NGM College (Autonomous)

90, Palghat Road, Pollachi – 642 001
Coimbatore District,
Tamilnadu, INDIA

	NAME / DESIGNATION	USER SIGNATURE
Prepared By	Management Representative	
Reviewed & Approved By	NGM College (Autonomous)	
Issue No.: 02, Rev No.: 00	DATE : 04.12.2017	

_____

Revision History

Issue / Revision No.	Date	Amendment Details	Reason	Prepared By	Approved By
02 / 00	04.12.2017	Upgradation to ISO 9001:2015	Upgradation	MR	Principal

Prepared By:	Approved By:

_____

TABLE OF CONTENTS

ANNEXURE - I ORGANITATION CHART

ANNEXURE - II RISK AND OPPORTUNITIES REGISTER

1.0 General

Name and Address :   NGM College (Autonomous)
 90, Palghat Road, Pollachi – 642 001
 Coimbatore District,
 Tamilnadu, INDIA

Title   :   Quality Management System Manual

Ref. to Standard   :   Quality Management System ISO 9001: 2015

Scope of Certification   :

Sr. No.	Standard	Scope of Certification
1.	ISO 9001: 2015	Providing educational services leading to under graduation, post-graduation and Research degrees in arts and science disciplines.

2.0 Foreword

This manual describes the Quality Management System of NGM College (Autonomous), Pollachi. The requirements specified in the manual are aimed at achieving its commitment to Quality Policy & Quality Objectives; by preventing non-conformity at all stages and is to be used for guidance by all personnel who are part of the institution.

As committed towards protection of Quality Management System, NGM College (Autonomous), Pollachi, has been practicing Quality Management System in accordance with ISO – 9001: 2015.

To demonstrate its commitment to Quality Management System, NGM College (Autonomous), Pollachi has established Quality policy**.** The subsequent section describes the Institution structure, responsibilities and authorities to implement the Quality Management System. These sections are organized as per the content list and provide overall guidance about various activities and requirements.

THIS MANUAL ALSO SERVES AS A REFERENCE TO THE CUSTOMERS, SUPPLIERS, AUDITORS AND ALL INTERESTED PARTIES FOR THE PURPOSE OF UNDERSTANDING THE QUALITY MANAGEMENT SYSTEM FOLLOWED BY NGM COLLEGE (AUTONOMOUS), POLLACHI.

2.1 Revision Procedure

1. All revisions to this manual are authorized by PRINCIPAL

2. Changes are not implemented until revisions have been formally issued.

3. Document Rev. Number shall be incremented if any change is made. Rev. No will be incremented by 1, 2, 3 …. & so on.

4. The whole manual is controlled through assigning Issue No. The first issue will be identified as Issue No.01. In case of any major modification to the manual, the Issue no. will be changed to 02, and so on. Revision no. will be reset to 00.

5. Details of each change are recorded on Amendment sheet and Current Status of Revision, which will be reissued with each change.

6. MR ensures that revisions are incorporated in each copy of the manual.

3.0 Terms & Definitions

Terms

The intended meanings of the following terms as used in the manual of **NGM College (Autonomous), Pollachi** are as under:

a) Applicable: related to this Quality Management System or any referenced standard.

b) Appropriate: reasonable

c) Documented: written and stored in electronic media and/or as hard copies wherever required.

d) Learning: end result of a process

e) Shall: must

f) Suitable: reasonable for intended purpose.

g) Institution / Institution: NGM College (Autonomous), Pollachi.

h) Top Management: Principal and above.

i) Quality Management systems: Management system ensuring the quality of processes of NGM College (Autonomous), Pollachi.

Abbreviations:

NGM	**NGM College (Autonomous), Pollachi**
QMS	**Quality Management System**
CAR	**Corrective Action Request**
MR	**Management Representative**
CA	**Corrective Action**
PA	**Preventive Action**
IQA	**Internal Quality Audit**

Reference:

a) Clauses 3.0 - ISO 9001 : 2015

3.1 Institution Profile

NGM an Institution engaged in providing quality education to the youth has been growing consistently spreading its wings far and wide to offer a variety of educational programmes under one roof for over 60 years.

To provide facilities for higher education for students from high schools of Pollachi and Udumalpet Taluks, an organisation called "Pollachi Kalvi Kazhagam" was constituted in 1957 under the Presidentship of Shri S.P. Nallamuthu Gounder and the Secretaryship of Arutchelvar Dr. N. Mahalingam. The organisation took efforts to establish a College at Pollachi. Shri C. Subramaniam, former Minister of Finance evinced keen interest in this venture.

On the auspicious day of 12th July 1957 the College was opened by the Chief Donor Thiru S.P. Nallamuthu Gounder in the august presence of Arutchelvar Dr. N. Mahalingam and started functioning in a sprawling campus of 26 acres and a strength of 160 students in the Pre-University Course. The College was upgraded into a Degree College in July 1959. The College extended its service to the society with the introduction of co-education in the year 1975. All the Degree Courses have been semesterised since 1976. The College blossomed into a premier Institution of Post Graduate Degree Courses in 1979.

NGM College has developed into a premier Postgraduate teaching and Research Institution, offering 41 different programmes including UG, PG and Research. The College has 350 staff members and 5400 students. With the dedication of the New Centres – Dr. N. Mahalingam Centre for Research and Development, Nallamuthu Gounder Centre for Commerce and Management Studies, Sri S.P. Krishnaswamy Gounder Science Block, it has become a Centre of National importance under the benign care of the beloved Patron Arutchelvar Dr. N. Mahalingam, President Dr. B.K. Krishnaraj Vanavarayar, Vice-President Dr. S. Murugaiyan, Secretary Shri M.Balasubramaniam and Treasurer Shri S. Sivakumar. The Academic Excellence, high Research Potential, noteworthy Extension Services and valuable Placements are the outcome of the – Enlightened Management, Enriched Faculty and Energetic Students.

The Silver Jubilee of the institution was celebrated in all splendour in February 1984. Autonomy was conferred to the College by UGC in 1987. In the same year a novel component Value Education christened as Ethics and Culture was introduced. In 1994 the UGC offered Vocationalisation of degree programmes in a few departments. The Campus infrastructure is equipped with Internet and Intranet facilities. In 2004, Choice Based Credit System was introduced. The Institution has been awarded with ISO 9001:2000 Certification by the TUV Rheinland and awarded 'A' grade twice by NAAC. The College recently celebrated its Golden Jubilee with traditional fervour and enthusiasm in July 2007.NGMC with its glorious past and pompous present stands as one of the oldest colleges in Tamil Nadu.

3.2 Exclusions

Sl. No.	Standard Ref	Reference	Reason for Exclusion
1	ISO 9001-2015	None	

3.3 Institution Structure

Enclosed as Annex 1

3.4 Process Approach

NGM College (Autonomous), adopts a process approach in implementing and improving the effectiveness of a Quality Management system to enhance customer satisfaction.

Understanding and managing interrelated process as a system, contributes to the institution's effectiveness and efficiency in achieving its intended results.

This approach enables the institution to control the interrelationships and interdependencies among the processes of the system, so that the overall performance of the institution can be enhanced.

Management of the processes and the system as a whole can be achieved using the PDCA cycle with an overall focus on risk-based thinking aimed at taking advantage of opportunities to prevent undesirable results.
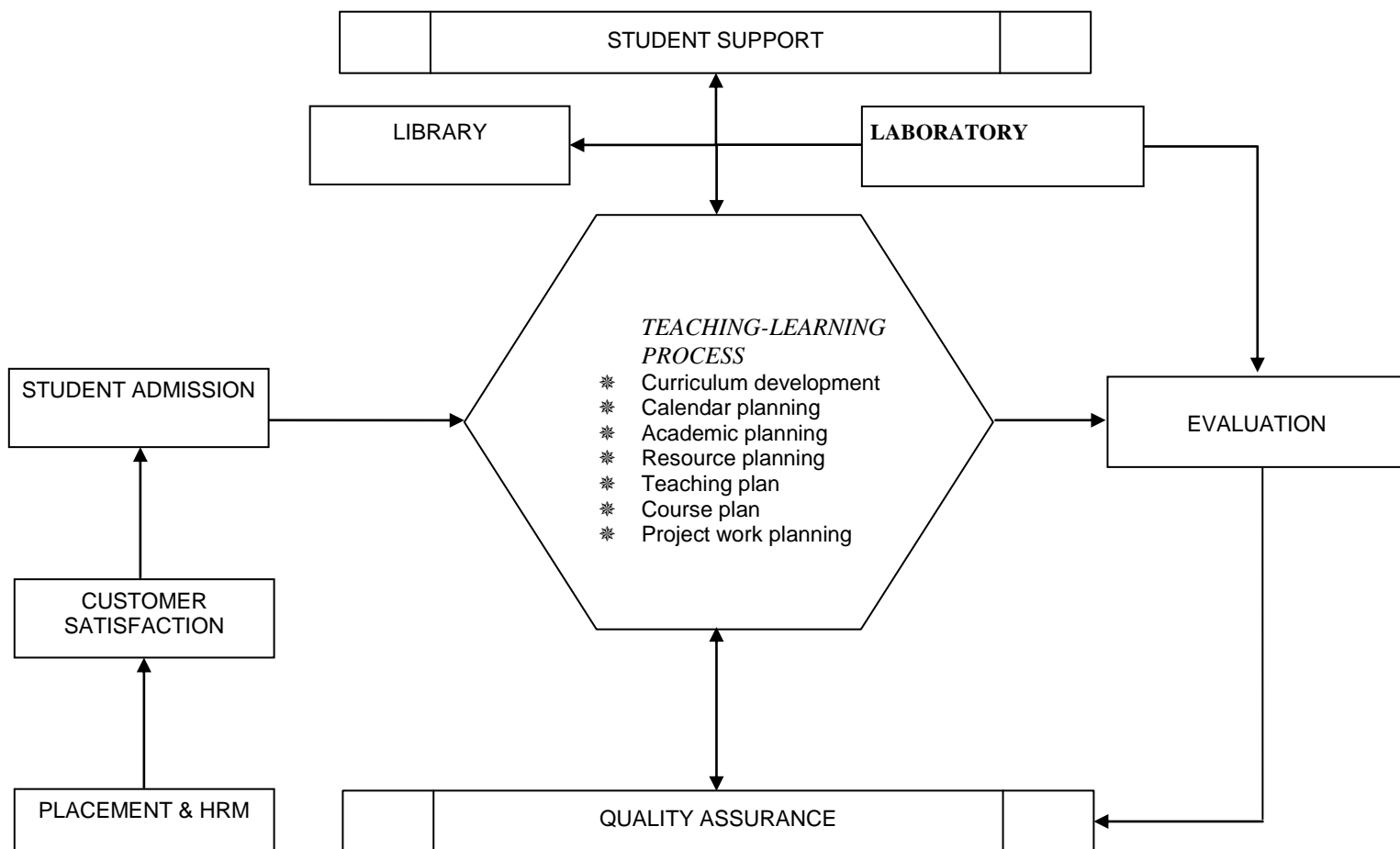
PDCA:

The PDCA cycle denotes:
— **Plan**: establish the objectives of the system and its processes, and the resources needed to deliver results in accordance with customers' requirements and the Institution's policies;
— **Do**: Implement what was planned;
— **Check**: Monitor and measure processes and the resulting products and services against policies, objectives and requirements and report the results;
— **Act**: Take actions to improve performance, as necessary

Schematic representation of process and its interactions:

Process flow chart given below is a representation of process and shows the interaction of its elements and its controls.

Process flow chart

```
                    ┌──────────────────────────────┐
                    │       STUDENT SUPPORT        │
                    └──────────────────────────────┘

    ┌──────────────┐                  ┌──────────────┐
    │   LIBRARY    │ ◄──────────────  │  LABORATORY  │
    └──────────────┘                  └──────────────┘

                    TEACHING-LEARNING
                    PROCESS
                    ❋ Curriculum development
                    ❋ Calendar planning
    ┌──────────────┐ ❋ Academic planning    ┌──────────────┐
    │   STUDENT    │→❋ Resource planning   →│  EVALUATION  │
    │  ADMISSION   │ ❋ Teaching plan        └──────────────┘
    └──────────────┘ ❋ Course plan
                    ❋ Project work planning
    ┌──────────────┐
    │   CUSTOMER   │
    │ SATISFACTION │
    └──────────────┘

    ┌──────────────┐    ┌──────────────────────────────┐
    │PLACEMENT&HRM │    │      QUALITY ASSURANCE       │
    └──────────────┘    └──────────────────────────────┘
```

4.0 Quality Management System

4.1   Understanding the Organisation and its contents.

NGM College (Autonomous), has established, implemented, documented and maintained a Quality management system to ensure that the services provided by the institution conforms to customer requirements and to ensure that appropriate control is exercised on the activities having an impact on quality. Opportunities for continually improving the institutional performance in terms of the quality parameters as per the requirements of the ISO 9001:2015 international standard are also identified.

4.2& 4.3 Needs, Expectations and Scope

The Management Representative is responsible for the preparation and updating of the Quality management systems manual and processes having institution wide applicability, which are referred to in this manual. The various documents pertaining to the Quality management system at NGM College (Autonomous), are controlled as per the document control process.

To implement the Quality management systems, NGM College (Autonomous),has

a) Determined the processes in the Institution to ensure appropriate control on these activities so that customer, statutory and regulatory requirements are met and the Institution is also able to control the quality aspects & risks of its activities. These processes are identified as below:

    i. Admission

    ii. Recruitment

    iii. Training

    iv. Curriculum development, Teaching and learning

    v. Customer feedback, complaints / management

    vi. IT and Administration

    vii. Library

    viii. Purchase & Stores

    ix. Placement

    x. Hostel

b) Determined the criteria and methods required to ensure the effective operation and control of these processes as defined in the Quality Management System.

c) Ensured the availability of information necessary to support the operation and monitoring of these processes as per Quality management system. All the information necessary to support the operation and monitoring of the processes is captured in the form of this management system documentation and is made available to all users as required. Resources required such as equipment, manpower and appropriate work environment have also been provided.

d) Ensured that monitoring, measurement and analysis of these processes is carried out so as to make sure that planned results are achieved and steps are taken to continually improve these processes.

Outsourced activities at NGM College (Autonomous),are clearly identified and documented as part of the documentation and the controls exercised are captured in the documentation pertaining to the specific departments who are interacting with the external resources or agencies. The degree of control shared is decided considering the potential impact of the outsourced process activities on college and purchasing activities. The controls exercised are clearly to the extent of the quality requirements of the specific activities and verification of conformity to requirements. The management system manual provides necessary procedures and documentation so that employees/members are able to understand and implement the Quality management system. In preparation of the Quality management system, due consideration is given to methods used, skills needed and the training required by personnel involved in carrying out the various activities. It is also ensured that the management system is effectively implemented and reviewed for continual improvement.

4.4   Documentation requirements

4.4.1   General

NGM College (Autonomous),Quality management system documentation includes

a)   Quality management systems manual with Quality policy and reference to objectives, targets and management programs.

b)   Documented information specified by the ISO 9001:2015 standard and other regulations as required by the university and institution

c)   Records/Formats/Registers as required.

d)   Other documents, records and procedures needed by the individual departments
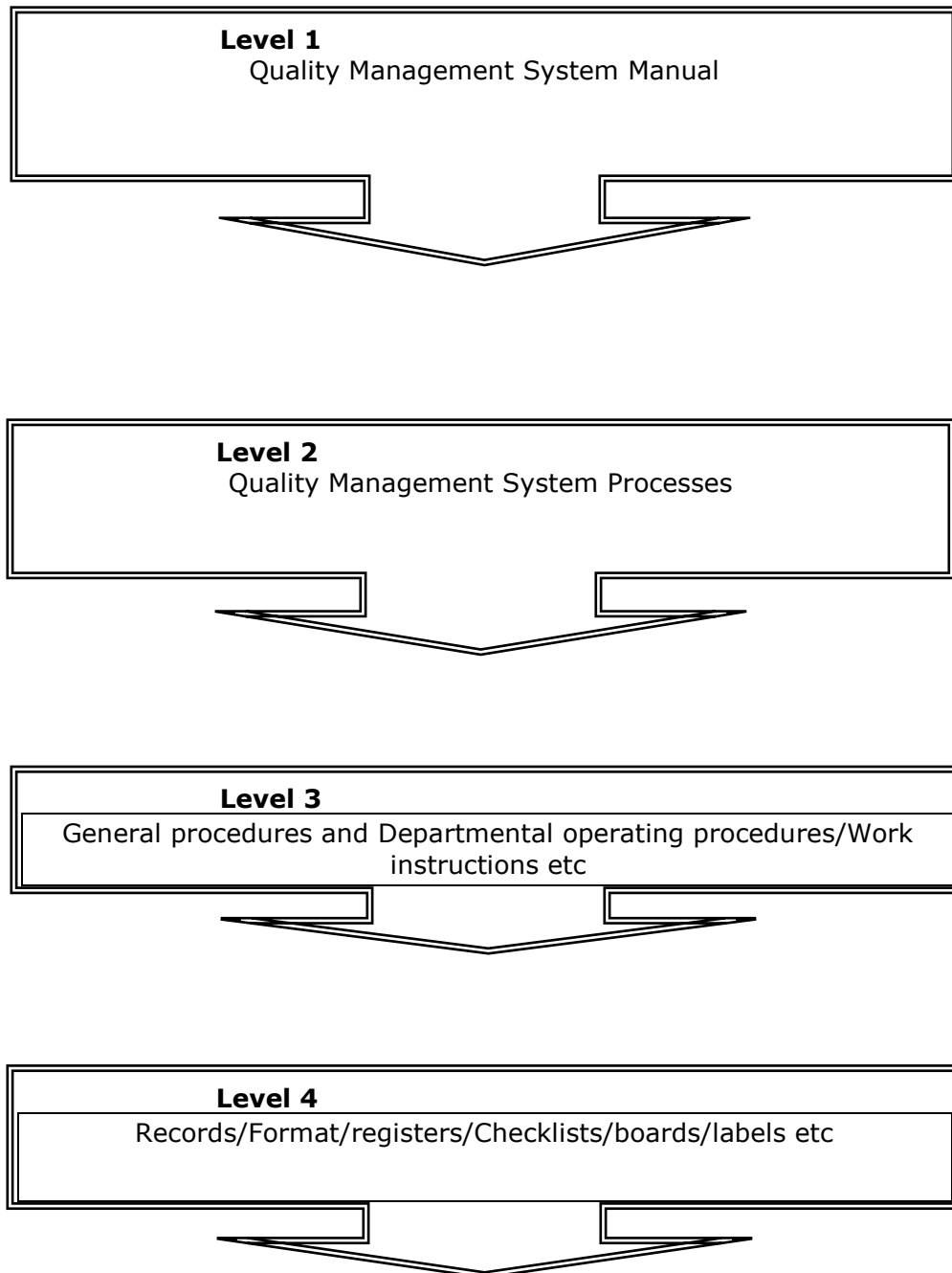
4.4.2   Quality Management Systems Manual

NGM College (Autonomous), has established and implemented a Quality management systems manual which includes:

a)   The scope of the Quality management system, including details of exclusions and justifications for the exclusions.

b)   References to the processes needed for the effective implementation of the Quality management system.

c)   Process approach defines- Sequence and interaction of the process and provides a description of the interaction between the processes.

d)   The QMS documentation (Quality Management Systems Manual) is prepared, issued and controlled by the MR. All other documents are issued and controlled as per the documented information management and control process of the institution.

The structure of the Quality management system documentation is as below:

Level 1
Quality Management System Manual

Level 2
Quality Management System Processes

Level 3
General procedures and Departmental operating procedures/Work instructions etc

Level 4
Records/Format/registers/Checklists/boards/labels etc

Maintaining and retaining documented information:

A procedure for document control is established for controlling new and existing documents including applicable external documents. This procedure given under the relevant section of this manual (7.5.3) ensures that:

a) Documents are approved for adequacy prior to issue.

b) Documents are reviewed, updated as necessary and re-approved.

c) Status of documents with respect to changes and current version of documents is clearly identified.

d) Relevant versions of documents are available at various points of use.

e) All documents remain legible and readily identifiable

f) This procedure also covers the distribution and control of documents of external origin such as customer/vendor/supplier documents and published national & international standards especially where these are required for NGM College (Autonomous),for planning and operating the Quality management system.

g) All obsolete documents are clearly identified so as to prevent even unintended use.

REFERENCE:

a) CL 7.5.3 - ISO 9001:2015   Control of documented information

5. Leadership

5.1 - LEADERSHIP AND COMMITMENT:

NGM College (Autonomous), focuses on customer approach, along with continuous efforts to improve quality for the success of the company. Above all, NGM College (Autonomous), believes that an ethical and corporate social responsibility along with a concern for the environment would take the institution to greater heights.

Quality has been the key to the institutions success, harmonized by a network that ensures their services to the customers as and when they require. Sophisticated Equipment, trained manpower and an unrelenting commitment to quality have played an important role in developing NGM College's (Autonomous), services as a choice for quality conscious customers.

5.2 QMS POLICY

Quality policy for the institution has been derived from the vision and mission of the institution depicting its commitment to exceed the expectations of interested parties and continual improvement in all possible ways, with every one's participation. This policy is reviewed and revised as necessary with an approval of the authorized management personnel, regularly, to ensure that it meets the expectations of all the interested parties at anytime.

5.2.1   Developing the QMS policy

Top management shall establish, implement and maintain a quality policy that:
   a) is appropriate to the purpose and context of the Institution and supports its strategic direction;
   b) provides a framework for setting 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 Communicating the QMS policy

The QMS policy:
   a) Available, displayed and maintained as documented information;
   b) Communicated, understood and applied within the Institution;
   c) Available to relevant interested parties, as appropriate

To achieve this, we commit ourselves to:

   ▪ Comply with applicable legal and other requirements relevant to the QMS.
   ▪ Ensure that our Processes and Services are focused to deliver high quality products.

- Periodically review the Adequacy and Effectiveness of our systems and practices in respect of Quality.
- Demonstrate Continual Improvement in ensuring a Quality driven culture, by harnessing resources.
- Educate our Members (and Outsourced personnel / Service providers) through Training to ensure that Best Practices are adopted in their respective areas.
- Satisfy our customers & Stakeholders by meeting their requirements consistently

5.3 Roles, Responsibility and Authorities

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

Top management shall assign the responsibility and authority for:

a) Ensuring that the quality management system conforms to the requirements

b) Ensuring that the processes are delivering their intended outputs;

c) Reporting on the performance of the Quality systems and on opportunities for improvement

d) Ensuring the promotion of customer focus throughout the Institution;

e) Ensuring that the integrity of the Quality management system is maintained when changes to the quality management system are planned and implemented.

Management Representative

The appointed Management Representative, who irrespective of other responsibilities shall have the responsibilities & authorities as given below.

Responsibilities

➢ Ensuring the QMS is established, implemented, maintained and Continually Improved.

➢ Ensuring promotion of awareness of customer requirement across the Institution.

➢ Liaison with External agencies on matters relating to QMS.

➢ Organizing Internal Audits and Management Reviews**.**

➢ Controlling all documents related to QMS.

➢ Feedback to top management on the performance and effective functioning of the QMS.

➢ Organizing Management Review.

➢ Responsible to follow up on the timely completion of corrective actions.

➢ Ensure compliance to standard requirements.

➢ Maintain document and data control**.**

➢ To get the training needs from the employees and plan for the trainings related to QMS.

➢ To arrange and impart training.

➢ Ensure that the planning of QMS activities are designed to support the Institution's policies

➢ Define and communicate responsibilities and authorities in order to facilitate effective QMS

➢ Determine criteria and methods needed to ensure both the operation and control of the QMS

➢ Promote awareness of the Policies and Objectives at all levels of the Institution.

➢ identify persons to work with the management representative to support for QMS

Authority

➢ MR has Institutional freedom and authority to stop a non-conforming product from being processed further and a non-conforming process from being followed if deemed necessary.

➢ The Management Representative has the Institutional freedom to resolve matters pertaining to QMS.

References:

i.   Cl. 5.1 ISO 9001: 2015   Leadership and commitment

ii.   Cl. 5.2 ISO 9001: 2015   Policy

iii.   Cl. 5.3 ISO 9001: 2015   Organisation roles, responsibilities and Authorities

6.   Planning

6.1   Actions to address risks and opportunities

When planning for the Quality management system, NGM College (Autonomous), considers institutions context, needs and expectations of interested parties, determines the risks, and opportunities that need to be addressed to:

a) Assure that the QMS can achieve its intended results;

b) Enhance desirable effects;

c) Prevent or reduce, undesired effects including the potential for external Environmental conditions to affect the institution

d) Achieve continual improvement.

The Institution plans:

a) Actions to address the risks and opportunities;

b) Integration and implementation of the actions into its QMS Processes and evaluate the effectiveness of these actions.

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

d) Related to quality aspects the Institution will determine and access the compliance obligations.

e) Take these compliance obligations into account while establishing, maintaining and continually improving its Quality management systems

Actions will be reviewed in Management review meetings.

The risk and opportunities identified are enclosed as Annex 2.

6.2   QMS objectives and actions to achieve them

The Institution establishes quality objectives required for the Institution

The QMS objectives will be :

a) Consistent with the QMS policy;

b) Measurable;

c) Quality requirements;

d) Relevant to conformity of products and services and to enhancement of customer satisfaction;

The objectives will be documented, communicated to all levels, monitored and updated as appropriate in a planned manner.

To achieve the Objectives, the Institution will plan the resources, responsibilities and targets. The results will be reviewed in Management review meetings.

References:

i) CL 6.2 - ISO 9001:2015 Objectives and planning to achieve them.

7 Support

7.1 Resources

NGM College (Autonomous), determines and provides the resources needed for the establishment, implementation, maintenance and continual improvement of the Quality management system.

The institution considers the following resources:

a) Persons, Capabilities required for effective implementation of QMS.

b) Infrastructure necessary for the operation of its processes and to achieve conformity of products and services.

c) Environment (social , psychological , physical) required for the effective implementation of Quality management system.

d) Monitoring and measuring resources required to verify the conformity of products and services to requirements

e) Knowledge necessary for the operation of its processes and to achieve conformity of products and services.

7.2 Competence

The Institution Considers:

a) Identifies and provides the required competency to persons   for doing work under its control that affects the performance and effectiveness of the Quality management system.

b) Ensure that these persons are competent on the basis of appropriate education, training, or experience.

c) Retain appropriate documented information as evidence of competence.

7.3 Awareness

The Institution ensures that persons doing work under the Institution's control are aware of:

    a) Quality policy;

    b) Quality objectives;

    c) Their contribution to the effectiveness of the Quality management system, including the benefits of improved performance;

    d) Implications of not conforming with the requirements

7.4 Communication

The institution determines the internal and external communications relevant to the quality management system, including:

    a) What is to be communicated;

    b) when to communicate;

    c) whom to communicate;

    d) how to communicate;

    e) who communicates.

7.5 Documented information

The Institution's QMS system Contains:

    a) Documented information required by the Standards.

    b) Documented information necessary for the effectiveness of the QMS.

7.5.2 Creating and updating

When creating and updating documented information, the Institution shall ensure:

    a) Identification and description (e.g. a title, date, author, reference no.)

    b) Format (e.g. language, software version, graphics) and media(e.g. paper, electronic);

    c) Review and approval for suitability and adequacy.

7.5.3 Control of documented information

Documented information required by the Quality Management System will be controlled to ensure:

a) Adequate protection (e.g. from loss of confidentiality, improper use, or loss of integrity).

b) Availability and suitability of use when and where it is needed;

c) Distribution, access, retrieval and use;

d) Storage and preservation, including preservation of legibility;

e) Control of changes (e.g. version control);

f) Retention and disposition.

Procedure for maintaining documented information:

➢ MR controls the documents being used in the Institution as required by the Quality Management System

➢ The Documentation in the Institution is of four levels

➢ Level –I Corporate Quality Manual

➢ Level – II Quality System Procedure

➢ Level – III Lab Instructions/ Lab Manual

➢ Level – IV Formats, Registers

➢ The Level-I document is prepared by MR , and approved by Principal

➢ The Level – II documents are prepared by the HOD of Departments concerned and approved by Principal

➢ The Level-III documents are Prepared by the department Staff, approved by HOD

➢ The Level-IV documents are prepared by the department Staff and approved by HOD

➢ Level –I, II and IV documents are issued by MR and Level- III documents are issued by respective Section/ Department Incharges

➢ The documents are identified by adopting unique document numbering system as defined in the Annexure-I of this document

➢ All documents are given a suitable provision, which indicates the issue and revision status of the documents

- Up to ten revisions, the issue will be maintained as same and after ten revisions the issue number is changed and revision is made zero.
- The MR ensures that appropriate documents are made available at relevant points of use
- The DMR/MR maintains the "Master Copy" of the documents and ensures that only the "Controlled Copies" are being issued to the concerned personnel, (Document Issue Register. NGM/MR/REC/13)
- The current revision/ Issue status of various documents is maintained by MR in the Master List of Document NGM/MR/REC/07
- Any change in the documents is brought to the attention of the Management Representative through Document Change Note NGM/MR/REC/10
- MR reviews the required change and makes the necessary correction to revise documents and re-issues after getting approval from the authority concerned
- The old copies of the document are retrieved from the department and destroyed and new copies are issued to them. The Master copy of earlier revision is maintained as "Obsolete Copy"
- The MR ensures that all the documents of external origin are controlled through Master List of External Document

Document/ Record Reference

1. Master List of Document   NGM/MR/WD01
2. Master List of External document   NGM/MR/WD02
3. Document Change Note   NGM/MR/R10
4. Document Issue Register   NGM/MR/R13

Annexure –I

Document Numbering System

All the Documents are identified as discussed below:

a) Corporate Quality Manual

   Form Example:

NGM/CQM/XX

Where   NGM ⟶ Refers to NGM College

          CQM ⟶ Refers to the Corporate Quality System Procedure

          XX ⟶ Refers to the Running Serial Number

b) Quality System Procedure

For Example

NGM/QSP/01

Where NGM	→	Refers to NGM College
QSP	→	Refers to the Quality System Procedure
01	→	Refers to the Running Serial Number

c) Work Instructions

NGM/XXX/AA

NGM	→	Refers to NGM College
XXX	→	Refers to the respective departments
WD/LM	→	Refers to the Working Document/Lab Manual etc.,

For Example:

NGM/PHY/LM

Where	NGM	→	Refers to NGM College
	PHY	→	Refers to Physics department
	LM	→	Refers to the Lab Manual

NGM/MR/WD01

NGM	→	Refers to NGM College
MR	→	Refers to Management Representative
WD	→	Refers to the Working Document
01	→	Refers to the Number of Document

d) Records

NGM/XXXX/RYY

NGM	→	Refers to NGM College
XXXX	→	Refers to department code
R	→	Refers to Record/Form/ Register/Tag etc.
YY	→	Refers to running serial number

All the fourth level documents are codified with four alpha digit department code except Management Representative with two digit as "MR".

Also all the Academic department is prefixed with codes 'A', 'P', 'U' and 'B' respectively. "A" means Aided "P" means Post Graduate and "U" means Unaided "B" means both Undergraduate and Postgraduate in the Unaided followed with the department codification.

For Example:

NGM/MR/R01

NGM	→	Refers to NGM College
MR	→	Refers to Management Representative.
R	→	Refers to the Record/Form/Register/Tag etc.,
01	→	Refers to first record

NGM/AZOO/R01

NGM	→	Refers to NGM College
A	→	Refers to Aided
ZOO	→	Refers to Department of Zoology
R	→	Refers to Record/Form/ Register/Tag etc.,
01	→	Refers to first record.

For Example:

NGM/MR/R01

NGM	→	Refers to NGM College
MR	→	Refers to Management Representative.
R	→	Refers to the Record/Form/Register/Tag etc.,
01	→	Refers to first record

NGM/AZOO/R01

NGM	⟶	Refers to NGM College
A	⟶	Refers to Aided
ZOO	⟶	Refers to Department of Zoology
R	⟶	Refers to Record/Form/ Register/Tag etc.,
01	⟶	Refers to first record.

Procedure for retaining documented information:

- Special type of documents, providing evidence to the activities being carried out as per the Quality Management System are documented and retained in the form of records.
- Records are identified with the following Code No. NGM/XXXX/ RYY where

  - XXXX denotes departmental code
  - R denotes Quality Record
  - YY denotes Record Number

All the records are codified with four alpha digit department code except Management Representative which is codified with two digit as "MR".

The first alpha code denotes type of functioning like 'A', 'P', 'U' and 'B' respectively. "A" means Aided "P" means Post Graduate and "U" means Unaided followed with the department codification (applicable only for academic department).

- Records are maintained legibly.
- The records are arranged as per date-wise or branch and year wise or number wise
- All the records are maintained against any damage and it is ensured that the information is not lost
- All the records are stored at appropriate places so that the retrieval is easy
- All the records are retained as per the defined retention period and disposed off appropriately after the retention period

- The Management Representative maintains the Master List of Records NGM/MR/WD02, which summarizes the above points
- A copy of the List of Quality Records NGM/MR/WD03 is maintained by each department
- Master List of Records include, all the records maintained in the Institution by different departments/sections, as described below.

1.	Management Representative	MR
2.	NSS Activities	NSSA
3.	Office Administration	OFFC
4.	Controller of Examinations	COES
5.	Hostel	HOST
6.	Department of Tamil	ATAM
7.	Department of English	AENG
8.	Department of History	AHIS
9.	Department of Economics	AECO
10.	Department of Commerce	ACOM
11.	Department of Mathematics	AMAT
12.	Department of Physics	APHY
13.	Department of Chemistry	ACHM
14.	Department of Botany	ABOT
15.	Department of Zoology	AZOO
16.	Department of Computer Science	ACSC
17.	Department of Physical Education	APHD
18.	Library	ALIB
19.	P.G. Department of International Business (SF)	PMIB
20.	P.G. Department of Tamil (SF)	PTAM
21.	P.G. Department of English (SF)	PENG
22.	P.G. Department of Computer Application (SF)	PCAP
23.	Department of Tamil (SF)	UTAM
24.	Department of English (SF)	UENG

25. Department of Commerce (SF)	UCOM
26. Department of Computer Science (SF)	BCSC
27. Department of Business Administration (SF)	UBUA
28. Department of Computer Applications (SF)	UCAP
29. Department of Hindi (SF)	UHIN
30. Alumni Association and Training & Placement Cell	AAPL
31. Co- Curricular and Extra Curricular Activities	NSSC
32. Maintenance Department	MAIN
33. Department of Mathematics	UMAT
34. Department of Computer Center (SF)	UCOC
35. Department of Information Technology (SF)	UCIT
36. Department of B.Com(E-Commerce)(SF)	UBEC
37. PG Department of Master of Social Work (SF)	PMSW
38. Department of B.Com Finance (SF)	UBCF
39. Department of English Literature (SF)	UENL
40 .Department of Computer Technology (SF)	UCCT
41. Department of Commerce with Computer Application (M.Com.CA)(SF)	BMCA
42. APD & Fluency cell (SF)	APD
43. Department of B.Com with Professional Accounting (SF)	UPAC
44. Department of B.Com with Banking & Insurance (SF)	UBNI
45. P.G. Department of Botany	PBOT
46. P.G. Department of Chemistry	PCHM
47. Yoga Department	YOGD

Document / Record Reference

Department Level Records	(NGM/XXXX/RYY)

Reference:

i)   CL 7 - ISO 9001:2015 Support.

8 Operation

8.1 Operational planning and control

NGM College (Autonomous) plans, implements and controls the processes needed to meet the requirements of the Quality Management Systems by:

   a) Determining the requirements for the services;

   b) Establishing operating criteria for processes, acceptance of services.

   c) Determining the resources needed to achieve them.

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

   e) Establishing controls and determining its   quality requirements for the procurement of products and services, consistent with life cycle perspective.

   f) Determining and keeping documented information to the extent necessary.

   g) Any other applicable statutory and regulatory requirements.

8.2 Requirements for products and services

A) Customer communication

Communication with customers includes:

   a) Providing information relating to products and services;

   b) Handling enquiries, contracts or orders, including changes;

   c) Obtaining customer feedback relating to products and services, including customer complaints;

   d) Handling or controlling customer property;

   e) Establishing specific requirements for contingency actions, when relevant.

   f) Communicating its relevant Environmental requirements to External providers

B) Determine and review the requirements related to products and services

When determining the requirements for the products and services to be offered to customers, the Institution shall ensure that:

   a) the requirements for the products and services are defined, including:

         i.   any applicable statutory and regulatory requirements;

        ii.   those considered necessary by the Institution;

C) The Institution retains documented information,

    a) Results of the review;

    b) Any new requirements for the products and services

8.3 Design and development of products and services

8.3.1 General:

NGM College is an autonomous institution and hence the requirements specified under this clause are fully applicable. The planning, scheduling and delivery of the courses are carried out inline with the specifications defined in the curriculum developed by the institution following the guidelines and regulations provided by University Grants Commission (UGC). The procedure followed by NGM College (Autonomous) for curriculum development is given below.

8.3.2 Design and Development Planning:

NGM College plans and controls the design and development of the Syllabus during the following stages

- ❖ Framing of entirely a new Syllabus
- ❖ Making needed amendments in the existing Syllabus as to meet the new emerging trends in both education and Technology
- ❖ The review, verification and validation at each stage is done during the design review, design verification and design validation
- ❖ The person(s) responsible for each part is the concerned subject faculty or the department HOD or as appointed by the Principal and the University appointed Representative and Subject Experts
- ❖ The designing of any new syllabus is planned during the middle of the semester and the syllabus formation is carried out by the end of the semester for implementing in the forthcoming semester
- ❖ An Action Plan is drawn before the start of this process along with the concerned responsible persons for each activity
- ❖ The planning is noted at each stage in the Syllabus Planning Sheet NGM/COES/R01.

8.3.3 Design and Development Inputs:

- ❖ The inputs for the design and development of the syllabus includes various aspects
  - ▪ Previous year final result performance
  - ▪ Students performance at the Continuous Assessment Test
  - ▪ Time taken to complete the Syllabus within the semester
  - ▪ University Syllabus
  - ▪ Syllabus from other similar College(s)
  - ▪ NGM Faculty's experience
  - ▪ Alumini suggestions
  - ▪ Corporate/ industry needs where ever applicable.

Based on the above and also from the inputs by the Principal and the Secretary are taken and the designing of the syllabus process is initiated.

All these inputs which, may be in different forms are consolidated and recorded in the Syllabus Input Form NGM/COES/R02.

8.3.4 Design and Development Controls (Review, Verification and Validation):

Review:

- ❖ On implementing the syllabus, the concerned faculty is requested by the HOD to discuss the problems and difficulties faced during teaching and the need for any further necessary corrective actions required. This feedback is received from the faculty concerned after a minimum of one month of teaching the new syllabus
- ❖ The performance of the student in the continuous assessment test, faculty teaching time in completing the syllabus within the scheduled lesson plan and the students' ability of perception in grasping the course are determined.

- ❖ This grasping ability is identified through the student's feedback form, which is received by the end of the semester
- ❖ Based on the above, the same is discussed in the subsequent Management Review Meeting and the decision for further modification and incorporation of any changes, are recorded with time and person responsible for further ratification.
- ❖ The reviews are recorded in the Syllabus Review Form NGM/COES/R04.

Verification:

- ❖ Before implementing the newly designed syllabus, all the design inputs and the arrived outputs are verified for compliance
- ❖ This is done to ensure whether all the input points are taken care during the formation of the syllabus
- ❖ During verification, if any deviations are observed, the same are recorded in the Syllabus verification form NGM/COES/R05.

Validation:

- ❖ Since the finalized Syllabus cannot be verified nor can be validated on its cent percent assurance, the same cannot be taught as a trial teaching because it involves time and the students could not be involved in trial sample.
- ❖ Hence the delivery of the syllabus is done taking into account the following probable outcomes:

  - The students attention towards the newly designed subjects
  - Student's performance in the Continuous Assessment Tests
  - Number of failures in the subjects
  - Number of extra hours taken by the concerned faculty due to lack of understanding of the new syllabus
  - Overall percentage scored in the final examination by the students
  - Faculty's ability in completing the syllabus within the prescribed time as laid down in the Lesson Plan

❖ Based on any of the above parameters the validation of the newly designed syllabus is done

❖ The validation of the syllabus is recorded in the Syllabus validation Form NGM/COES/R06

8.3.5 Design and Development Outputs:

The output of the syllabus designed is further analyzed from different points based on the Design and Development Inputs that follows

❖ First the outcome is presented to the Controller of Examinations from various input points

❖ The Controller of Examinations along with the concerned subject or department faculty or the HOD discusses from various angles with the student as the center.

❖ The outcome of this discussion is recorded as a draft syllabus. This draft syllabus is further discussed with the concerned subject HOD and other related department HODs, Principal and the Controller of Examinations

❖ On the arrival of the second draft, the same is discussed with the same members and with the University Representative

❖ With the approval, the final syllabus is arrived

❖ This approved syllabus will be implemented from the forthcoming semester

❖ This approved draft syllabus is maintained and recorded in the Syllabus Output Form NGM/COES/R03.

8.3.6 Design and Development changes:

❖ After finalization of the syllabus and the implementation of the same, if any deviation is observed in due to the following situations

- During verification
- During validation
- During implementation
- Any external circumstances
- Changes requested by the approving authority-University
- Changes requested by the customers
- Changes demanded due to the technological improvements and
- Changes demanded by the Industries

The changes in the syllabus shall be incorporated using the steps from 8.3.1 to 8.3.5

The changes made are recorded in the Syllabus Changes Form NGM/COES/R07.

Documents and Records:

1. Syllabus Planning Sheet   NGM/COES/ R01
2. Syllabus Input Form   NGM/COES/ R02
3. Syllabus Output Form   NGM/COES/ R03
4. Syllabus Review Form   NGM/COES/ R04
5. Syllabus Verification Form   NGM/COES/ R05
6. Syllabus Validation Form   NGM/COES/ R06
7. Syllabus Changes Form   NGM/COES/ R07
8. Syllabus   NGM/COES/WD01

8.4 Control of externally provided processes, products and services

a) The institution ensures that externally provided processes, products and services conform to requirements.
b) The institution determines the controls to be applied to externally provided processes, products and services
c) Monitors the effectiveness of the controls applied by the external provider

1. A system exists in order to ensure that all purchased and sub-contracted products or services meet the specified requirements. The Institution is responsible for quality of all products purchased or outsources from external providers, including customer-designated sources, if any.

2. This includes external provider (supplier / sub-contractor) evaluation, re-evaluation, selection and approval. The requirements relating to quality system and quality assurance are taken into consideration for evaluation of the supplier following *one or more* Criteria for the selection, evaluation and re-evaluation of external providers. The Criteria includes:

- Inspection of external provider's final product by NGM College (Autonomous), at external provider's convenience.
- Inspection of external provider's final product by NGM College (Autonomous), upon delivery.
- Surveillance of external provider's conformance to the NGM College (Autonomous)'s purchasing requirements.
- Verification by NGM College (Autonomous), ensures that the external provider's quality management system conforms to an internationally recognized quality management system standard/technical specification.

External providers providing special processes are validated & Records are maintained.

3. Customer approved sources shall be utilized if it contractually agrees with the customer. However the responsibility of assessing a product or service quality lies with NGM College (Autonomous).
4. The established system followed ensures the type and extent of control exercised over external providers.
5. The quality Records of selected external providers are maintained.

- The Institution maintains a list of approved external providers with address, contact no:, E-Mail, contact person and scope of approval
- External Providers performance is reviewed periodically and records are maintained. The results of performance evaluation are used to decide the extent of controls to be exercised on the external providers.
- If the external providers do not meet the acceptance criteria, they are advised for improvement. If improvement is not evident, the external providers are rejected and removed from approved external providers list.
- It is ensured that Institution and the external providers use customer approved special process sources.

- It is ensured that all purchased products or services meet the applicable regulatory requirements.
- NGM College (Autonomous), determines and manages risks when selecting and utilizing external providers

6. External providers Quality Management system development is performed with the goal of external provider conformity with Quality Management Systems, which is the first step in achieving the goal. Prioritization of external providers for development depends upon the external providers' quality performance and importance of the product shipped.

7. External providers Performance is monitored through following indicators
   - Quality performance
   - Delivery performance
   - Scheduling flexibility
   - Customer complaints are traceable to external provider's part.

8. Effective purchasing involves clear communication of the requirements to the external provider. To ensure this, purchase / outsourcing documents contain details of established specifications, grade and details like syllabus copy / pedagogy etc. where appropriate. Adequacy of the specified purchase requirements are ensured before communication to the external provider.

9. When required, the Institution ensures to communicate to the external provider the following details
   - Material specifications, grade, type, compliance to national/international standards.
   - Requirements for approval of product, procedures, process and equipment.
   - Requirements for qualification of personnel
   - Management system requirements
   - The description with part no. or other positive identification of product or service and applicable issues of specifications, drawings, process requirements, inspection instructions and any other technical data
   - Requirements for design, test, examination, inspection and related instructions for acceptance by the Institution

- Requirements for test specimens and other data for design approval, inspection, investigation or auditing
- Requirements related to external provider notification to Institution of non conforming product and arrangements for approval of non conforming products
- Requirements for the external provider to notify the Institution of the changes in product and/or process definition and, when required, obtain Institution approval
- Right of access by the Institution, their customer and the regulatory authorities to all facilities involved in the order and to all applicable records
- Requirements for the external provider to flow down to sub-tier external providers, the applicable requirements in the purchasing documents including key characteristics where required
- Records retention requirements

10. The Institution ensures the adequacy of the specified purchase requirements prior to their communication to the external provider. Principal is responsible for ensuring the adequacy of requirements.

11. The necessary verification activities of the purchased product is identified and implemented through inspection procedures. When customer requires performing verification activities at the external provider premises, the same shall be communicated to the external provider.

12. Incoming products received from external provider will be accepted using one or more of the following methods:
   - Receipt and Evaluation of statistical data
   - Receiving inspection and / or testing such as sampling based on performance.
   - Second / third party assessments or audits of external provider
   - Part evaluation by accredited lab
   - Any other method as agreed with External provider.

13. Verification activities include

- Obtaining objective evidence of quality of the materials from external providers in the form of test reports, certificate of conformity etc.
- Inspection and audit at external provider's premises as applicable
- Review of the required documentation
- Inspection and testing of materials on receipt
- Delegation to external providers or external provider certification will not be practiced at the moment

14. The test report received with the materials are verified for the composition and other details as per the specification and further tested inhouse for verifying conformance to requirements, if necessary.

15. Where specified in the contract, the customer or customer's representative shall be afforded the right to verify at the external provider's premises and the Institution's premises that the sub contracted product or service conforms to specified requirements

16. Verification by the customer is not used by the Institution as evidence of effective control of quality by the external provider and does not absolve the Institution of the responsibility to provide acceptable product, nor does preclude subsequent rejection by the customer.

8.5 Production and service provision

8.5.1 Control of production and service provision

a) The Institution implements production and service provision under controlled conditions which includes the availability of documented information that defines the characteristics of the products to be produced, services to be provided, the activities to be performed or the results to be achieved;

b) Availability and use of suitable monitoring and measuring resources;

c) Implementation of monitoring and measurement activities.

d) Use of suitable infrastructure and environment for the operation of processes and appointment of competent resource personnel.

8.5.2 Identification and traceability

NGM College (Autonomous), controls the unique identification of the outputs for traceability requirement, and retains the documented information necessary for traceability

8.5.3 Property belonging to customers or external providers

NGM College (Autonomous), exercises care with property belonging to customers or external providers while it is under the Institution's control or being used by the Institution.

When the property of a customer or external provider is lost, damaged or otherwise found to be unsuitable for use, the Institution will report this to the customer or external provider and retain documented information.

8.5.4 Preservation

NGM College (Autonomous), preserves the outputs during course delivery, to the extent necessary to ensure conformity to requirements.

8.5.5 Post-delivery activities

NGM College (Autonomous), meets the requirements for post-delivery activities associated with the products and services considering :

a) Statutory and regulatory requirements;
b) Potential undesired consequences associated with its products and services;
c) Nature, use and intended lifetime of its products and services;
d) Customer requirements;
e) Customer feedback.

8.5.6 Control of changes

NGM College (Autonomous), reviews and controls changes for production or service provision, to the extent necessary to ensure continuing conformity with requirements. The institution retains documented information describing the results of the review of changes, the persons authorizing the change, and any necessary actions arising from the review.

8.6 Release of products and services

The release of products and services to the customer will not proceed until the planned arrangements have been satisfactorily completed and unless otherwise approved by a relevant authority of the customer.

The Institution shall retain documented information on the release of products and services.

8.7 Control of nonconforming outputs

NGM College (Autonomous), ensures that outputs that do not conform to their requirements are identified and controlled to prevent their unintended use or delivery.

The Institution takes appropriate action based on the nature of the nonconformity and its effect on the conformity of products and services.

This is also applicable to nonconforming products and services detected after delivery of products, during or after the provision of services. The Institution deals with nonconforming outputs 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 acceptance under concession.

Conformity to the requirements shall be verified when nonconforming outputs are corrected.

NGM College (Autonomous), retains documented information on the nonconformity, actions taken, any concessions obtained and identifies the authority deciding the action in respect of the nonconformity. The various nonconforming situations during the various Stages of service realization, source of the nonconformance, Responsibility for identification and the authority for review and taking correction/ disposition action are defined in the following Table:

The details of the nonconformance and the Disposition (Correction) action taken are recorded in the

S. NO.	Situation leading to Non-Conformance	Responsibility	Record Ref./ Source	Authority For Review And Disposition action
1.	Student Feedback from	Concerned HOD	Feedback summary	MR/HOD/Principal for student feedback
2.	Academic Performance (Model And Board exam)	Concerned HOD	Result Analysis	MR/HOD/ Principal
3.	Any other deviation from objectives/Process measure	HOD and Concerned Faculty	Status of Objectives and Process measures	Concerned Faculty/ HOD in consultation With Principal

Corrective / Preventive action report.

Reference:

i)   CL 8 - ISO 9001:2015 Operation

ii)   Regulations of UGC and any other relevant legal authorities

9. Performance Evaluation

9.1 Monitoring, Measurement, analysis and evaluation

The Institution defines

i.   what needs to be monitored and measured

ii.   Methods for monitoring, measurement, analysis and evaluation.

iii. The criteria against which the Institution will evaluate its performance and appropriate indicators

The Institution evaluates the performance and the effectiveness of the quality management system and retains appropriate documented information as evidence of the results.

9.1.2 Customer satisfaction

Customer satisfaction with the Institution shall be monitored through continual evaluation of performance of the realization processes, Performance indicators shall be based on objective data and include, but not be limited to:

> ➢ Performance
> ➢ Customer Disruptions
> ➢ Course Delivery
> ➢ Customer notification related to quality issues

Customer feedback is obtained from students, parents, employers, adjunct faculty and alumni in the defined periodicity and the same is analyzed for identifying the areas of improvement and also to align the strategy & policy accordingly.

9.2 Internal audit

NGM College (Autonomous), conducts internal audits at planned intervals to provide information on whether the Institution's conformity to Quality management systems by the following procedure:

- ❖ Internal audit will be conducted as per Audit plan NGM/MR/R01 once in 6 months, to cover the audit plan comprehensively

- ❖ Audit schedule NGM/MR/R02 will be released based on the status and importance of the activity to be audited

- ❖ Trained auditors will be assigned, who are independent of the work being performed in the audit area

- ❖ Audits are conducted using checklist prepared by Auditors. Audit observations will be recorded in the Audit Observation sheet NGM/MR/ R03 and Non-conformance will be recorded in the Corrective/ Preventive action report NGM/MR/R05 and brought to the attention of the auditee

- ❖ Auditee will ensure timely corrective action and inform MR.

- ❖ Follow up audit to verify implementation and effectiveness will be organized by MR on or after the target date

- ❖ The closed audit reports will be given to MR by the Auditee

- ❖ Reports of internal audits will be presented to the Management for review through input summary form by MR, in NGM/MR/R12.

Document/ Records Reference

1. Audit Plan   NGM/MR/R01
2. Audit Schedule   NGM/MR/R02
3. Audit Observation Sheet   NGM/MR/R03
4. Corrective/Preventive Action Report   NGM/MR/R05
5. Audit Checklist   NGM/MR/R11
6. Input Summary Form   NGM/MR/R12
7. List of Trained Internal Auditors   NGM/MR/WD/01

9.3 Management review

Top management reviews the institution's quality management system, once in six months, to ensure its continuing suitability, adequacy, effectiveness and alignment with the strategic direction of the Institution. Process followed for the management review is given below.

- ❖ The Management Review is conducted to review the effectiveness, suitability and adequacy of the established Quality Management System
- ❖ DMR/MR arranges for the Management Review meeting once in 6 months
- ❖ Principal chairs the meeting and all the HODs and section incharges are the members of the meeting
- ❖ The Management Representative communicates to the concerned persons in advance for preparing and submitting their performance in the review meeting
- ❖ The agenda for the meeting and the person responsible for presenting the data presents:
  - Status of actions from previous management reviews;
  - Changes in external and internal issues that are relevant to the quality management system;
  - Information on the performance and effectiveness of the QMS. Including trends in customer satisfaction and the extent to which quality objectives have been met;
  - Process performance and conformity of products and services;
  - Nonconformities and corrective actions;
  - monitoring and measurement results;
  - audit results;
  - the performance of external providers
  - Risk and opportunities

- ❖ The conclusions from the Management Review shall be focused on:
  - opportunities for improvement;
  - Need for changes to the quality management system;
  - Resource needs.

❖ Minutes of meeting is prepared by DMR/MR in NGM/MR/R04 and circulated to all the members

❖ MR tracks the status of the actions taken during the meeting.

❖ The Institution retains documented information as evidence of the results of management reviews

Document /Record Reference

1. **Minutes of Management Review Meeting**   **NGM/MR/R04**
2. **Input summary by MR**   **NGM/MR/R12**
3. **Performance of Objectives and Process Measures**   **NGM/GEN/R12**

Reference:

i)   CL 9 - ISO 9001:2015 Operation

ii)   Regulations of UGC and any other relevant legal authorities

10. Improvements

The Institution determines and selects opportunities for improvement and implements any necessary actions to meet:

a) Customer requirements and enhance customer satisfaction.

b) Achieve the intended outcomes of its Quality management system

These include:

a) Improving products and services to meet requirements as well as to address future needs and expectations;

b) Correcting, preventing or reducing undesired effects;

c) Improving the performance and effectiveness of the Quality management system.

10.1 Nonconformity, Corrective action and Preventive action

i. When a nonconformity occurs, the Institution shall:

  a) React to the nonconformity, take action to control and correct it and deal with the consequences.
  b) Evaluate the need for action to eliminate the cause of the nonconformity to avoid reoccurrence and implement any action needed
  c) Evaluate risks and opportunities determined during planning, if necessary;
  d) Update the procedures in quality management system, if necessary.
  e) Corrective actions will be taken appropriate to the effects of the nonconformities encountered.

ii. The Institution retains documented information as evidence of:
  a) The nature of the nonconformities and any subsequent actions taken;
  b) Results of any corrective action.

iii. Corrective actions are initiated to prevent the recurrence of non-conformities. Corrective actions are initiated for the non-conformities occurred in the product, process and quality systems. Corrective actions are initiated as per the documented procedures.

iv. The procedure defines requirements for reviewing the non conformities (including customer complaints), determining the causes for non conformity, evaluating the need for action to ensure that non conformities do not recur. Determining and implementing the actions needed, records of the results of actions taken and reviewing the action taken. Response time for taking corrective actions shall not exceed 15 working days.

v. Corrective action is evaluated for effectiveness and NC is closed. It is ensured that the corrective actions taken are effective.

vi. The company shall use error-proofing methods in their CAPA process.

vii. The Institution ensures to apply to other similar process and products, the corrective action, and controls implemented, to eliminate the causes of non conformity.

10.2 Problem solving

A suitable system is established to define a process for problem solving leading to root cause identification and elimination.

10.3 Error proofing

The company shall use error-proofing methods in their CAPA process.

10.4 Corrective action –impact

The Institution ensures to apply to other similar process and products the corrective action, and controls implemented, to eliminate the causes of non-conformity

10.5 Continual improvement

The Institution plans continually to improve the suitability, adequacy and effectiveness of the Quality management system and to enhance quality performance.

The Institution shall consider the results of analysis and evaluation, and the outputs from management review, to determine if there are needs or opportunities that shall be addressed as part of continual improvement.

Reference:

i)   CL 10 - ISO 9001:2015 Operation
ii)   Regulations of UGC and any other relevant legal authorities