerned person and determine corrective action to be taken.	-do-	--do--
5.1.4	Record the corrective action in nonconformity register / CAR and advice the concerned person for taking corrective action.	-do-	--do--

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