



QMS Stage 1 Audit Report

Name of the Organization	GURU GOBIND SINGH EDUCATIONAL SOCIETY'S TECHNICAL CAMPUS	
Address	NATIONAL HIGHWAY 18, KANDRA, CHAS, BOKARO - 827013, JHARKHAND, INDIA	
Site Address (If any)	Nil	
No. of Employees	40	
E mail id	info@ggsestc.ac.in	
Contact Person	Dr. Priyadarsni Jaruhar (Principle)	
Telephone/Fax	06542-265293	
Scope	B. TECH., M.B.A. & GGSESTC IAS ACADEMY	
Technical Area	Nil	
Audit Team	Lead Auditor: Mr. M. K. R Khan Technical Expert: N/A	Audit duration Man day(s): 1.5 Man Day
Date of Audit	12,13.05.2022	
Audit Objective	To evaluate the client's documented system, location & site-specific conditions and gather other details through discussions with the client's personnel to determine the organization's readiness for the Stage 2 Audit for Certification.	
Brief about the organization	Guru Gobind Singh Educational Society's Technical Campus" has been established by G.G.S.E.S. with the objective of imparting quality education in the field of Technology & Management at par with global standards. We have an excellent team of distinguished faculty members and world class infrastructure.	

CHANGE DETAIL

Audit Duration for Stage 1: 1.5 Man Day	
Are quoted man-days adequate?	Yes
Any change in employee detail?	No
Any Change in Scope?	No
Any additional Information:	None



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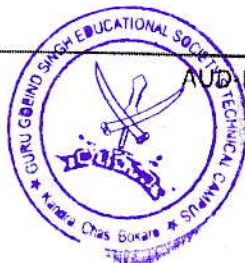
REQUIREMENTS	Status C/NC/O*	COMMENTS
Client Legal Identification	C	Entity: PAN: AAATG7874L F. No. Eastern/1-9322196141/2021/EOA Legal Act/Law: Right of Children to Free and Compulsory Education Act, 2009 The All India Council for Technical Education Act, 1987 University Grants Commission Act, 1956
Site-Tour	C	Organization chart visual, Collage infra is to clean and infra is properly maintained. Indicators, Reception, Library, Lab areas are separately divided. Mechanical and Electronics Lab available Computer Lab
QMS Document Reference	C	Manual is prepared by Mr. Anil Kumar Singh (System Administrator) and approved by Dr. Priyadarsni Jaruhar (Principle). Manual ref: GGS/MANUAL/01, Issue dated: 07.01.2022, Rev: 00.
Is Quality Policy and Objectives Designed, documented and Approved?	C	Policy and objective are managed by Mr. Anil Kumar Singh (System Administrator) and approved by Dr. Priyadarsni Jaruhar (Principle). Doc ref: GGS/MANUAL/01, Issue dated: 07.01.2022, Rev: 00.
Is scope of QMS Included in Manual and having boundaries?	C	Documented scope is "B. TECH., M.B.A. & GGSESTC IAS ACADEMY". Scope boundaries: NATIONAL HIGHWAY 18, KANDRA, CHAS, BOKARO - 827013. JHARKHAND, INDIA. Critical activity: No Scope and their boundaries are defined in manual Doc ref: GGS/MANUAL/01, Issue dated: 07.01.2022, Rev: 00.
Does manual include Details of exclusions with justifications?	C	Exclusion: 8.3 Justification: GGS is education centre and providing Technical and Degree courses so and 8.3 (Design and Development of product and services) is not required in organization. Exclusion and justification are visual in manual.
The risk Assessment & addressal are documented?	C	Risk assessment and treatment are defined in risk assessment register. Doc ref: GGS/RR01, Issue dated: 07.01.2022, Rev: 00.

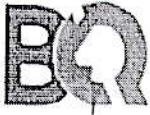




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REQUIREMENTS	Status C/NC/O*	COMMENTS
Are other procedures or control in support of QMS are defined and documented?	C	Quality procedure ref: GGS/PR, Issue dated: 07.01.2022, Rev: 00. Master list of document information doc ref: GGS/MST, Issue dated: 07.01.2022, Rev: 00.
Are records required by ISO 9001:2015 documented, implemented and maintained?	C	Required records of ISO 9001:2015 documented, implemented and verified by Principle.
Are internal audits conducted as planned and evidence of the audit programme(s) and the audit results available? (Frequency, Date of last internal audit conducted)	C	Internal audit procedure ref: GGS/PR-IA, Issue Date: 07.01.2022, Rev: 00. Last Internal audit schedule dated on 15.02.2022 by Mr. Anil Kumar Singh, appointed by Principle. Has ISO 9001 LA awareness training and certificate. IA frequency: Yearly Internal audit report available and verified, recorded 0 minor non-conformities.
Are Management reviews conducted as planned? (Frequency, Date of last MRM, Chaired by)	C	MRM procedure ref: GGS/PR-MRM, Issue Date: 07.01.2022, Rev: 00. Management Review Meeting is conducted on yearly basis and last meeting is conducted on Date: 21.03.2022. MRM record ref: GGS/MRM-AND, Rev: 00. MRM chaired by Dr. Priyadarsni Jaruhar (Principle). MRM agenda ref: GGS/MRM-AND, Rev: 00.
Evidence of the nature of nonconformities identified and subsequent actions and corrective actions taken?	C	Nonconformities procedure ref: REVA/PR-CA, Issue Date: 07.01.2022, Rev: 00. Nonconformities identified and subsequent actions and corrective actions taken by System Administrator.
Are evidences of the monitoring and measurement results documented?	C	Documented and verified by Mr. Anil Kumar Singh (System Administrator).
Do you have any feedback & complaints process?	C	Feedback and complaint forms available.
Is evidence of the competence of the resources available?	C	Competency matrix sheet is available with Mr. Anil Kumar Singh (System Administrator).
Is Operational planning and control Quality documented?	C	Yes, Documented. Ref: Operation Control procedure



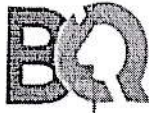


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REQUIREMENTS	Status C/NC/O*	COMMENTS
Is there any outsourced process Which is not covered in the scope but effecting the organization and is controlled by organisation?	C	Calibration, Printing
Review the allocation of resources for stage 2?	C	Yes

*C: Conformity, NC: Non-conformity, O: Observation





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AREA OF IMPROVEMNET (Areas of Improvement Which May Be Identified as Non-Conformities During Stage 1 Audit)	
Non-Conformities Raised: _00_ Minor Non-conformance _00_ Major Non-conformance _00_ Observation identified	

RECOMMENDATION	
Yes	Recommended Proceeding with Stage 2 (within 60 days from this audit date)
	Recommend not proceeding to stage 2 until audit evidence has been submitted to B4Q showing that the concerns raised by the auditor (s) have been rectified. A date for stage 2 will then be agreed.
	Recommend not proceeding without a further stage 1 Audit due to the severity of the concerns raised by the audit team

END OF REPORT





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Company Name	GURU GOBIND SINGH EDUCATIONAL SOCIETY'S TECHNICAL CAMPUS	Date/Duration of Audit: 25,26,27.05.2022
Type of Audit [(Stage 2, surveillance or recertification or special), (On-site or Virtual) & (Single / Combined / Joint / Integrated Management System)]	Stage-2 Virtual Audit	
Total Man-days	2.5 Man day	
Address	NATIONAL HIGHWAY 18, KANDRA, CHAS, BOKARO - 827013. JHARKHAND, INDIA	
Site Address (If any)	Nil	
Audit Criteria	Performance monitoring, measuring, reporting and review against key performance objectives and targets. Details on the client's management system and performance with regards to legal compliance. Operation control of the client's processes. Internal audits and management review, and Normative References on management systems	
Audit Objectives	To determine the capability and effectiveness of the organization's management system to ensure continual compliance with customer, statutory and regulatory requirements and in meeting its specified objectives and the conformity of the management system to stated criteria.	
Scope	B. TECH., M.B.A. & GGSESTC IAS ACADEMY	
Any deviation from the audit plan and their reasons	No	




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Any significant issues impacting on the audit programme;

No

Significant changes, if any, that affect the management system of the client since the last audit took place

No

For surveillance/Recertification/Special Audit, verify the following: N/A

- Closure of Previous NC & its effectiveness:
- Compliance of use of B4Q logo/marks & Applicable AB logo / marks, if applicable:
- Any changes with respect to management system:
- Any Complaints (interested party feedback):
- Any Change in Scope:
- Any additional Information:

Clause no.

C/NC/O/OFI

Finding

4. Context of the Organization

4.1 Understanding the Organization and its Context

C

Two types of context identified.

1. Internal Issue
2. External Issue

Issues are traceable from manual. Issues are selected by Mr. Anil Kumar Singh (System Administrator) and approved by Dr. Priyadarsni Jaruhar (Principle).



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		Doc ref: GGS/MANUAL/01, Issue dated: 07.01.2022, Rev: 00.
4.2 Understanding the needs and expectations of interested parties	C	<p>Interested Parties list: Govt. Body: Legal Compliances Student: Best education, Lab, Placement Faculty: Employment benefits, Salary hike on timely</p> <p>Doc ref: GGS/MANUAL/01, Issue dated: 07.01.2022, Rev: 00. Approved by Dr. Priyadarsni Jaruhar (Principle).</p>
4.3 Determining the Scope of the Quality Management System	C	<p>Scope: "B. TECH., M.B.A. & GGSESTC IAS ACADEMY "</p> <p>Address: NATIONAL HIGHWAY 18, KANDRA, CHAS, BOKARO - 827013, JHARKHAND, INDIA</p> <p>Exclusion: 8.3 Exclusion: GGS is education centre and providing Technical and Degree courses so and 8.3 (Design and Development of product and services) is not required in organization.</p> <p>Scope define in Manual doc ref: GGS/MANUAL/01, Issue dated: 07.01.2022, Rev: 00.</p>
4.4 Quality Management System and Its Processes	C	<p>Procedures and instructions are available and signed by Top Management.</p> <p>Organization chart visual in manual, verified by ref: GGS/MANUAL/01, Issue dated: 07.01.2022, Rev: 00.</p> <p>Quality procedure ref: GGS/PR/01, Issue dated: 07.01.2022, Rev: 00.</p> <p>Master list of document information doc ref: GGS/MST, Issue dated: 07.01.2022, Rev: 00.</p> <p>Instruction ref: GGS/WI, Issue dated: 07.01.2022, Rev: 00.</p>
5. Leadership		





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5.1 Leadership and commitment 5.1.1 General 5.1.2 Customer Focus	C	Commitments are listed in manual. Statutory and regulatory requirements are identified. Commitments are applied on improvement of organization. Dr. Priyadarsni Jaruhar (Principle) authorized to Mr. Anil Kumar Singh (System Administrator) as Management Representative.
5.2 Quality policy 5.2.1 Establishing the quality Policy 5.2.2 Communicating the Quality Policy 5.3 Organizational Roles, Responsibilities and Authorities	C	Quality policy covered of collage function, ref: GGS/MANUAL/01, Issue dated: 07.01.2022, Rev: 00. Quality policy is design by Mr. Anil Kumar Singh (System Administrator) and signed by Dr. Priyadarsni Jaruhar (Principle). Quality policy is visual at company Site and displayed at organization valuable places. Policy is communication by: email, notice board, training etc. Evidence: Interviewed with Mr. Ravinder Singh (Accounts Clerk) and observed that they are aware about quality policy. Employee's roles and responsibilities are defined in responsibility sheet. Organization responsibility is provided by System Administrator along with appointment letter. Evidence: Employee Name: Mr. Mithilesh Kumar (Librarian) Qualification: Graduate Experience: 6 year Responsibilities: <ul style="list-style-type: none">• Ordering books, journals and other resources.• Cataloguing and keeping track of library materials.• Advising academics on materials for their courses.• Making sure all users can access library resources.• Responding to requests from students, staff and other library users.• Managing library staff.




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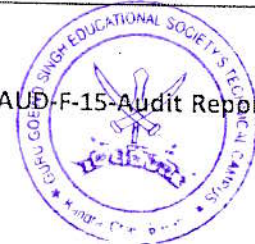
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6. Planning

6.1 Actions to address risks and opportunities	C	<p>Risk register is maintained and updated according to collage scope/process.</p> <p>Risk Register ref: GGS/RR01, Issue Date: 07.01.2022, Rev: 00.</p> <p>Register is identified with Administrative risk, Lab Risk and ownership and control plan with risk level.</p>
6.2 Quality Objectives and planning to achieve them	C	<p>Quality objective doc ref: GGS/MANUAL/01, Issue Date: 07.01.2022, Rev: 00.</p> <p>To achieve ISO 9001:2015 certificate Increase utilization of technology in the admission and enrollment processes. To increase the volume of student placement Invite 5+ company for place in the field of Technical education in every year batch.</p>
6.3 Planning of Changes	C	<p>Planning changes request form, Ref: GGS/F01, Issue Date: 07.01.2022, Rev: 00.</p> <p>Mr. Anil Kumar Singh (System Administrator) is responsible for planning changes.</p>

7. Support

7.1 Resources 7.1.1 General 7.1.2 People 7.1.3 Infrastructure 7.1.4 Environment for the operation of processes 7.1.5 Monitoring and measuring	C	<p>Staff accommodation, Parking provide to all faculty members.</p> <p>Resources required for management system are provided with requisite competencies.</p> <p>Infrastructure and environment for operations of process provided and monitored. Facilities like AC, water cooler, Ventilation system, emergency exit, medical available.</p> <p>Organization knowledge is maintained and access provided to employees</p> <p>Ref: Resource management.</p> <p>Calibration file of 2022 is maintained with certificate. Calibration file: GGS/CAL, Rev: 00. Evidence:</p>
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resources		Equipment Name: Hardness Tester with Touchscreen Modal: No: MGS42S Power Supply: 230 V AC, 50 Hz, Single Phase Rockwell Test Loads: 15, 30, 45, 60, 100, 150 kg Superficial Scale: 15T,30T,45T,15N,30N,45N, 15W,30W,45W,15X,30X, 45X,15Y,30Y,45Y Calibration Date: 15.04.2022 Error Pending: N/A
7.1.6 Organizational Knowledge		Interviewed with Mrs. Anuwartit Ekka (Office Assistant) and observed that she has knowledge about organization policy and objective.
7.2 Competence	C	Competency matrix ref: GGS/HR01, Issue date: 07.01.2022, Rev: 00. Evidence: Employee Name: Mr. Anil Kumar Singh (System Administrator) Qualification: Graduate Experience: 4 year Observed that his qualification, experiences are appropriate for his designation.
7.3 Awareness	NCR	ISO Awareness training conducted on 22.04.2022. Training duration: 01 Man day Training records ref: GGS/TR-01, Rev: 00. Training duration: 01 Manday Interviewed with Mr. Ved Murti Pandey (Store in-charge), observed that aware about ISO management system and their requirements. Training evaluation done by Prof. Puja Kumari (HR Department) However: Training evaluation format available but evaluation criteria is not according to training topic.
7.4 Communication	C	Communication procedure ref: GGS/COM01, Issue date: 07.01.2022, Rev: 00. Types of Communication and media:





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		Internal communication: Meeting, Notice board, emails and video conference External Communication: Emails, Cover Letter
7.5 Documented Information 7.5.1 General 7.5.2 Creating and Updating 7.5.3 Control of Documented	C	Quality procedure ref: GGS/PR/01, Issue dated: 07.01.2022, Rev: 00. Instruction file for student ref: GGS/WI, Issue dated: 07.01.2022, Rev: 00. Master list of document information doc ref: GGS/MST, Issue dated: 07.01.2022, Rev: 00. Risk register, Doc ref: GGS/RR01, Issue dated: 07.01.2022, Rev: 00. Creating and updating in documents and records managed by Mr. Anil Kumar Singh (System Administrator).
8. Operation		
8.1 Operational Planning & Control	C	Operation controlled procedure ref: GGS/OPR, Issue Date: 07.01.2022, Rev: 00. Instruction and technical specification are display at every machine in lab with picture visual. Admission Process method display at reception area. Proper cleaning and 5S followed. Notice board available.
8.2 Requirements for products and services 8.2.1 Customer Communication 8.2.2 Determining the requirements for Products and Services	C	Communication procedure ref: GGS/PR/PR-CM, Issue Date: 07.01.2022, Rev: 00. Courses name and semester fees are display at college prospectus and website also. Evidence: Student: Sudheer Singh Enrollment No: 19040201 Course: B. Tech (Civil) Pallavi Prasad (Student Counselor) is reviewer and change authority person for Services.





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8.2.3 Review of the requirements for Products and Services

8.2.4 Changes to requirements for Products and Services

8.3 Design and development

8.3.1 Design and development planning

8.3.2 Design and development inputs

8.3.4 Design and development controls

8.3.5 Design and development output

8.3.6 Design and development changes

8.4 Control of Externally Provided Processes, Products and Services

N/A

C

Exclusion: GGS is education centre and providing Technical and Degree courses so and 83 (Design and Development of product and services) is not required in organization.

Exclusion and justification are visual in manual.

Document ref: GGS/MANUAL/01, Issue dated: 07.01.2022, Rev: 00.

External service activity is handled by Mr. Ved Murti Pandey (Store in-charge).

External provider form ref: GGS/EXP-01, Issue date: 07.01.2022, Rev: 00.





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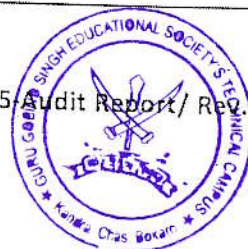
<p>8.4.1 General</p> <p>8.4.2 Type and extent of control</p> <p>8.4.3 Information for external providers</p>		<p>Purchase file: GGS/PUR-1, Rev: 00. Evidence: External Provider: Vidyarthi Computers Registration No: 72001 Date: 02.034.2022 Service: Computer Maintenance agreement Duration: 3 year</p> <p>External provider evaluation form ref: GGS/EXP-01, Rev: 00. Evidence: Supplier Name: Shree Sitara Stationers Stationery item supplier. Evaluation index: 45/50*, best in communication level.</p>
<p>8.5 Production & Service Provision</p> <p>8.5.1 Control of Production & Service Provision</p> <p>8.5.2 Identification and Traceability</p> <p>8.5.3 Property belonging to customers or external providers</p> <p>8.5.4 Preservation</p> <p>8.5.5 Post-delivery Activities</p> <p>8.5.6 Control of Changes</p>	C	<p>Evidence: Candidate Name: Danish Shaikh Enrollment No: 19020010 Course: MBA</p> <p>Identified by enrolment number.</p> <p>Feedback collected from student parents after college end.</p> <p>Student Data saved on cloud and also available with Department HODs.</p> <p>Mr. Anil Kumar Singh (System Administrator) is authorized person for control changes.</p>





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8.6 Release of Products & Services	C	Pass out student record and certificate copy carryout at Department HODs.
8.7 Control of Non-Conforming Products	C	Nonconforming outputs procedure ref: GGS/NCPR/01, Issue Date: 07.01.2022, Rev: 00. CAPA is available against non-conformities product. Ref: Control of Non-conformity
9. Performance Evaluation		
9.1 Monitoring, measurement, analysis and evaluation 9.1.1 General 9.1.2 Customer Satisfaction 9.1.3 Analysis and evaluation	C	Monitoring, Measurement, Analysis and Evaluation of services is carried out periodically. Student satisfaction is monitored. Supplier performance is evaluated and monitored. Ref: Managing Performance and Measurement
9.2 Internal Audit 9.3 Management Review 9.3.1 General 9.3.2 Management Review Meeting Inputs 9.3.3 Management Review Meeting outputs	C	Internal audit procedure ref: GGS/PR-IA, Issue Date: 07.01.2022, Rev: 00. Last Internal audit schedule dated on 15.02.2022 by System Administrator, appointed by Dr. Priyadarsni Jaruhar (Principle). IA frequency: Yearly Internal audit report available and verified, recorded 0 minor non-conformities. Nonconformities procedure ref: GGS/PR-NCR, Issue Date: 07.01.2022, Rev: 00. Nonconformities identified and subsequent actions and corrective actions taken by Admin. Corrective Action procedure ref: GGS/PR-CA, Rev: 00. Correction action form ref: GGS/CA, Rev: 00.




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		<p>MRM procedure ref: GGS/PR-MRM, Issue Date: 07.01.2022, Rev: 00. Management Review Meeting is conducted on yearly basis and last meeting is conducted on Date: 21.03.2022. MRM chaired by Dr. Priyadarsni Jaruhar (Principle).</p> <p>MRM agenda ref: GGS/MRM-AND, to all staff.</p> <p>There are notes evident, however no specific action item identified except stress on internal audit and performance tracing on due timelines.</p>
10. Improvement		
10.1 General	C	Feedback is in electronic form, and it is stored electronically.
10.2 Nonconformity and corrective action	C	Nonconformities procedure ref: GGS/PR-CA, Issue Date: 07.01.2022, Rev: 00. Corrective Action procedure ref: GGS/PR-CA, Rev: 00. Correction action form ref: GGS/CA, Rev: 00.
10.3 Continual improvement	C	QMS review and improvement is defined; this is identified as an annual exercise stressing entire QMS shall be reviewed and objectively looked for revision by Oct 2022.
Additional Notes		





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Any unresolved issues:(if any record the same)

✓
✓
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Disclaimer:

Auditing is based on a sampling process of the available information and that consequently there will always be an element of uncertainty present in auditing evidence, which may be reflected in the audit findings.

Non-Conformities Raised

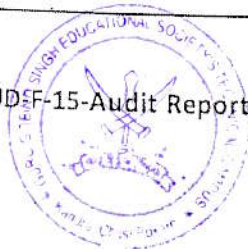
01 Minor Non-conformance

Major Non-conformance

Observation identified

Recommendation (Yes / No):

Yes	The Quality Management System complies with the requirements of the reference standard, Confirmation of Client scope found appropriate & Audit objectives are fulfil during the audit. Congratulations, on the basis of the above summary, Lead Auditor is pleased to put forward a recommendation for Certification .
	The Quality Management System complies with the requirements of the reference standard & Confirmation of Client scope found appropriate & Audit objectives are fulfil during the audit with exception of minor NC: Congratulations, Lead Auditor is pleased to put forward a recommendation for Certification , upon off-site verification of closure of all issues within 60 days from the date of Stage 2audit. Responses to the non-conformances should be submitted to B4Q and must include supporting evidence of closure to allow for off-site verification. In responding to the non-conformances, the organization should consider the root cause of the non-conformance and the potential for related issues in other parts of system. If all non-conformances are not closed within 60 days, a full reassessment/ additionally assessment may be required.
	Evidence of major non conformities: Organization is not recommended for Certification at this time. A follow-up assessment will be scheduled to allow for on-site verification and closure of all issues within 60 days from the date of Stage 2.



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	Once all non-conformances are closed, the recommendation for Certification may be made. Responses to the non-conformances should be submitted to B4Q within 45 days and must include supporting evidence. In responding to the non-conformances, the organization should consider the root cause of the non-conformance and the potential for related issues in other parts of system. If all non-conformances are not closed within 60 days, a full reassessment may be required.
	Not Recommended: Organization is recommended for Suspension / Withdrawal / __Surveillance / Re-Certification of current Certification. A Stage 2 audit will be required, if Organization want to make statues Certified with Concern ISO Standard.
	<i>Proposed Audit Date for _May 2023_ Surveillance/re-certification Audit (After 11 months of Stage 2 audit/ __surveillance audit)</i>

I Mr. M. K. R Khan carried out this audit as above and submit this report to B4Q report reviewer. I hereby submitted the audit report of organization and my recommend for:

Certificate issue Maintenance Renewal Suspend Withdrawal Reduce/Extend Scope
of ISO 9001:2015 standard certificate to above mention organization.

Detail of Audit team: - Name of Lead Auditor: Mr. M. K. R Khan

Name of Auditor:

Name of Technical Expert:

Name of Observer:

End of the Report

