

# Audit Report (S - 1)

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): 4821/2010



## 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	<a href="mailto:moushumi@nkc.ac.in">moushumi@nkc.ac.in</a> , <a href="mailto:mousub@yahoo.co.uk">mousub@yahoo.co.uk</a>
Phone	022 28072262 , 022 28085424
System documentation: (Revision / Issue)	Quality Manual, Rev. 03 dated 01.11.22
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 type="checkbox"/> n.a.	

## Audit profile

Contract ID (ZE):	4821/2010		
Standards under contract / Audit type	ISO 9001:2015 1. Surveillance audit <input type="checkbox"/> Transition audit	ISO 9001:2015 1. Surveillance audit <input type="checkbox"/> Transition audit	
Surveillance mode	Yearly surveillance		
Audit team leader	V. G. Patil		
E-Mail Audit team leader	<a href="mailto:vgpatil@tuvindia.co.in">vgpatil@tuvindia.co.in</a>		
Audit team			
Technical expert			
Trainee			
Observer			

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## Audited Standards

ISO 9001:2015 Error! Reference source not found.	1. Surveillance audit		
Certificate ID (TP): 44 100 19392213 & 44 100 19392213/01	Valid until: 30.01.2025		
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		
No. of considered persons:	186	No. of sites (incl. HQ):	01
Lead auditor:	V. G. Patil	Audit ID (ZA):	4821/2010

## Definition of unit for duration and time

Applied unit	Days	One audit day covers 8 audit hours
<b>Audit Details</b>		
Sites	Bhadran Nagar, Road No.1, S.V.Road, Malad West, Mumbai - 400 064	
Audit date	18.01.23 - 20.01.23	
Audit duration	3.00 person Days on site (incl. remote locations as applicable) inclusive 0,00 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: <b>In this case, client takes over the responsibility for any required activity in information security.</b>		

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### Details about the remote audit (if applicable)

The audit was performed applying technology for information and communication ("remote") at 0%.

Effectiveness and efficiency of the remote-part was ensured by

- experienced application of engaged technology;
- the consecutive processing of the single sessions with the individual units;
- the online interviews with different people from diverse units and various hierarchical levels;
- the separation of the audit team in individual online sessions;
- reviewing an adequate sample of documented processes and/or information;
- the discussion of appropriate charts, diagrams, slides or any other relevant information;
- the presentation and discussion of photos, videos and audios of issues, being prepared on detailed guidance and governance of the audit team.

Details about reviewed information or documents, interviewed persons, content of videos & photos etc. are recorded in the report or (handwritten) notes.

If the audit was performed partly remote, the corresponding sessions are identified unambiguously in the audit plan.

### Distribution/Confidentiality/Rights of ownership/Limitations/Responsibilities

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.

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.

The responsibility for continuous effective operation of the management system always rests solely with the audited and certified organisation.

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.

### Annex/Enclosures

Annex/  
corresponding audit documentation

- Questionnaire(s) / Checklist(s)
- Additional annexes, number

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## Audit results

Table of Results

ISO 9001:2015		Error! Reference source not found. : Error! Reference source not found.		Error! Reference source not found. : Error! Reference source not found.		Error! Reference source not found. : Error! Reference source not found.	
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	1						
6.1	1						
6.2	1						
6.3	2						
7.1	1						
7.2	1						
7.3	1						
7.4	1						
7.5	2						
8.1	1						
8.2	1						
8.3	1						
8.4	2						
8.5	1						
8.6	1						
8.7	1						
9.1	1						
9.2	1						
9.3	1						
10.1	1						
10.2	1						
10.3	1						
Additional requirements in accordance to ISO 17021:2015							Erg.*
• internal audits and management review							1
• review of actions taken on nonconformities identified in previous audit							-
• 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							1
Rslt.* (Result): "Empty" = not audited; 1 = fulfilled; 2 = basically fulfilled/ potential for improvement; 3 = not fulfilled/ nonconformity; - = not applicable/ excluded. Details: see section „Detailed results“							

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## 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

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	Annex V	<input type="checkbox"/>
Company policy for audited management systems	QP dt 30.07.22	<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)	Rev 03 dt. 01.11.22	<input type="checkbox"/>
Result of management review (e.g. cover sheet or table of contents with date and signature)	02/22, 15.09.22	<input type="checkbox"/>
Current annual planning of internal audits and evidence of audit report(s) (e.g.: cover sheet with date and signature)	01.08.22	<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)	NA	<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).

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## Organisations profile

### COMPANIES PROFILE CONTAINING FOLLOWING INFORMATION

- INFORMATION IF MULTI-SITE SCHEME IS APPLIED : NA
- IF YES, LIST OF AUDITED SITES (E.G. IN AUDIT PROGRAM) : NA
- Range of products : Imparting education to students – Jr. College, UG, PG
- Clients / top clients / major clients : Students, General Society
- Important processes: Curriculum design, Teaching & Learning, Admissions, Examinations, Library.
- Important environmental aspects (ISO 14001) : NA
- Important occupational health & safety risks : NA
- Certified since? : 2010

## Summary of Results

### 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:EI/00, Annex I dated 15.3.22 was evident Also interested parties and their requirements are determined in a doc. Ref. DI/F:NE/01, Annex II dated 15.3.22. 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:RSK/DC/01 – Annex VIII and Risk Log – Jr. College - DI/F:RSK/JC/00 – Annex IX.
- **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.
- **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 conducted at defined intervals, internal audit results, quality objectives etc. are also effectively used to implement improvements.

This surveillance audit was performed in accordance to ISO 9001:2015. The requirements (e. g.: context of an organization, understanding the needs and expectations of interested parties, actions to address risks and opportunities, quality objectives, management of change, Operations control, Internal Audit, Management Reviews and improvements) were assessed in this audit.

The Surveillance -1 audit was performed on 18<sup>th</sup>, 19<sup>th</sup> & 20<sup>th</sup> Jan 2023.

## Conclusion

Taking into account the size and structure of the organisation, the objectives, the scope of the management system, the processes and the outcome, the organisation has demonstrated, that it operates its management system in order to ensure fulfilment of its own requirements, the requirements of its customers and the relevant legal requirements as well as the applicable requirements of the management system standards.

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This includes in particular: the objective evidences already mentioned,

- 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 documents on a random sample basis.

Nonconformities are recorded in corresponding reports, other findings (as e.g. opportunities for improvement) are described in the section for "Detailed Results".

## Notes for the detailed results

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

Stage	Classification	Meaning
NC A	<b>Major Nonconformity</b> (Nonconformity A "major")	Nonconformities could be classified as major in the following circumstances: <ul style="list-style-type: none"><li>• if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements,</li><li>• a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.</li></ul>
NC B	<b>Minor Nonconformity</b> (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.

## Detailed results

### If applicable: Guidance for management of nonconformities

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 for more than one audited standard, it shall be counted for every applicable standard; therefore the total number of nonconformity reports can be less than the number of nonconformities.

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Summary for nonconformities			
Any identified nonconformity is recorded in an individual NC report.			
Standard	Raised in this audit		To be verified from previous audit
	Number NC A	Number NC B	Number NC
Error! Reference source not found. : Error! Reference source not found.ISO 9001:2015	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	The process maps are well laid out for the individual processes. However, the process map of Examination process (Jr. College) may be reviewed w.r.t. outputs, receivers of output and process performance indicator regarding result analysis may be reviewed and fine tuned further.	Examination – Jr. College	ISO 9001:2015, Cl. 4.4
2	Operating procedures for the core processes are available for reference. The existing format may be reviewed to include the reference documents and/or records.	Documentation	ISO 9001:2015, Cl. 7.5.2
3	Planning changes (Clause 6.3) addressed in existing quality manual may be reviewed & elaborated further and give reference to “management of change” format used for planning and implementing changes.	QMS Planning	ISO 9001:2015, Cl. 6.3
4	Library process is documented and maintained. The operating procedure may be reviewed & further elaborated on criteria for performance monitoring of existing suppliers. Interview of library staff reveals that the inspection of books, magazines, journals, publications etc. bought from book suppliers is undertaken before the inward entry. The evidence of this receiving inspection may be suitably recorded.	Library	ISO 9001:2015, Cl. 8.4

No	GP (Good Practice)	Area / Process	Standard: clause
1.	Management commitment visibly seen	Management	Clause 5.1
2.	Good provision of infrastructure & facilities for students to achieve learning objectives.	General	Clause 7.1.3
3.	Experienced & well qualified faculties.	General	Clause 7.1
4	Good recognition of the college at state and national level.	General	Clause 10
5	Effective implementation of on-line examination process.	Examination	Clause 8.5/8.6
6	Successful introduction of CO/PO mapping & levels of program and course attainment	Teaching & Learning	Clause 9



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No	CM (Comment)	Area / Process	Standard:clause
-	-	-	-

Recommendations				
Results	ISO 9001:2015	Error! Reference source not found.	Error! Reference source not found.	Error! Reference source not found.
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				
Grant*/ Extension*/ Renewing*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance*	<input checked="" 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
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. The comments and opportunities for improvement will be taken up again. The next audit is preliminarily scheduled for: Date 19.12.23

Responsible for content	
Name: V. G. Patil	Date: 20.01.2023
Signature audit team leader 	