

Audit Report (Stage 2)

Organisation Malad Kandivli Education Society's Nagindas Khandwala College Of Commerce, Arts & Managements Studies And Shantaben Nagindas Khandwala College Of Science / The Bombay Suburban Grain Dealers' Junior College Of Commerce, Arts & Science

Audits(ZA) Q 13464/2024

Master Data of Organisation			
Name of Organisation	Malad Kandivli Education Society's Nagindas Khandwala College of Commerce, Arts & Management Studies and Shantaben Nagindas Khandwala College of Science and The Bombay Suburban Grain Dealers' Junior College of Commerce, Arts and Science		
Name of corporate group (in case of multi site organization only)	-		
Street	Bhavishya Bharat Campus, S.V.Road, Malad West, Mumbai		
Postcode / Town / Country	400064 Mumbai / India		
Contact	Dr. (Mrs) Moushumi Datta – Professor & MR		
E-Mail	moushumi@nkc.ac.in , mousub@yahoo.co.uk		
Phone	022 28072262 , 022 28085424		
System documentation: (Revision / Issue)	EOMS Manual, Rev. 01 dated 01.08.23		
Shift operation	no shift operation		
Language	English		
Peculiarities	None		
Multi Site Organisation			
Selection of sites to be audited by sampling procedure		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> n.a.
An adequate listing of all sites in the scope(s) including all valid and relevant information in each case is part of the audit file		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> n.a.
Audit profile			
Contract ID (ZE):	Q 13464/2024		
Standards under contract / Audit type	ISO 21001 :2018 Certification audit - Stage 2 <input type="checkbox"/> Transition audit	--- : --- <input type="checkbox"/> Transition audit	
Surveillance mode	Yearly surveillance		
Audit team leader	V. G. Patil		
E-Mail Audit team leader	vgpatil@tuvindia.co.in		
Audit team	Kiran Dhawale		
Technical expert			
Trainee			
Observer			

Audited Standards	
ISO 21001 : 2018 Error! Reference source not found.	EOMS
Certificate ID (TP): NA	Valid until: NA
Scope: Design and Development of Curriculum and Imparting Education to Under Graduate students in the Faculty of Commerce, Arts, IT and Computer Science and Post Graduate students of Commerce, Arts and IT, affiliated to the University of Mumbai. Imparting Education to Higher Secondary Students of Maharashtra State Board – Mumbai Division in the Commerce and Arts stream.	
Industry / Sector (EA, TB, ...) 37.1	
Non-applicability of chapters: 7.1.5.2, 8.5.1f,	
No. of considered persons: 148	No. of sites (incl. HQ): 01
Lead auditor: V. G. Patil	Audit ID (ZA): Q 13464/2024
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Certificate ID (TP):	Valid until:
Scope:	
Industry / Sector (EA, TB, ...)	
Non-applicability of chapters:	
No. of considered persons:	No. of sites (incl. HQ):
Lead auditor:	Audit ID (ZA):
Error! Reference source not found. : Error! Reference source not found.	Error! Reference source not found.
Certificate ID (TP):	Valid until:
Scope:	
Industry / Sector (EA, TB, ...)	
Non-applicability of chapters	
No. of considered persons:	No. of sites (incl. HQ):
Lead auditor:	Audit ID (ZA):

Definition of unit for duration and time		
Applied unit	Days	One audit day covers 8 audit hours
Audit Details		
Sites	01	
Audit date	25.04.24 – 26.04.24	
Audit duration	5,00 person Days on site (incl. remote locations as applicable) inclusive 1.00 person Days on site for audit stage 1 (separate report)	

Application of methods and tools in remote auditing			
Conducted as a remote audit	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Partly	<input type="checkbox"/> Total
Technologies used for the remote audit	<input type="checkbox"/> MS Teams	<input type="checkbox"/> Cisco WebEx	<input type="checkbox"/> Zoom
	<input type="checkbox"/> Other on request of client: In this case, client takes over the responsibility for any required activity in information security.		

Details about the remote audit (if applicable)
<p>The audit was performed applying technology for information and communication ("remote") at 0%.</p> <p>Effectiveness and efficiency of the remote-part was ensured by</p> <ul style="list-style-type: none"> <input type="checkbox"/> experienced application of engaged technology; <input type="checkbox"/> the consecutive processing of the single sessions with the individual units; <input type="checkbox"/> the online interviews with different people from diverse units and various hierarchical levels; <input type="checkbox"/> the separation of the audit team in individual online sessions; <input type="checkbox"/> reviewing an adequate sample of documented processes and/or information; <input type="checkbox"/> the discussion of appropriate charts, diagrams, slides or any other relevant information; <input type="checkbox"/> the presentation and discussion of photos, videos and audios of issues, being prepared on detailed guidance and governance of the audit team. <p>Details about reviewed information or documents, interviewed persons, content of videos & photos etc. are recorded in the report or (handwritten) notes.</p> <p>If the audit was performed partly remote, the corresponding sessions are identified unambiguously in the audit plan.</p>

Distribution/Confidentiality/Rights of ownership/Limitations/Responsibilities	
<p>This report is sent to the certification body or bodies, the members of the audit team and the audit representative of the organisation. All documents (such as this report) regarding the certification procedure are treated confidentially by the audit team and the certification body. This audit report remains the property of the certification body.</p> <p>An audit is a procedure based on the principle of random sampling and cannot cover each detail of the management system. Therefore nonconformities of weaknesses may still exist which were not expressly mentioned by the auditors in the final meeting or in the audit report.</p> <p>The responsibility for continuous effective operation of the management system always rests solely with the audited and certified organisation.</p> <p>Salvo clause: The audit report will be left to the organisation at the end of the audit - subject to approval by the certification body. The independent veto process may cause modifications or additions. In these cases a modified revision will be sent to the audited organisation.</p>	
Annex/Enclosures	
Annex/ corresponding audit documentation	<input type="checkbox"/> Questionnaire(s) / Checklist(s) <input type="checkbox"/> Additional annexes, number

Audit results

Table of Results

ISO 21001:2018

Clause	Rslt.*	Clause	Rslt.*	Clause	Rslt.*	Clause	Rslt.*
4.1	1						
4.2	1						
4.3	1						
4.4	2						
5.1	1						
5.2	1						
5.3	2						
6.1	2						
6.2	1						
6.3	1						
7.1	1						
7.2	1						
7.3	1						
7.4	1						
7.5	2						
8.1	2						
8.2	1						
8.3	2						
8.4	1						
8.5	2						
8.6	1						
8.7	1						
9.1	2						
9.2	1						
9.3	1						
10.1	1						
10.2	1						
10.3	1						

Additional requirements in accordance to ISO 17021:2015

Rslt.*

▪ internal audits and management review	1
▪ review of actions taken on nonconformities identified in previous audit	1
▪ responsiveness to complaints	1
▪ effectiveness of the management system with regard to fulfilment of objectives	1
▪ progress of planned activities aimed at continual improvement	1
▪ the client's management system ability and its performance regarding meeting of applicable requirements	1
▪ operational control of the client's processes	1
▪ review of any changes including the management system documentation	1
▪ use of marks and/or any other reference to certification	NA

Rslt.* (Result):

0 = not audited; 1 = fulfilled; 2 = basically fulfilled/ potential for improvement; 3 = not fulfilled/ nonconformity; - = not applicable/ excluded.

Details: see section „Audit findings“

Mandatory elements from A00VA02
Temporary Sites

a) Are temporary sites (i.e. installation sites, project locations etc.) available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b) If yes: which one are visited?	NA	

Objective evidences : NA

In any regular audit the audit team shall see and review the following objective evidences. To confirm, the corresponding revision information is registered in column „Edition“

That can become applicable as well for some or all the listed objectives in special audits, e.g. for extensions or after transferring sites.

At least in **initial/recertification or extension audits** (or when necessary) these objective evidences/documents are attached adequately to the audit file and uploaded into the release workflow. In any other audit it is accepted to record the revision information only.

Title/Content	Edition	Attached
Entry in professional or commercial register (or comparable evidence) - if applicable		<input type="checkbox"/>
Organization chart/evidence of organization		<input type="checkbox"/>
Company policy for audited management systems		<input type="checkbox"/>
Overview of management system documentation (e.g. table of contents or presentation of the structure of the management system documentation, process map)		<input type="checkbox"/>
Result of management review (e.g. cover sheet or table of contents with date and signature)		<input type="checkbox"/>
Current annual planning of internal audits and evidence of audit report(s) (e.g.: cover sheet with date and signature)		<input type="checkbox"/>
Standard-specific evidence, as applicable (e.g. ISO 14001: extract of environmental permit register; ISO 27001: statement of applicability, ISO 45001: accident statistics; ISO 50001: energy report as cover sheet with date and signature or evidence of continual energy performance improvement)		<input type="checkbox"/>

Confidential information in the attached evidences may be blacked.

Standard specific results

☐ Additional standard specific audit results and/or information are recorded in corresponding „Supplemental audit reports“ (e.g. for ISO 27001 or ISO 50001).

Organisations profile

The organization is involved in providing education to students in the degree and post graduate degree courses in the faculty of arts, commerce, B. Sc. (IT) and Computer Science (CS) and for higher secondary education in the faculty of arts and commerce.

The institution is headed by Mrs Dr. Ancy Jose, Director, and Dr. Moushumi Datta, Principal and has been granted an autonomous status by UGC since last more than 5 years.

The organization has implemented Educational Organization Management System (EOMS) based on ISO 21001:2018 with effect from Dec. 2023. The organization is certified to ISO 9001 since 2010. The institute holds NAAC accreditation.

The core business processes include design & development of curriculum, admissions, teaching & learning & examinations & support processes such as library, gymkhana, IT Support, infrastructure & maintenance etc.

Education facility consists of classrooms with audio visual projection systems, computer laboratories, language laboratory, library, conference rooms, auditoriums, teaching staff rooms, gymkhana,

The major customers to the organization are e.g. Students aspiring for learning and gaining knowledge .

Summary of Results

Stage 1 audit was conducted on 1st April 2024. Documentation complies with the minimum documentation requirement of the standard ISO 21001:2018. Overall documentation review was found to be satisfactory. The level of awareness on ISO 21001:2018 was satisfactory.

Stage 2 audit was conducted on 25th to 26th April 2024 covering all of their core academic processes of teaching & learning & other support processes. Corrective actions on stage 1 audit findings were checked & found to be satisfactory. The organization has demonstrated satisfactory level of compliance against the requirements of ISO 21001:2018. There were no nonconformities identified and included in this report. Hence the institute has been recommended for certification to ISO 21001:2018.

ISO 9001 – STATEMENT ON THE IMPLEMENTATION OF THE STANDARD REQUIREMENTS

STRATEGICAL DIRECTION OF THE ORGANISATION (CONTEXT, STAKEHOLDER ANALYSIS) :

The internal and external issues are identified for QMS. Doc. Ref. no. DI/F:CO/A/00, Annex I A and DI/F:CO/B/00, Annex I B dated 15.3.23 was evident Also interested parties and their requirements are determined in a doc. Ref. DI/F:NE/01, Annex II dated 15.3.23. The interested parties include Statutory and Regulatory bodies such as University, UGC etc, Board of Management, Board of studies, Academic Council, Students, Parents, Society/Community, Media, Alumni, Visiting faculties, staff, employee union etc., Information related to context is reviewed in each management review.

RISK-BASED APPROACH (ANALYSIS OF RISKS AND OPPORTUNITIES) :

Risk and Opportunities for QMS are identified. E.g. Risk Log – Degree College – DI/F:RO/D/00 – Annex 14 and Risk Log – Jr. College - DI/F:RSK/JC/00 – Annex 15

CONTROL OF EXTERNALLY PROVIDED PROCESSES :

The procedure is established and implemented w.r.t. control of externally provided processes, products and services as evident in the audit of Library process (Process Manual ref. DI/F:Pro/LIB/00. Additional controls are established and implemented by administration department – Purchasing activity which was not covered in this audit.

SYSTEMATICAL KNOWLEDGE MANAGEMENT (Organizational Knowledge) :

The institute determines the knowledge necessary for the operation of its processes which includes (a) internal sources such as library, feedback from peer observation and intellectual property and (b) external factors such as trainings, conferences, visit to different institutions and information by customers. The knowledge is maintained and made accessible to all staff members through library, intranet portal, website and social media pages of the college. In case of any major change in process, training becomes the start point of the operation of the process. The documented system procedure NKC/QSP/OK/07 Rev 00 dated 1.8.23 has been established and satisfactorily implemented.

FULFILMENT OF COMPLIANCE / LEGAL AND OTHER OBLIGATIONS :

All the legal compliances are being managed by the college's administration department. This was evident e.g. a letter from UGC and from Mumbai university for granting autonomous status, A letter for starting new course from Mumbai university and from Govt. of Maharashtra, Continuation of affiliation etc.

MEASUREMENT AND CONTINUAL IMPROVEMENT OF THE QMS PERFORMANCE :

Measurement and monitoring of process performance is done against the KPIs defined which enables the organization to identify and implement improvement opportunities. Additionally, Interested parties satisfaction surveys i.e learners, parents and staff has been conducted at defined intervals, internal audit results, quality objectives etc. are also effectively used to implement improvements.

Conclusion

Taking into account the audit findings documented below, the organisation's size and structure, objectives, scope of the management system, processes and results achieved, the organisation has demonstrated that it operates its management system to ensure conformity with its own requirements, the requirements of interested parties, applicable legal requirements and appropriate requirements from the management system standards.

This includes in particular: the objective evidences,

- the policies and objectives and their implementation in the organisation,
- the processes existing in the management system and their interactions,
- the resource management,
- the measuring and analysis (incl. sample of indicators),
- the continual improvement process as well as
- the recording system (p.r.n. including standard specific objective evidences).

The implementation and the effectiveness of the management system and the processes for providing services/product realisation or to realize the objectives were assessed by the audit team by means of on-site inspection and examination of documented information on a random sample basis.

Audit findings

Notes for the findings

The evaluation of the audit findings basically follows the scheme shown below:

Stage	Classification	Meaning
NC A	Major Nonconformity (Nonconformity A "major")	Nonconformities could be classified as major in the following circumstances: <ul style="list-style-type: none"> • if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements, • a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.
NC B	Minor Nonconformity (Nonconformity B "minor")	Nonconformities could be classified as minor, if these do not affect the capability of the management system to achieve the intended results.
OFI	Opportunity for improvement	Items which would allow optimisation of the management system in relation to the requirements of the relevant standard. It is recommended that the company implements these items.
GP	Positive aspects / Good Practice	Positive aspects of the management system worthy of special mention (see also point 4.3 if applicable).
CM	Comments	Special situation and information to be traced in next audit.

If applicable: Guidance for management of nonconformities

Identified nonconformities are each documented in a nonconformity report ("Management of a nonconformity"), which are part of this audit report as annexes.

The audit team uses the nonconformity reports after the audit to track the processing status and also documents in them the final assessment results for the nonconformities concerned.

The organization shall perform a root cause analysis for any nonconformity and define adequate corrective actions. Root cause analysis, corrective actions including action plan for implementation and - if applicable- objective evidences for performed corrections or containment actions shall be submitted electronically to nominated lead auditor in charge on time to agreed deadline (latest six weeks after last day of the audit). The lead auditor will review these documents and shall inform organisation about the result.

The auditee organisation shall implement the corrective actions as defined in the approved action plan and review the effectiveness of implemented actions.

In the case of major nonconformities (NC A) the lead auditor shall verify the complete and effective implementation of action plan until agreed date (latest three months after last day of the audit). On decision of the auditor depending on type and extent of identified nonconformity, this can be done in a follow up audit on site or in a desktop-review of submitted documentation (objective evidence).

For minor nonconformities (NC B) it can be agreed to perform the verification of effective implementation of action plan in the next regular audit.

If any nonconformity applies to more than one of the audited standards, it may be recorded in a common nonconformity report, but shall be counted in the audit report for each applicable standard. The number of nonconformity reports may therefore be less than the number of nonconformities.

Summary for nonconformities

Standard	Raised in this audit		To be verified from previous audit
	Number NC A	Number NC B	Number NC
ISO 21001:2018	0	0	0
---	0	0	0
Error! Reference source not found. : Error! Reference source not found.	0	0	0
Error! Reference source not found. : Error! Reference source not found.	0	0	0
Total	0	0	0
Total number of nonconformity-reports raised in this audit:			0
<input type="checkbox"/> At least one of the nonconformities is graded as „generic“ and is counted in more than one corresponding audited standard.			
<input type="checkbox"/> During this audit the implementation of corrective actions and effectiveness of nonconformities of previous audit was verified. The records are attached to this audit file.			

No	OFI (Opportunity for Improvement)	Area / Process	Standard: clause
1.	While Annexure 7 of Quality Manual indicates the overall organisation structure for Jr and degree college, the detailing of responsibilities of each role with supporting authorities may also be further elaborated.	System Coordinator / DR	ISO 21001:2018 CI 5.3

2.	a) Annexure 14 – Risk / opportunities register – DI/F/RO/00 Rev 1 dt 18.12.2023 indicates various risks, related ratings and actions and opportunities. Similar to risks action plans; the specific actions related to identified opportunities also may further be established for further implementation and review. b) Risks and opportunities for special needs education may be appropriately captured in the risk register.	System Coordinator / DR	ISO 21001:2018 CI 6.1
3.	Various processes such as Teaching & Learning, Examination, Admission process etc and their input/output, measures and controls and operating procedures are established. The same may further be improved by establishing a documented process for placement services offered to students. The process maps already in place may be further reviewed & revised e.g. the process map for TLP, Academic year planning, time table, teaching plan – Jr. College : review PPI, Process map for Library and Gymkhana : no reference to operating procedures.	System Coordinator / DR	ISO 21001:2018 CI 4.4
4.	While planned lectures/ practices as per curriculum for a subject is monitored through monthly monitoring sheet by HoDs, the controls and authorisation in case of less no of lectures sessions taken may be improved by specific recordings / justification on monthly monitoring sheet.	Teaching & Learning Process - Economics	ISO 21001:2018 CI 8.1
5.	The operating procedure for library has been established and implemented. However, the integration of I-SLIM Manual with that of the operating procedure may be further helpful for strengthening the process.	Library	ISO 21001:2018 CI 7.5
6.	The process of admission is established and well implemented in accordance with the operating procedure to fulfil the regulatory requirements. However, the data of admissions granted to First Year (FY) against the required quota i.e. management quota, Gujarati linguistic minority, open etc. may be compiled and presented for each academic year.	Admissions	ISO 21001:2018 CI 8.5.1.2

No	GP (Good Practice)	Area / Process	Standard: clause
1.	Visible commitment from the top management seen through out the audit.	Management	ISO 21001:2018 CI 5.1
2.	Good infrastructure for education to students including adequate / air-conditioned classrooms with AV facilities, Computer / IT and other laboratories , well equipped Library with books/journals and internet facilities, a separate examination centre with Strong room and CAP room, students and staff facilities such as Gymkhana, medical facilities and auditorium for various courses/programs offered. Staff facilities includes staff rooms , teaching aids , library reference material and locker facilities.	Infrastructure	ISO 21001:2018 CI 7.1

3.	Availability of competent teaching and non- teaching staff including subject matter empanelled experts and visiting faculties.	Staff competency	ISO 21001:2018 CI 7.2
4.	Various accolades to the Degree college including the NAAC A grade accreditation and focus on students learning which include periodic interaction with students through Feedback and resolution of students / parents grievance through a separate committee.	Top Management	ISO 21001:2018 CI 5.1
5.	Multiple improvements in examination process are evident such as On-Screen evaluation, CIMS portal for students for exam time-table and results/grade card visibility, special treatment to physically disabled students and facility of remedial lectures/ sessions for slow learners.	Continual Improvement	ISO 21001:2018 CI 10.3

No	CM (Comment)	Area / Process	Standard: clause
1.	The design and development of curriculum for new program is addressed in DI/F: PRO/D/DD/00 issue no 01 dt 01.08.2023 and in EOMS procedure NKC/OP/DD/01; however the procedure needs improvement in implementation of specific design and development plan for a program of curriculum development undertaken and incorporation of steps of additional validation of design through students feedback being taken in each semester.	Design and Development of New program / curriculum	ISO 21001:2018 CI 8.3
2.	The examination centre requires to preserve the answer papers of all examinations for a period of three years, while the papers are stored in a separate designated place, the marking of bundles, identification and storing at specific storage location needs improvement for easy retrieval.	Examination Process / Record room storage	ISO 21001:2018 CI 8.5.4 / 8.5.5
3.	The examination process is well established in terms of criteria for evaluation, moderation / re-checking requirements and the same is implemented for each course and records maintained. However; the analysis of data may further be taken up to identify the improvement opportunities to reduce the cases of marks changes from 1 st marker to 2 nd / moderator marking with various faculty members.	Examination Process / Students Exam papers evaluation.	ISO 21001:2018 CI 9.1.5

Audit Report (Stage 2)

Organisation Malad Kandivli Education Society's Nagindas Khandwala College Of Commerce, Arts & Managements Studies And Shantaben Nagindas Khandwala College Of Science / The Bombay Suburban Grain Dealers' Junior College Of Commerce, Arts & Science

Audits(ZA) Q 13464/2024

Closure and recommendations				
Closure result	ISO 21001:2018			
Fulfilled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open nonconformities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not fulfilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations of audit team	ISO 21001:2018			
Grant*/ Extension*/ Renewing*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

^{*)} Grant / Extension / Renewing / Maintenance in the case of open nonconformities assumes that the nonconformities will be cleared as agreed

Explanation of the terms:

Renewing: New issue of the certificate for the re-certification.

Restoring: End of the temporary invalidity of certificate after the suspension or after delayed re-certification.

Comments for next audit
<p>If applicable, the final evidence of effectiveness and implementation of corrections and corrective actions for the nonconformities from this audit will be verified in the next audit.</p> <p>The comments and opportunities for improvement will be taken up again.</p> <p>The next audit is preliminarily scheduled for: Date : 25.04.2025</p>

Responsible for content	
Name: V. G. Patil	Date: 26.04.2024
<p>Signature audit team leader </p>	