

# Certificate

# This is to Certify that Shri Shivaji Institute of Engineering and Management Studies, Parbhani

Vasmat Road, Parbhani, Maharashtra - 431401, India

has been found in Compliance with requirements of

# **Quality Management System**

ISO 9001:2015

for the following scope:

Provide B.Tech under Graduate Courses in Computer Science and Engineering, Electrical and Electronics Engineering, Mechanical Engineering and Civil Engineering

Certificate No. : QCC/98D5/0124

Issue Date : 20-January-2024

1st Surveillance Due : 19-December-2024

2nd Surveillance Due: 19-December-2025

Expiry Date : 19-January-2027

To check this certificate status visit: "https://qccertification.com/Client.aspx" Authorised Signature

Quality Control Certification

2nd Floor, Aman Market,

Narela Mandi, Delhi - 110 040, India Website: https://qccertification.com











# EAS is member of International Accreditation Forum (IAF)

"Quality Control Certification (QCC)" accredited by "Ethiopian Accredited Service (EAS)".

This certificate remains the property of "QCC" to whom it must be returned on request.



Name of Organization: SHRI SHIVAJI INSTITUTE OF ENGINEERII STUDIES PARBHANI	NG AND MANAGEMENT	Date/Duration of Audit: 01, 02.12.2023		
Type of Audit [(Stage 2, surveillance or recertification or special), (On-site or Virtual) & (Single / Combined / Joint / Integrated Management System)]	Stage-2 Audit			
Total Man-days	2.5 Man-day			
Client Management Contact	MR. ANAND K. PATHRIKAR (DIR			
Address	Performance monitoring, measuring, reporting and review against key performance objectives and targets. Details on the client's management system and performance with regards to legal compliance. Operation control of the client's Processes. Internal audits and management review, and Normative References on management systems			
Audit Criteria				
Audit Objectives	system to ensure continual	and effectiveness of the organization's management compliance with customer, statutory and regulatory ng its specified objectives and the conformity of the ted criteria.		

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Certification Scope	"Provide B. Tech under Graduate courses in Computer Science and Engineering Electrical and Electronics Engineering, Mechanical Engineering and Civil Engineering."	
Any deviation from the audit plan and their reasons	No	
Any significant issues impacting or the audit programme;	No	
Significant changes, if any, that affect the management system of the client since the last audit took place	No	

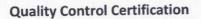
#### For surveillance/Recertification/Special Audit, verify the following: N/A

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

Clause no.	C/NC/O /OFI	Finding
	4. Context of the	Organization
4.1 Understanding the Organization and its Context	С	Verified the Quality Manual for the context of the Organization. Two types of contexts identified.  1. Internal Issue 2. External Issue

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			nual. Issues are selected by SHRIP by DIRECTOR MR. ANAND K. PATHRIKAR.
		Internal Issue: During audit we Observed that som professor permission. Needs of Remote Employees.	e of student are taking break without
		Transparent Internal Communication Student attendance Student Engagement, etc.	on.
		External Issue: Govt. Rules and Regulation External Supplier Relationship Quality Education Marketing and Promotion, etc.	
1.2 Understanding the needs and expectations of interested	С	Doc ref: SSIEM/QM/M/01, Issue dated: 05.07.2023, Rev: 00.  Verified Interested Parties list:	
parties		Interested Parties	Expectation
		Student	Quality Education, On time Examination, etc.
		Teacher/Professors	Adequate resources, Salary Increment, Good Environment, etc.
		Non- Teaching Staff & Other Employees.	Salary Increment, Good Environment, etc.
		External Supplier	Timely payment, Regular Contract, etc.
	A STATE OF THE STA	Govt. Body	Legal Compliances

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		Doc ref: SSIEM/QM/M/01, Issue dated: 05.07.2023, Rev: 00. Approved by MR. ANAND K. PATHRIKAR (DIRECTOR)
4.3 Determining the Scope of the Quality Management System	С	Scope: "Provide B. Tech under Graduate courses in Computer Science and Engineering, Electrical and Electronics Engineering, Mechanical Engineering and Civil Engineering."  Address: Vasmat Road, Parbhani, Maharashtra – 431401, India  Exclusion: Design and Descopment of product and Services is not required in organization.  Verified the Scope define in Manual doc ref: SSIEM/QM/M/01, Issue dated: 05.07.2023, Rev: 00. It found adequate as per the Scope of work.
4.4 Quality Management System and Its Processes	C	Checked the Quality Procedures and Work instructions/Process flow Chart (PFC) are available and signed by Top Management.  Verified the Quality Management Process it found Adequate.  Organization chart visual in manual, verified by ref: SSIEM/QM/M/01, Issue dated: 05.07.2023, Rev: 00.  Quality procedure ref: SSIEM/PR/01, Issue dated: 05.07.2023, Rev: 00.  Master list of document information doc ref: SSIEM/MST, Issue dated: 05.07.2023, Rev: 00.

5. Leadership

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5.1 Leadership and commitment	C	Verified Leadership and their Commitments are listed in manual. Statutory and regulatory requirements are identified. Commitments are applied on
5.1.1 General		improvement of organization. The Commitments are: -
5.1.2 Customer Focus		Industry-ready graduates: We update our curriculum for cutting-edge engineering skills.  Top faculty: We recruit and retain the best engineering minds.  Beyond academics: We develop well-rounded engineers with soft skills and global exposure.  Always improving: We constantly seek feedback to enhance the student experience.  Feedback and enquiry register are method of customer focused to improve the Service quality.
5.2 Quality policy	С	Verified the Quality Policy covered in manual, ref: SSIEM/QM/M/01, Issue dated: 05.07.2023, Rev: 00.
5.2.1 Establishing the quality Policy		Quality policy is design by SHRIPAD SUBHASHRAO DEULKAR  Quality policy is visual at organization Site and displayed at organization
5.2.2 Communicating the Quality Policy		valuable places like notice board, walls, staff room, conference room etc.
5.3 Organizational Roles, Responsibilities and Authorities		Policy is communication through: email, notice board, training etc. Evidence: Interviewed with Prof. Mr. V.K. Pawar (Computer Science and Engineering Head
		of Department), observed that they are aware about quality policy.
		Evidence: His Training Records on QMS Policy & Competence Records
		Also, Employee's roles and responsibilities are defined in responsibility sheet for both non-teaching and teaching staff.

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	С	Risk register is maintained and updated according to organization
5.1 Actions to address risks and opportunities		scope/process – verified. Risk Register ref: SSIEM/RR/01, Issue Date: 05.07.2023, Rev: 00. Risk Register Includes the identified Risk, Its Impact, Risk type (High, Low, Medium), Its action plan & Risk Mitigation plan.
		Some of the Identified Risk along with its action plan are: -
		High dropout rate: Offer flexible learning options & targeted academic support to keep students engaged.  Industry skills gap: Update labs with cutting-edge equipment & prioritize industry collaborations for real-world training.  Graduate unemployment: Build strong internship programs & career services to ensure job-ready graduates.  Limited curriculum innovation: Recruit faculty with diverse specializations & encourage cross-disciplinary projects for a well-rounded education.
6.2 Quality Objectives and planning to achieve them	С	Verified the Quality objective doc ref: SSIEM/QM/M/01, Issue Date: 05.07.2023, Rev: 00.  Increase student retention by 10% through flexible learning options and targeted academic support programs.  Bridge the industry skills gap by securing funding for cutting-edge lab equipment and fostering industry partnerships for real-world training
		<ul> <li>opportunities.</li> <li>Achieve 90% graduate employment by building strong internship programs and providing comprehensive career services.</li> <li>Promote curriculum innovation by recruiting faculty with diverse specializations and encouraging cross-disciplinary projects.</li> <li>Service delivery team is identified as responsible for performance against</li> </ul>

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		objectives.
6.3 Planning of Changes	С	Verified the Procedure for Planning changes. The organization has prepared a request form for any changes in planning, Ref: SSIEM/F/01, Issue Date: 05.07.2023, Rev: 00.  ADMINISTRATOR is responsible for planning changes. Any changes are done by Administrator after the approval of Director.
	7. Sup	port
	Tc	Verified, "esource Management plan is implemented.
7.1 Resources 7.1.1 General 7.1.2 People		Checked the Resources list ref. SSIEM/RSC/LIST/01, Every resource whether it is computers, Lab equipment etc, found with Unique no. for the Traceability of these resources.  Organization knowledge is maintained through the websites, Seminars
7.1.3 Infrastructure 7.1.4 Environment for the operation of Processes		webinars, Conference meeting etc, and it is access by Students, Employees Teachers.
7.1.5 Monitoring and measuring resources 7.1.6 Organizational Knowledge		Verified the Monitoring and Measuring Resources Procedure ref. no SSIEM/MMR/SP/01. The organization has established the traceability system for the Resources.
7.1.0 Organizational Knowledge	4	Monthly Monitoring Measuring report is verified for the Equipments.
7.2 Competence	С	Verified the Competency matrix defined for the competence of the employee's ref: SSIEM/COM/HR/01, Issue date: 05.07.2023, Rev: 00.  Evidence: Employee Name: SHRIPAD SUBHASHRAO DEULKAR Qualification: M.E. (M.P.E)

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	10 - Kara	Experience: 10 years+ Observed that he is competent for his work and rest of the employees are also found competent.
7.3 Awareness	С	ISO Awareness training conducted on 10.04.2023 Training duration: 3 Man-day Training records ref: SSIEM/TRN/F/01, Rev: 00.  Interviewed with employees, observed that they are aware about ISO
7.4 Communication	С	management system and their requirements.  Verified, the Communication procedure ref: SSIEM/COMMUNICATION/01, Issue date: 05.07.2023, Rev: 00.
		Two Types of Communication evident: Internal communication: Meeting, Notice board, emails and video conference External Communication: Emails, Cover Letter, Website, Brochure etc.
7.5 Documented Information 7.5.1 General 7.5.2 Creating and Updating 7.5.3 Control of Documented	С	Verified the procedure of Document Control Ref. no. SSIEM/DOC-CTRL/01, als evident in the Quality Manual in section 7.5 Creating and updating in documents and records managed by MR after the approval of the top management.  Quality procedure ref: SSIEM/PR/01, Issue dated: 05.07.2023, Rev: 00.
		Work Order ref: SSIEM/WI, Issue dated: 05.07.2023, Rev: 00.  Master list of document information doc ref: SSIEM/MST/LIST, Issue dated: 05.07.2023, Rev: 00.  Risk register, Doc ref: SSIEM/RR/01, Issue dated: 05.07.2023, Rev: 00.

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		Incident management record ref: SSIEM/IMR/F/01, Issue dated: 05.07.2023, Rev: 00.
	8. Oper	ation
8.1 Operational Planning & Control  8.2 Requirements for products and Services  8.2.1 Customer Communication  8.2.2 Determining the requirements for Products and Services  8.2.3 Review of the requirements for Products and Services	С	Operation controlled procedure ref: SSIEM/OPRTN/CTRL/01, Issue Date: 05.07.2023, Rev: 60.  Department wise Daily Operation and its concerned person sheet is evident and verified by the top management.  Doc ref: Enrollment Process, QA checklist, Resource list,  Verified the Customer (students) communication procedure ref: SSIEM/PR/CM/01,  Changes and requirements checklist finalized by QA and the Concerned person Evidence:
8.2.4 Changes to requirements for Products and Services		Date: November 20, 2023  Department: Computer Science  Location: Computer Science Lab.  Description of Service: Several computers in the Computer Science Lare experiencing internet connectivity issues. Students are unable to access online resources for classwork.

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		Urgency: High - Students rely on internet access for their studies.  Disruption to their learning environment needs to be addressed promptly.  Requested Completion Date: November 22, 2023  Submitted by: Computer Lab Incharge.
8.3 Design and development 8.3.1 Design and development planning 8.3.2 Design and development inputs 8.3.4 Design and development controls 8.3.5 Design and development output	14/A	Exclusion: (8.3 Design and development of product and services) is not part of organization because Organization is providing only education services.  Document ref: SSIEM/QM/M/01, Issue dated: 05.07.2023, Nev: 00.
8.3.6 Design and development changes  8.4 Control of Externally Provided Processes, Products and Services  8.4.1 General	C	External Service activity is handled by admin department after the final Quality check.  Verified the External Supplier evaluation procedure SSIEM/EXP-SUP/01.  External provider form ref: SSIEM/EXP/F/01, Issue date: 05.07.2023, Rev: 00.  Evidenced:
8.4.2 Type and extent of control 8.4.3 Information for external providers		PO Number: SSIE-CS-00012  Date: 16-11-2023  Vendor: Tech Supplies Pvt. Ltd.  Ship To: Shri Shivaji Institute of Engineering and Management Studies, Parbhani (Department: Computer Science Lab, Computer Science Block)

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		Items:  High-Resolution Monitors (27 inch) (Quantity: 10)  Wireless Keyboard and Mouse Combos (Quantity: 10)
8.5 Production & Service Provision 8.5.1 Control of Production & Service Provision 8.5.2 Identification and traceability 8.5.3 Property belonging to customers or external providers 8.5.4 Preservation 8.5.5 Post-delivery Activities 8.5.6 Control of Changes	С	Service provision (educational services) is carried out as per the define procedure for service provision for each department. It is carried out keeping customer requirements in focus.  Verified the Identification and traceability procedure established by the organization ref. no. SSIEM/IDEN TIFICATION/SP/01  Any Student related Query is handled by the Student Grievance department. It is under the surveillance of the Director.  All Equipments are identified by unique id number.  Student Feedback is collected through student portal for the improvement of the services.
8.6 Release of Products & Services	С	Release of any Services (course) after carryout the testing that meet student requirements in focus.
8.7 Control of Non-Conforming Products	С	Nonconforming outputs procedure is documented in the Quality Manual.  Root cause analysis is carried out as per the procedure and report is maintained.  Ref: Quality Manual Control of non-conformity

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	9. Performan	ce Evaluation
9.1 Monitoring, measurement, analysis and evaluation 9.1.1 General 9.1.2 Customer Satisfaction 9.1.3 Analysis and evaluation	C	Monitoring, Measurement. Analysis and Evaluation of Services is carried out periodically. Student, Teacher satisfaction is monitored. Supplier performance is evaluated and monitored.  Ref: Managing Performance and Measurement
9.2 Internal Audit 9.3 Management Review 9.3.1 General 9.3.2 Management Review Meeting Inputs 9.3.3 Management Review Meeting outputs	С	Internal audit procedure ref: SSIEM/IA/SP, Issue Date: 05.07.2023, Rev: 00.  Last Internal audit schedule dated on 25.07.2023, 26.07.2023 by MR. ANAND K. PATHRIKAR (DIRECTOR).  IA frequency is set as: Once in a Year. Internal audit report available and verified, recorded 0 minor non-conformities. However, 2 OFI were found.  Nonconformities procedure ref: SSIEM/NCR/SP, Issue Date: 05.07.2023, Rev: 00.
		If, Any Nonconformities identified and subsequent actions and corrective actions taken by MR.  Corrective Action procedure ref: SSIEM/SP/CA, Rev: 00.  Correction action form ref: SSIEM/SP/CA, Rev: 00.  MRM procedure ref: SSIEM/SP/MRM, Issue Date: 05.07.2023, Rev: 00.  Management Review Meeting is conducted on yearly basis and last meeting is conducted on Date: 17-08-2023, 18-08-2023  MRM chaired by MR. ANAND K. PATHRIKAR (DIRECTOR)

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	MRM Participants are Director, Heads of departments.  MRM agenda ref: SSIEM/MRM/AGND, to all staff.  There are notes evident, however no specific action item identified except stress on internal audit and performance tracing on due timelines.
10. ln	provement
10.3 General  10.2 Nonconformity and corrective action  10.3 Continual improvement	Customer Feedback is taken in electronic form, and it is stored electronically.  Verified,  Nonconformities procedure ref: SSIEM/NCR/Sir, Issue Date: 05.07.2023, Rev 00.  Corrective Action procedure ref: SSIEM/CA/SP, Rev: 00.  Correction action form ref: SSIEM/CA/F Rev: 00.  QMS review and improvement is defined; this is identified as an annual exercise stressing entire QMS shall be reviewed and objectively looked for revision by January 2025

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#### **SUMMARY OF AUDIT**

Any unresolved issues:(if any record the same)

> No unresolved issue

#### Disclaimer:

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

Non-Conformities raised

Minor Non-conformance: 00

Major Non-conformance: 00

Observation identified: 00

#### Recommendation: (Yes/No)

Yes	The Quality Management System complies with the requirements of the reference standard, Confirmation of Client scope found appropriate & Audit objectives are fulfil during the audit.: Congratulations, on the basis of the above summary, Lead Auditor is pleased to put forward a recommendation for Certification.
	The Quality Management System complies with the requirements of the reference standard & Confirmation of Client scope found appropriate & Audit objectives are fulfil during the audit with exception of minor NC: Congratulations, Lead Auditor is pleased to put
	forward a recommendation for <b>Certification</b> , upon off-site verification of closure of all issues within 60 days from the date of Stage 2audit.  Responses to the non-conformances should be submitted to QCC and must include supporting evidence of closure to allow for off-site
	verification. In responding to the non-conformances, the organization should consider the root cause of the non-conformance and the

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potential for related issues in other parts of system. If all non-conformances are not closed within 60 days, a full reassessment/additionally assessment may be required.

**Evidence of major non conformities:** If Organization is <u>not recommended for the Certification</u>. A follow-up assessment will be scheduled to allow for on-site verification and closure of all issues within 60 days from the date of Stage 2.

Once all non-conformances are closed, the recommendation for Certification may be made. Responses to the non-conformances should be submitted to QCC within 45 days and must include supporting evidence. In responding to the non-conformances, the organization should consider the root cause of the non-conformance and the potential for related issues in other parts of system.

If all non-conformances are not closed within 60 days, a full reassessment may be required.

Organization is recommended for Suspension / Withdrawal / \_\_Surveillance / Re-Certification of current Certification. A Stage 2 audit will be required, if Organization want to make statues Certified with Concern ISO Standard.

Proposed Audit Date for \_ December 2024\_ Surveillance/re-certification Audit (After 11 months of Stage 2 audit/\_\_\_ surveillance audit)

Director

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I ABHINESH KUMAR carried out this audit as above and submit this report to QCC report and my recommend for:	t reviewer. I hereby submitted the audit report of organization
○ Certificate issue	Reduce/Extend Scope
Detail of Audit team: - Name of Lead Auditor: ABHINESH KUMAR	Auditor Signature
Name of Auditor: KK GOGIA	20 9
	Dames

**End of the Report** 

Director
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