

YASHADA

Apex Manual

(Amendment :One)

**For Standard
ISO 9001:2008**

**Yashwantrao Chavan Academy Of Development Administration
Raj Bhavan Complex, Baner Road Pune 411 007**

Prepared by	MR	Approved by	DG
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Date	23/07/10	Date	25/07/10
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Document No	YASHADA/QMS/	NIL	Date: 25/07/10

Amendments

No	Date	Particulars	Page No	Document No
1	14/04/10	As per the change in the standard requirement of ISO 9001:2008 the corrections addressed at appropriate places		

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INTRODUCTION:

YASHADA was established as the Administrative Staff College at Mumbai in 1963, renamed as the Maharashtra Institute of Development Administration in 1990, the upgrade composite multi-institutional Academy at Pune also coordinate nearly twenty regional Panchayat training institutes throughout Maharashtra. The academy was named after the first Chief Minister of Maharashtra, and later Deputy Prime Minister of India, the Yashwantrao Chavan Academy of Development Administration (**YASHADA**) is the apex training institute of the Government of Maharashtra. Comprising the Administrative Training Institute (**ATI**), the State Institute of Rural Development (**SIRD**) and the State Institute of Urban Development (**SIUD**), YASHADA is a composite Academy that also includes the Centre for Equity and Social Justice, the Centre for Disaster Management, the Centre for Environment and Development, the Centre for Information Technology and the Research and Documentation Centre.

Cross Reference: YASHADA Website: <http://www.yashada.org/>

YASHADA's MISSION STATEMENT

YASHADA's Mission is to enable equitable and sustainable development by promoting people-centred good governance. This is achieved by bringing together practical knowledge, applied research, appropriate technology and innovative training of public administrators, community-based organizations and people's representatives.

OBJECTIVES:

1. To impart training in development administration to public administrators, managers of public sector undertakings, officials and non-officials of local self government bodies, and functionaries of civil society institutions and organizations;
2. To maintain & sustain the quality of training
3. To carry out applied research facilitating public policy formulation and evaluation of programmes aimed at sustainable development;
4. To provide platform for consultancy services in Development and Public Administration;
5. To serve as the Apex Institute of the State of Maharashtra for collection and dissemination of information about development administration
6. To function as the nodal State Training Institute in the field of development administration

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ORGANIZATIONAL STRUCTURE

YASHADA is an autonomous body, funded by the Central and State Governments. The functional autonomy contributes to objective assessment and dispassionate conduct of training and capacity building. The Chief Secretary to Government of Maharashtra being the Ex-Officio President heads the Board of Governors being the apex body. The powers of policy formulation of management, supervision and control of the institute are vested with the Board of Governors (BoG), whose ex-officio President is the Hon. Chief Secretary to the Government of Maharashtra. A senior officer from Indian Administrative Service (IAS) is always designated as Director General of the academy and functions as the Head and Chief Executive. The Director General is also the Chairperson of the Executive Committee (EC), and thereby responsible for the management, administration and control of affairs of the Academy.

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LIST OF CONTROLLED COPY HOLDERS

No	Designation	For Which Office	Type of Manual
1	Director General	YASHADA	All Manuals
2	Dy. Director General & Director SIRD	SIRD	All Manuals
3	Dy. Director General & Director ATI	ATI	All Manuals
4	Director, SIUD	SIUD	All Manuals
5	Financial Advisor	Finance / Accounts	All Manuals
6	Registrar	Administration	All Manuals
7	Director MDC	MDC	All Manuals
8	Director TMC	TMC	All Manuals
9	Director ACEC	ACEC	All Manuals

- The Apex Manual will be circulated only to the Top Management (one controlled copy each).
- Manuals will be circulated to the personnel as per the enclosed sheet marked as **Appendix – I**
- Top Management includes Director General and all Dy. Director Generals
- The Manuals will have the Designations written in pen on the cover of the Manual followed by the stamp of the concerned officer and document number.
- The Manuals will be displayed on the Intranet site in a read only format using Acrobat reader. This is a methodology adopted by YASHADA to control the documents in soft format. The end user is responsible for security of such documents and no copying is permitted at any coast.
- The Master copies will carry the signatures of the preparing the authority and approving authority in original. While the controlled copies will carry the word sd/- xxx and controlled copy stamp in red ink.

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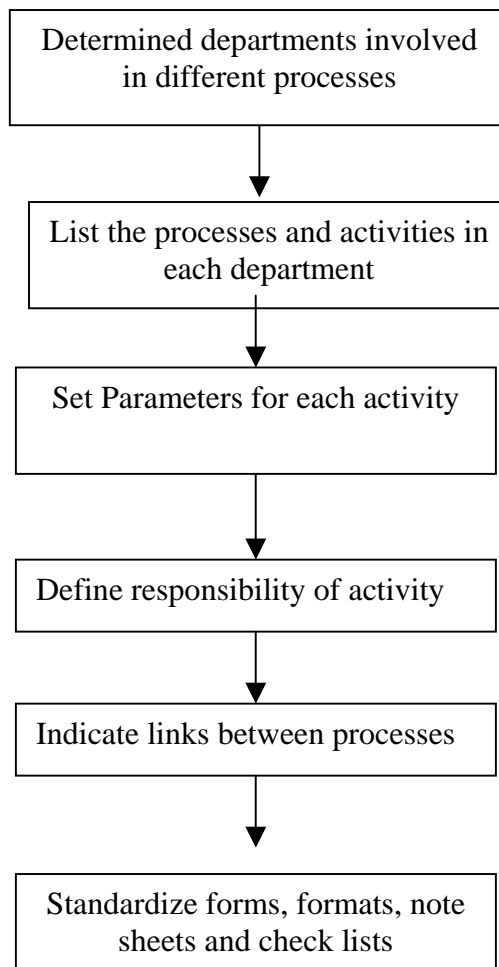
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4. QUALITY MANAGEMENT SYSTEM (QMS)

To establish ISO 9001:2008 standards, the Academy has established a Quality Management System (QMS) documented it through the Apex Manual, and implemented it through various processes and procedures of departments of the Academy.

4.1 General requirement

To ensure quality management, the Academy has determined and defined the following activities in order to meet the requirements of the ISO standards:



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YASHADA has classified its processes into:

- (1) Client Oriented processes (COP)
- (2) Support Oriented Processes (SOP)
- (3) Management Oriented Processes (MOP)

The time limits, monitoring measures for the COP will be strictly followed. The Organization is committed to deliver quality services in a time – bound framework along with parallel monitoring processes. While the COP will be most important, the Organization recognizes that the SOP and MOP are crucial in ensuring effective implementation of its processes. The classification of processes & sub processes is as follows:

COP

1) TRAINING & ACADEMIC COURSES

- i. Training Design
- ii. Conducting of Training & Evaluation
- iii. Training Monitoring
- iv. Training Monitoring Cell
- v. Policy and Plan Implementation
- vi. ACEC
- vii. APGDUM

2) RESEARCH

- i. Sponsored Research Projects
- ii. Monitoring Individuals Research
- iii. Faculty Development

SOP

- i. Computer Applications & IT support
- ii. Library Processes
- iii. Audio Visual Equipment Provision Process
- iv. Publication
- v. Hostel & Mess
- vi. MDC

MOP

1) ADMINISTRATION

- i. Resource Provision
- ii. Record Keeping
- iii. Monitoring of outsourced activities

2) ACCOUNTS

The processes listed above are explained in detail in the respective manuals. In addition to the functional processes within the Academy, the following processes are determined to include for QMS for the academy. They are:

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No	Process	Standard	Reference in the Manual
1	Document Control	4.2.3	YASHADA/QMS/09
2	Control of Records	4.2.4	YASHADA/QMS/10
3	Monitoring Process	4.2.3	YASHADA/QMS/37

Parameter for each activity are detailed in Functional Manuals as follows:

S. NO.	MAIN PROCESS	SUB PROCESS	MANUAL IN WHICH IT IS COVERED	CLAUSE NO.	SECTION OF MANUAL IN WHICH IT IS COVERED	RESPECTIVE DEPARTMENT	
1.	Training & Academic Courses	Training needs Analysis.	COP/Training	7.2	Planning- 03-17	TMC & all depts.	
		Training design		7.3			
		Monitoring of training		7.5			
		ATC preparation	COP/TMC	7.1	Planning- 18-24		TMC
		Resource Planning for training		6.2 6.3 7.2			
		Evaluation & quality training		8.2			
2	ACEC	Admission & Coaching	ACEC	7.1, 6.2,6.3, 8.2		ACEC	
3	Research	Research monitoring	COP	7.5	RD/00-03	RDC	
		Project monitoring		7.5			
3.	CRM	Grievance Redressal	COP	8.2 7.23	CRM/00-06	Administration	
4.	Policy & Planning	-	PPI manual	5.0	QMS/10-19	Planning Division	

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S. NO.	MAIN PROCESS	SUB PROCESS	MANUAL IN WHICH IT IS COVERED	CLAUSE NO.	SECTION OF MANUAL IN WHICH IT IS COVERED	RESPECTIVE DEPARTMENT
4.	Implementation measurement, Analysis	-	Apex manual	8.1-8.5	QMS/36-45	-
5.	Computer Application & IT Support	-	SOP	6.3	CIT/00-19	CIT
6.	Library related process	-	SOP	6.3	LIB/1-11	Library
7.	Hostel & Mess related process	-	SOP	6.3	HOS/01-06	Hostel & Mess
8.	MDC process		SOP	6.3	MDC/01-	MDC
9.	Publication process		SOP	6.3	PUB/01-06	PUB
10.	Audio-visual equipment provision process	-	SOP	6.3	YMRC/AVC/01-04	YMRC
11.	Administration process	Establishment	MOP	6.2	Admin/01-15	Establishment
		Record keeping		4.2.4	Admin/24	
		Purchase		7.4/6.1	Admin/16-18	
		Maintenance		6.3	Cont/01/TRP/01, Admin/20	
		Inward/ outward		7.5	Admin/21-23	
		FJS		7.5	Admin/22	
		Outsource processes		7.5	Admin/	
		Protocol		7.5	Admin/25	
12.	Accounts	-	MOP	6.2	Accts/01-14	
				7.5		
				6.1		
				8.1		

The process have been defined in detail giving activity-wise break-up in the respective manuals.

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Title	QMS	Clause No	Rev No 1
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The Academy has determined following different sub-processes for QMS, covering various departments

Sub Processes	DGs Office	Admin	Planning Division	Research RDC	ATI	SIRD	SIUD	CIT	Centres	Cells
Training	--	--	*	*	*	*	*	*	*	*
Research & Documentation	--	--	*	*	*	*	*	*	*	*
Library	*	*	*	*	*	*	*	*	*	*
Computer Application	--	*	*	*	*	*	*	*	*	*
Audio Visual and Media	--	--	*	*	*	*	*	*	*	*
Purchase of resources	--	--	*	*	*	*	*	*	*	*
Maintenance of records	*	*	*	*	*	*	*	*	*	*
Accounting	*	*	*	*	*	*	*	*	*	*
Publications	--	--	*	*	*	*	*	*	*	*
Establishment	*	*	*	*	*	*	*	*	*	*
Hospitality	*	*	*	*	*	*	*	*	*	*
Provision of Resources	--	*	*	*	*	*	*	*	*	*
Audit & Inspections	*	*	*	*	*	*	*	*	*	*
Monitoring of Outsource Activities		*	*	*	*	*	*	*	*	*

The sequence of each process & linkages if any with corresponding processes are explained in Document No. YASHADA/QMS/05

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Identification of Process

Following Sub-Processes have been identified in YASHADA for the Quality Management System

COP

3) Training & Academic Courses

- i. Training Design
- ii. Conducting of Training & Evaluation
- iii. Training Monitoring
- iv. Course Cell activities of planning for training.
- v. Policy and Plan Implementation
- vi. APGDUM
- vii. ACEC

4) Research

- i. Research Monitoring Process
- ii. Project Monitoring Process
- iii. CRM Process

SOP

- i. Computer Applications & IT support
- ii. Library Processes
- iii. Audio Visual Equipment Provision Process
- iv. Hostel & Mess
- v. Publications
- vi. MDC

MOP

3) Administration

- i. Resource Provision
- ii. Record Keeping
- iii. Monitoring of Outsourced Activities

4) Accounts

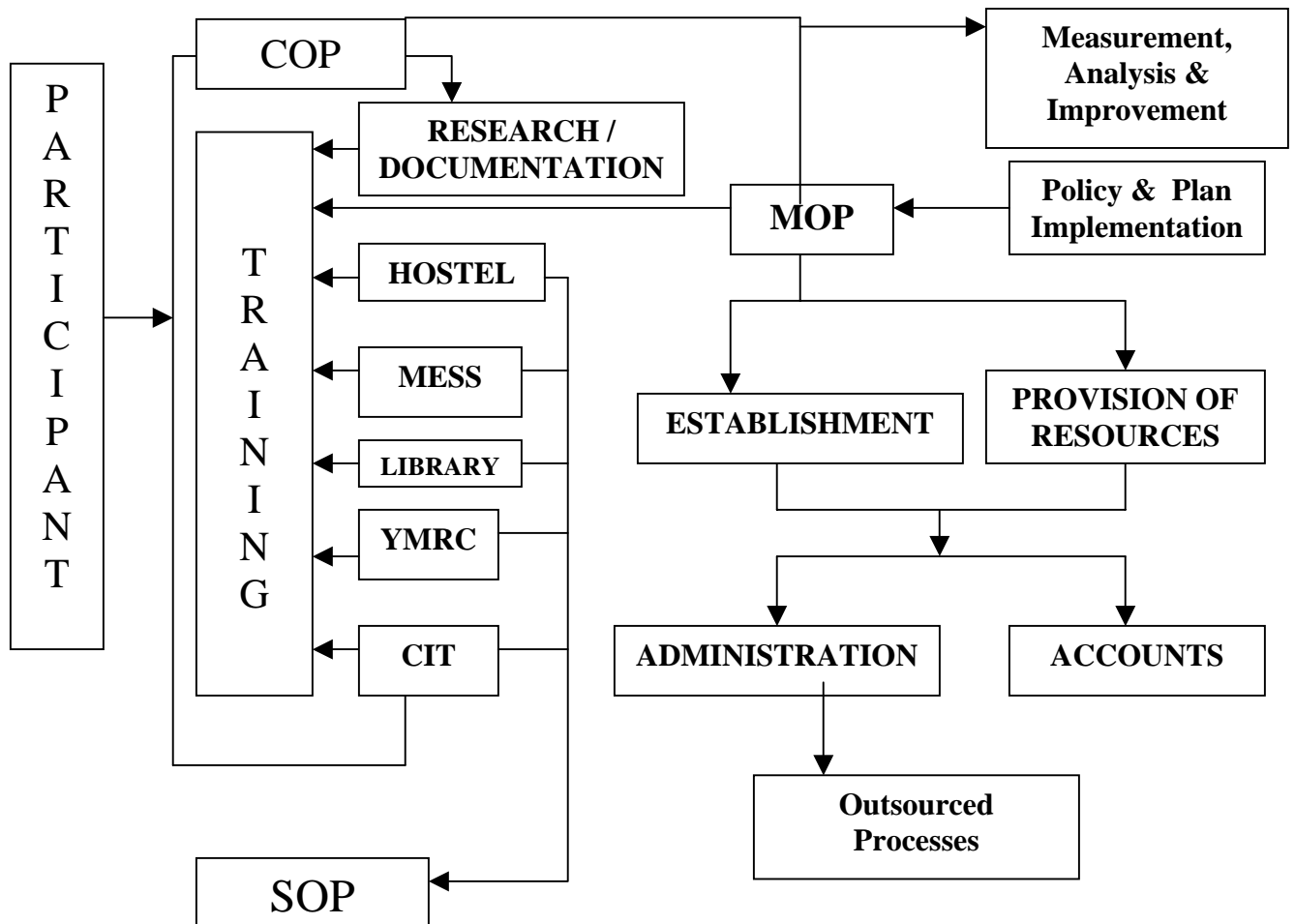
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Title	QMS	Clause No	Rev No 1
Document No	Yashada/QMS/04	4	Date 25/07/10

The processes listed above are explained in detail in the respective manuals. In addition to the functional processes within the Academy, the following processes are identified as QMS for the academy. They are:

No	Process	Standard	Reference in the Manual
1	Document Control	4.2.3	YASHADA/QMS/09
2	Control of Records	4.2.4	YASHADA/QMS/10
3	Monitoring Process	8.2.3	YASHADA/QMS/37

Linkages of Processes



Note: Training includes Monitoring & evaluation and Course Cell, TMC, ISO and CMIS

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Title	Documentation Requirement	Clause No	Rev No Nil
Document No	Yashada/QMS/06	4.2.1	Date 25/07/10

YASHADA has established and maintained Quality Systems for Training and other support activities through the following set of documents and records:

1. Apex Quality Manual (AQM) - Consisting of policy and summary of the entire Quality Management System as per ISO 9001:2008 requirements
2. Functional Manuals for various activities - explaining detailed procedures of the activities these are further linked to apex manual. The following manuals have been prepared. The functional manuals consist of:
 - Work-related Procedures
 - Monitoring of outsourced activities
 - Purpose, scope and details of activities
 - Reference documents
 - Records in the form of files
 - Checklists
 - Formats
 - M. I. S. Parameters

Each Document is numbered as follows:

Organization/ process/dept./no
e.g.: Yashada/cop/trng/01

All documents will be circulated in paper-copy as well as soft copy through the intranet

The identification of outsourced processes has been established, identified and controlled by YASHADA administration these includes following outsourced processes:

1. Identification of external trainer for imparting trainings: The competency evaluation methodology is already defined by YASHADA and as per the procedure it is followed. It is reviewed periodically by obtaining the feedback from the trainee as the training imparted fulfils the requirement which is main objective of the organization.

2. Canteen Services: This outsourced activity where in it is a contract of serving food in the own premises of YASHADA as per the contract with the contractor. The contractor will sign the agreement with the terms and conditions applicable and decided by the YASHADA and final clearance will be given by the DG, YASHADA up on successful completions as well as acceptance of the same. The contract will be reviewed every month / year. The services will be monitored thoroughly by the authority of YASHADA and will be recorded. Such records will be reviewed periodically for non conformances and this review will be discussed in Management review meeting.

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Title	Documentation Requirement	Clause No	Rev No Nil
Document No	Yashada/QMS/06	4.2.1	Date 25/07/10

3. Printing of training and internal stationary: It is also if an outsourced then contract terms and conditions will be reviewed and agreed by the competent authority of YASHADA. Printing proof verification will be a criterion of control the records of the same will be monitored and approving authority signs the approved copy. The record of the specimen and test print will be kept as record with competent authority.

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Title	Quality Manual	Clause No.	Rev. No. NIL
Document No	YASHADA/QMS/07	4.2.2	Date 25/07/10

4.2.2 Quality Manual

Purpose: To establish a documented system as per the requirements of ISO 9001: 2008.

Scope: The scope of the QMS is as follows:

The Quality Manual is the Apex Document. It specifies the goals, perspectives and concerns of the organization. The principles adopted to meet the desired objectives have been defined in this manual.

Procedure:

- (1) The Quality Manual includes all the clauses which are mandatory as per the requirements of ISO 9001: 2008 norms
- (2) The Vision & Mission Statement has been incorporated in this manual
- (3) The Apex Manual is prepared by MR and approved by DG.
- (4) Amendments to Apex Manual, if required will be incorporated on a half-yearly basis
- (5) Apex Manuals will be circulated only to the Top Management
- (6) The interaction of various processes are defined in sec 4.1

The scope excludes the following clauses: -

Clause 7.5.2: As there are no service processes which reduce.

Clause 7.5.4: There is no Customer property for which YASHADA is accountable.

Clause 7.6: The department does not undertake any activity, which requires sophisticated equipment for monitoring and measurement

Responsibility

It will be the responsibility the top management to prepare/incorporate changes in the Quality Manual

Records:

NIL

Cross Reference:

- (1) Vision – Mission Statement

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Title	Control of Documents	Clause No.	Rev. No. 1
Document No	YASHADA/QMS/08	4.2.3	Date: 25/07/10

Purpose: -

To establish a well defined system of control of documents

Scope: -

Will be applicable to the entire organization specific

Procedure-

The proposing, approving and implementing authority for any changes, such as addition, deletion or amendment to the documents will be as follows:

Sr. No	Documents	Proposing Authority	Approving Authority	Implementing Authority	Monitoring Authority
1	Apex Manual	Management Review Committee	DG	MR	DG
2	Functional Manuals	Concerned DDGs	DG	OICs/HoDs/ DDGs	DDGs

(A) Authority designated for proposing the changes will approve each document

(B) Documents are controlled by revision number and date. Controlled List of all the latest revision of all documents is available at the point of use.

(C) After carrying out changes the revised version will only be available to all concerned users. All the obsolete copies are kept aside by the user after affixing the stamp on them. The OIC should ensure that the stamp is procured from Management Representative and kept in his/her custody. The revised editions will only be available to specific users and will render previous editions as obsolete. The obsolete copies are kept in the custody of the OIC

The design of the stamp will be:

<u>OBSOLETE</u> Out of circulation Date DD/MM/YY Revision list no Sign

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- (D) Invalid and obsolete documents are promptly removed (within 2 days).
- (E) Obsolete documents retained for future references are identified with “**OBSOLETE**” stamp.
- (F) Original i.e. Master Copy is identified with “**MASTER COPY**” stamp affixed randomly on the backside of the page.
- (G) Controlled Copies are identified with “**CONTROLLED COPY**” stamp in red color on title page and on some other pages.
- (H) Any other copies other than “**MASTER**” and “**CONTROLLED**” are in their respective colors “Uncontrolled”. This includes Xerox controlled copies unless it is re-stamped in red color as “**CONTROLLED COPY**”.
- (I) Management Representative is responsible for maintaining, issuing and withdrawal of records for all controlled documents.
- (J) Documents are revised or changed only after filling up the amendment request (format No. **ISO-Apex/Form No 4**) by MR and controlled by DG with revised “Revision Number” and “Date”. Subsequently, earlier revisions (Controlled Copies) are removed and scrapped while Master Copy is identified with “**OBSOLETE**” stamp and filed.
- (K) Amendment list is updated accordingly. In YASHADA, only the amended sheets will replace the old sheets. The whole document will not become obsolete. Copies of relevant process manual pertaining to a particular department will be circulated only to that department.
- (L) There are documents of external Origin, which are used in the quality of process in Library and Administration.

RECORDS: -

The MR will maintain following records:

- a) List of Control Copy Holders
- b) Master List showing Current Revision List
- c) Issue and Withdrawal of Record

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Title	Procedure For: Management Commitment	Clause No	Rev. No 1
Document No	YASHADA/QMS/10	5.1	Date 25/07/10

4.2.4 Control of Records

Purpose

The purpose of this procedure is to ensure effective control of Quality Records.

Scope:

Applies to the entire organisation.

Procedure:

- a. It covers all records of the Quality Management System. “Record” denotes documents, which will be made available to the auditors, as well as documents, which are the output of certain activities. It also includes “record”, which is the end product of a complete activity.
- b. It covers Record generated by ISO 9001: 2008 Systems
 - i. Files.
 - ii. The custodian of this record in YASHADA will be at two levels.
 1. At OIC level
 2. At the Section level
- c. It covers Records which are created by every Department/Section/Cell
- d. It covers records in record room

It shall be the responsibility of these officers to ensure to keep the respective records legible, identifiable, retrievable and duly protected from damage and deterioration. They shall ensure that the records are disposed off by shredding only after the retention period is over. Due mention of the destruction shall be recorded in writing. The concerned officer destroying the record to that effect shall retain a certificate.

In case of electronic data the regular files, worksheet etc. will be protected by the machine password known only the User. In case of application-based software’s the Users will be given User –Ids & passwords & the changes can be incorporated only through the login id & password of the User. The User Login is tracked through the software. Server backup is taken periodically once a month.

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Title	Procedure For: Management Commitment	Clause No	Rev. No 1
Document No	YASHADA/QMS/10	5.1	Date 25/07/10

RESPONSIBILITY:

It shall be the responsibility of MR/DDG/DDG (Planning)/Dept./Institute Heads /OIC/ HoD to maintain complete list of records pertaining to their respective Manuals which will include:

- (1) Description
- (2) Format Number
- (3) Location at which stored and
- (4) Retention period etc.

(Format No. ISO-Apex/Form No. 5)

Cross-Reference:

- 1.) Office procedure manual
- 2.) YASHADA/MOP/admn/24
- 3.) Record room procedure

5. Management responsibilities

The Top Management of the Academy is committed to support the development and implementation of the Quality Management System

5.1 Management Commitment

The Director General, Deputy Director Generals, Directors and the HoDs / OICs shall be responsible for:

- a) Communicating to the organisation the importance of Service level norms as well as statutory and regulatory requirements through both formal and informal Policy Circulars / Circulars / Minutes of meetings / Training / Discussions, Faculty Meetings, Think Tank Meetings as also the Quality Policy.
- b) Establishing the Quality Policy as given in document No YASHADA/QMS/13
- c) Ensuring that quality objectives are established as shown in document No YASHADA/QMS/14
- d) Conducting management reviews as given in document No. YASHADA/QMS/20
- e) Assessing the requirements of resources through Management Reviews.
- f) Monitor & measure the achievement of the objectives

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5.2 Customer focus

Purpose:

To ensure that the participants interacting with YASHADA get good quality services in in-campus and in out-of-campus programme

Scope:

The Focus of the Academy is on updating knowledge and skills of government officials and public representatives for providing people-centered governance. It also includes some extent the NGOs and members of civil society, as development administration is a collaborating effort involving all the stakeholders.

1. Training Needs Assessment:

YASHADA regularly reviews its core training competence with reference to the needs of the stakeholders and designs the Annual Training Calendar (ATC). The ATC is flexible in order to help and adjust to urgent indents as per specific training needs.

An annual workshop is held involving various government departments for understanding their training needs and reviewing the relevance for ongoing training courses. This workshop is usually held in September – October, and forms the basis for planning the Annual Training Calendar for the next academic year. It also enables the institute to understand the training needs of various Government Departments. In certain cases, specific training needs assessment is carried out with a particular department/organization.

2. Design of Training:

While planning the design of a training course, assistance of the TMC/Planning Division is sought on professional matters e.g. Design of training programme and reading material. A training programme itself has three main phases and each of it is customer focused:

- a) Pre-course activities related to Needs Analysis and Design of Training wherein the stakeholders are consulted for determining needs. The Planning Division is consulted for the design part of the course.
- b) Actual conduct of training.
- c) Post course activities- they include feedback and appointing of Participants Representative for long-term relationship with YASHADA. Under this scheme, two participants keenly interested, are selected to maintain continuous contact with the institute for feedback purposes as well for providing input about training needs.

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3. **Evaluation of Training:**

YASHADA has an intensive feedback system. Formal feedback is received through evaluation reports, which is systematically analysed and commented upon by the Course Director (CD). However, during the course, the CDs interact informally with the course participants and ascertain their views and reactions about the course contents and facilities. This feedback is also an important form of evaluation. Such evaluation is beneficial for providing relevant training inputs. Feedback system is grouped in two parts: Evaluation of the trainings imparted to internal staff will be carried out periodically. The small exams will be taken to establish the effectiveness of the trainings imparted as well as HOD of the trainee will submit the feed back at defined frequency to Management Representative as well as HR Head the same. If person / trainee fails to attempt the same the cause evaluation will be analysed and appropriate CA will be initiated. The records of the same will be monitored and maintained at HR department with competent authority.

- a) Training related feedback
- b) Infrastructure related feedback

4. **Monitoring of customer satisfaction:**

Participant satisfaction is regularly monitored by the Director General through various formal channels. Faculty meetings are held once very month. Director General / Dy. Director Generals / OICs attend the valedictory session of different training; assess the design of the programme and achievement of its objectives.

Responsibilities:

DG, All OICS/DDGS, CDs, CAs and C–MIS Coordinator

Records:

1. Course files
2. Evaluation forms

Cross-Reference:

- 1) Training Process
- 2) COP Training Process Manual

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Mission Statement

YASHADA’s Mission is to enable equitable and sustainable development by promoting people-centered good governance. This is achieved by bringing together practical knowledge, applied research, appropriate technology and innovative training of public administrators, community-based organizations and people’s representatives.

Work Norms

Based on this mission statement, work norms for each faculty member have been prescribed. A set of targets is assigned to each faculty under Circular No. PC/2003-04/WFAC/001 dated 18 **October 2003**, & **November 2009** to be amended from time to time. The Mission statement is received every year for its continuing suitability. It is used as a basis for defining objectives & work norms.

Records:

- 1) ATC

Cross-Reference:

- 1) Training process in the COP manual

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Title	Quality Objectives	Clause No	Rev. No 1
Document No	Yashada/QMS/13	5.4.1	Date: 25/07/10

5.4.1 Quality Objectives

No	Quality Objectives	Measuring Unit
1	Impart training in development administration to public administrators, managers of public sector undertakings, officials and non-officials of local self government bodies, and functionaries of civil society institutions and organizations;	Number of Training Programmes, Workshops, Seminars and extension activities conducted by each Dept/Section/Cell
2	To carry out applied research facilitating public policy formulation and evaluation of programmes aimed at sustainable development;	Number of Training Programmes, Workshops, Out-of-campus interactions and Research projects undertaken & Completed
3	To provide platform for consultancy services in Development and Public Administration	Number of consultancy projects

The objectives mentioned in the manual are general. However, the Director General is authorized to set yearl objectives through circular and review them from time to time. Quality objectives are reviewed and new targets are set for each year.

The Director General reviews the progress in Review Meetings and monitored through CMIS system. For the purposes of training, the D-90/D-60 procedure is followed. A set of targets is assigned to each faculty under Circular No. PC/2003-04/WFAC/001 dated 18 October 2003, & November 2009, to be amended from time to time.

Cross Reference

- 1) CMIS
- 2) TMIS
- 3) ATC

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Title	System Planning	Clause No	Rev. No 1
Document No	Yashada/QMS/14	5.4.2	Date: 25/07/10

5.4.2 Quality management system planning

YASHADA has defined and documented the Quality Management System, mentioned in document No. YASHADA /QMS. /01 to meet the requirements of quality and applicable standard of ISO 9001:2008

Procedure: -

The Top Management ensures that the integrity of the QMS is maintained when changes to QMS are planned and implemented. Similarly changes are tracked with the help of Revision Lists. The Top Management will conduct Quality Control Review Meetings Once in Four Months to ensure that the commitments are met as per the desired matrix and applicable standard of ISO 9001:2008

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Records: -

MRM

Cross Reference: -

Standard of ISO 9001:2008- applicable input requirement as per the clause of MRM

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Title	Responsibility	Clause No	Rev. No 1
Document No	Yashada/QMS/15	5.5.1	Date: 25/07/10

5.5.1 Responsibility and Authority

Responsibility and Authority is clearly defined by the Board Of Governors and is communicated throughout the organization through the establishment of the staffing pattern, circulation of policy circulars, quality manual, and office procedures and through minutes of meetings convened by Competent Authorities.

A. The Director General

1. Responsible for implementing policy for the Academy as determined by the Board of Governors under the aegis of the Memorandum.
2. Ensure provision of quality training and allied services to trainees effectively.
3. Enable quality training and maintain continuous rapport with parent departments of State and Central Governments and facilitate communication amongst the YASHADA faculty, External Agencies and the State and Central Governments.
4. Develop & ensure implementation rules and procedures for policy decisions including those for activities of Purchasing, Public Relations, Public Relations, Financial Controls, Computerization, and Grievance Redressal.
5. Perform all management activities including defining policy-objectives, their review, and conduct management review activities.
6. Determine and provide resources as required for all activities of the Academy.
7. Approve all documents including the Apex Manual.
8. Ensure that all monitoring and measurement activities proceed as per plan. Where required, implement appropriate corrective and preventive activities and continual improvements.
9. Ensure effective authorization and delegation of powers to supervisors regarding planning, implementation and other activities that need to be carried out in the organization.
10. Conduct inspection.

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Title	Responsibility	Clause No	Rev. No 1
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B. Management Representative

1. To establish and manage the QMS of the Academy.
To ensure effective and efficient operation and improvement through appropriate monitoring and evaluation of the QMS as per standard of ISO 9001:2008
2. Evaluation of the effectiveness of corrective actions raised for the NCs raised in internal audit, external audit, customer audit, suppliers audit and customer complaints. Discussing the same in every MRM. Communicating the same to appropriate higher authority as prevented recurrences.
3. To report to the DG YASHADA on the performance of QMS and suggest improvements if any.
4. Promote customer awareness in the Academy amongst all Officers, faculty and their departmental staff

C. DDGs and HoDs/OICs

1. Act as an effective link between the Director General and the faculty, staff.
2. Guide Course Directors for conduct of programmes, activities and policy implementation.
3. Check all points as per Process Flow chart.
4. Report to Director General about quality problems & rectifications required in processes.
5. Report to Director General any problems that cannot be solved by him or at his level.
6. Conduct inspections as per work instructions.
7. Check quality of processes periodically.
8. Carry out inherent quasijudicial functions as per Quality Standards.
9. Keep and maintain all records related to ISO 9001: 2008
10. Communicate with trainees and other clients, when required, regarding grievances, understanding their suggestions etc.
11. Perform all administrative duties (zero defect services) & take necessary steps for co-ordination within their department or with other departments.
12. Overall responsibility of delivering quality services through their department.

D. Course Directors

- D1. Professors (A Handbook for Training Course Management, YASHADA, Page no. 94 – 95)
D2. Associate Professors (A Handbook for Training Course Management, YASHADA, Page no. 96 – 97)
D3. Assistant Professors (A Handbook for Training Course Management, YASHADA, Page no. 98)
D4. Research Officers (A Handbook for Training Course Management, YASHADA, Page no. 99 – 100)

E. RAs/CAs:

- E1. Research Assistant (A handbook for Training Course Management, Page no. 101)
E2. Course Associate (A handbook for Training Course Management, Page no. 102 – 103)
E3. Course Assistant (A handbook for Training Course Management, Page no. 104 – 105)

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Title	Responsibility	Clause No	Rev. No 1
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Apart from the activities given in the Training Manual following activities are to be performed by the Course Directors/Course Assistants:

- 1) **Training Needs Analysis (TNA):** Prepare, conduct, document, analyze and get approval for training Needs Analysis.
- 2) **Design of Training (DoT):** Design the course
- 3) **Reimbursement from sponsoring agencies:**
 - a) Prepare and submit pre-programme estimates to funding agencies after sanctioning and approval of Planning Division and Accounts Department.
 - b) Seek and obtain approval for the estimate from funding agencies
 - c) Upon completion of the programme forward the final bill according to actual accrual and maintain regular follow up.
- 4) D – 90
- 5) All purposes Associate Course Director is recognized with equal responsibility as Course Director

Cross-reference:

- 1) Training manual Pages 94 to 105
- 2) Training Procedures COP Manual

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Title	Procedure For: ISO Clause Monitoring Responsibility	Clause No	Rev. No 1
Document No	YASHADA/QMS/16	5.5.1	Date 14/04/10

Responsibility as per ISO clauses

Clause No.	Description	DG	DDG	MR	DDGs/ OIC	CD	CA
4.1	Quality Management System	P	P	P	S	S	S
4.2.1	Documentation Requirement	S	P	P	S	S	S
4.2.2	Quality Manual	P	P	P	S	S	S
4.2.3	Control of Documents	S	P	P	S	S	S
4.2.4	Control of Records	S	P	P	P	P	P
5.1	Management Commitment	P	S	S	P	S	S
5.2	Customer Focus	P	P	P	P	P	P
5.3	Quality Policy	P	S	S	S	S	S
5.4	Planning	P	S	S	S	S	S
5.5	Responsibility, Authority & Communication	P	S	S	S	S	S
5.6	Management Review	P	P	P	S	S	S
6.1	Provision of Resources	P	S	S	S	S	S
6.2	Human Resources	P	NA	NA	P	NA	NA
6.3	Infrastructure	P	NA	NA	S	NA	NA
6.4	Work Environment	P	P	P	P	P	P
7.1	Product Realization	NA	S	S	P	P	P
7.2	Customer Related Processes	P	P	P	P	P	P
7.3	Design & Development	NA	S	S	P	P	P
7.4	Purchasing	C	NA	NA	P	S	S
7.5	Production and service provision	NA	NA	NA	NA	NA	NA
7.6	Control of Monitoring and Measuring Device	NA	NA	NA	NA	NA	NA
8.1	Measurement Analysis and Improvement	P	P	P	P	S	S
8.2	Monitoring & Measurement	P	P	P	P	S	S
8.3	Control of Nonconforming Product	P	P	P	S	NA	NA
8.4	Analysis of Data	P	P	P	P	S	S
8.5	Improvement	P	P	P	P	P	P

- P - Primary Responsibility
 S - Secondary Responsibility
 NA - Not Applicable
 C - Coordinating

Prepared by	MR	Approved by	DG
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Title	Management Representative	Clause	Rev No 1
Document No	Yashada/QMS/17	5.5.2	Date: 25/07/10

Purpose: -

To identify a single point interface to implement and monitor QMS

Scope: -

For the whole organisation

Procedure:

Management Representative as and when designated by Director General and will be responsible for the following:

- (i) To ensure that the QMS is established, implemented and maintained in accordance with ISO 9001:2008.
- (ii) To report on the performance of QMS to the Top Management for review and as a basis for improvement of the QMS.
- (iii) Liaison with external agencies regarding QMS as and when required.
- (iv) To ensure the promotion of awareness of Service Level Standards in the organisation.
- (v) To organise and ensure that internal audits are conducted as specified.
- (vi) To ensure that ISO Review meetings are conducted as per specified schedule.

Responsibility: -

Management Representative (from YASHADA) as appointed by DG

Records: -

Nil

Cross Reference: -

Appointment Letter

Prepared by	MR	Approved by	DG
Sign		Sign	
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Title	Internal communication	Clause	Rev No 1
Document No	Yashada/QMS/18	5.5.3	Date: 25/07/10

Purpose: -

To establish a system of internal communication. The purpose of this clause is to define effective Internal Communication within the Organization.

Scope: -

The scope covers all forms of communication within the entire Organization.

Procedure: -

In the following situations, the organization will issue a circular to its internal departments: -

1. New concepts, as an when approved
2. Amendments to various documents
3. Government Resolutions as appropriate
4. Decisions through minutes of meetings upon approval of competent authority.
5. Feedback from employees & customers/ participants.

The system of internal communication within the Academy consists of

- 1 Meetings
- 2 Policy Circulars, Circulars
- 3 Notices
- 4 Office Orders
- 5 Memorandum
- 6 Reference Notes
- 7 Office Notes
- 8 Booklets
- 9 Films & CDs
- 10 Minutes of Meetings and discussions
- 11 Telephonic, verbal instructions and emails.
- 12 Intranet website: <http://data-server/eyashada/index.htm> and Academic Planning System <http://data-server/yashada-aps/BharatMasterIndex/BBMasterIndex.htm>

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Title	Internal communication	Clause	Rev No 1
Document No	Yashada/QMS/18	5.5.3	Date: 25/07/10

The organisation has established the system of internal communication as follows:

- (i) Circulating Quality Departmental Manual consisting of Procedures & Processes, Work Instruction / Checklist & formats.
- (ii) Participants feedback
- (iii) Discussion during meetings about achievements of quality objectives, participants, and training related issues etc.
- (iv) Management Reviews to discuss long-term and short-term policies, long-term planning, its implementation and problems.

The Director General calls meetings with reference to Planning Division and amendments from time to time.

Responsibility: -

SR. NO	NATURE OF COMMUNICATION	OFFICER RESPONSIBLE
1.	Meetings	OIC/ DDG
2.	Letters/circulars/write-ups	OIC, HoD
3.	Amendments & changes in QM/ processes/ checklists	MR
4.	Management review meetings	MR

RECORDS: -

1. Standing Order (SO) files
2. Participants Feedback Form
3. Minutes of Meeting of Management Review Meeting.
4. Minutes of 'Review Meetings,' 'Faculty Meeting',' Think Tank' Meetings and Faculty and Staff Retreats.

Prepared by	MR	Approved by	DG
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Title	Management Review	Clause	Rev No 1
Document No	Yashada/QMS/19	5.6	Date: 25/07/10

Purpose: -

To establish a system for Management Review through meetings to be held Six times in a year

Scope: -

Applies to all the offices.

Procedure: -

The Participants of the review meeting are: -

- (i) DG
- (ii) MR
- (iii) DDGs
- (iv) Members of the Core Team consisting of the DDGs, and MR

The reviews are carried out to ensure the suitability, adequacy and effectiveness of QMS. This review includes assessing opportunities for improvement and the need for changes to the QMS including Quality Policy and Objectives.

The agenda is prepared prior to conducting the meeting and circulated to all participants. The agenda has been specified through a Policy Circular and includes the following points: -

- Review of action points of previous meeting.
- Results of Internal Audit.
- Client Feedback.
- Corrective and Preventive Action Reviews.
- Changes that could affect the QMS
- Recommendations for Improvement.

The output of the review meeting contains minutes of the meeting including decisions, action points, and the persons responsible for the actions related to: -

- Improvement of the effectiveness of the QMS and its processes
- Improvement of Product Related to Customer Requirements
- Resource Needs

MR will prepare Minutes of Meeting and the same is circulated to all participants.

Prepared by	MR	Approved by	DG
Sign		Sign	
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Title	Management Review	Clause	Rev No 1
Document No	Yashada/QMS/19	5.6	Date: 14/04/10

Agenda & Minutes of meeting shall be maintained as records.

Responsibility: -

- 1) Director General is responsible for ensuring that the meeting is convened as per specified schedule.
- 2) Management Representative is responsible for conducting the management review meeting, recording the minutes and circulating the action points subsequent to the meeting
- 3) All DDGs, MR and Invites

Records: -

1. Policy Circular on Agenda of Meeting
2. Policy Circular on Minutes of Meeting

Cross References: -

NIL

Prepared by	MR	Approved by	DG
Sign		Sign	
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Title	Provision of Resources	Clause	Rev No 1
Document No	Yashada/QMS/20	6.1	Date: 25/07/10

Purpose: -

To provide a system for provision of resources.

Scope: -

All procedures including human resources.

Procedure: -

1. YASHADA receives grants from the Central as well as State governments. In addition, YASHADA generates funds through conducting sponsored programmes, research projects and by providing consultancy services. These funds are mainly allocated for the purpose of training of participants, conduct of projects, strengthening and upkeep of the existing facilities and towards establishment costs.
2. The Top Management has identified and provided resources including infrastructure and human resources needed for implementing and monitoring QMS and continually improving its effectiveness and also to enhance customer satisfaction by meeting customer requirements. The adequacy and suitability of resources is reviewed at the Management Review Meeting.

Responsibility: -

For the overall resource management, the DG is supported by the Financial Advisor and the Deputy Director Generals. The Investments Committee under the Chairmanship of the Secretary, Finance, and Government of Maharashtra clears the proposals for investments.

RECORDS:

Minutes of Meetings for

1. Faculty meeting
2. Think tank
3. Department review
4. MRM

CROSS REFERENCE:

- a. Purchase and Maintenance Process in MOP Manual

Prepared by	MR	Approved by	DG
Sign		Sign	
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Title	Procedure For: Human Resources Provision	Clause No	Rev. No1
Document No	YASHADA/QMS/21	6.2	Date 25/07/10

Purpose:

To ensure consistently efficient performance of competent personnel.

Procedure:

The Academy strives:

- 1) To upgrade the skills of existing Faculty by deputing them on various training programmes;
- 2) To conduct in-house training programmes for the faculty by inviting eminent persons;
- 3) To invite guest speakers and resource persons for augmentation of training programmes;
- 4) To conduct seminars and workshops;
- 5) To encourage individual research projects;
- 6) To appoint consultants on contractual basis;
- 7) To enhance physical fitness and mental activities of the Faculty through Yoga, Vipassana and Stress Management techniques, and
- 8) To organize periodical retreats to develop a sense of commitment and belonging.
- 9) The records of training are maintained in the format of training competency profile Yashada/COP/Plng-12
- 10) These records also indicate the effectiveness of training given.
- 11) The establishment process also ensures appointment, transfers, promotions etc.

The effectiveness of the training will be reviewed by the concerned OIC/DDG. After the completion of training the concerned OIC/DDG will make a remark in the training competency profile as to the effectiveness of the training after six months from the date of completion of the training.

Scope: -

It is applicable for the personnel whose work affects Quality of Processes

Responsibility: -

The DG along with DDGs and Registrar are responsible for provision and management of personnel in various departments.

Records: -

- 1) Training Records of YASHADA personnel. (TMC)
- 2) Training profile of Individuals/ Service Book (TMC)
- 3) Profile of Guest Faculty
- 4) Documentation of Retreat

Cross Reference:

1. COP Manual Training Competency profile
2. MOP/Admin/01-15

Prepared by	MR	Approved by	DG
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Title	Procedure For: Infrastructure	Clause No	Rev. No 1
Document No	YASHADA/QMS/22	6.3	Date 25/07/10

Purpose: -

The purpose of this procedure is to ensure availability of required infrastructure for work within campus.

Scope: -

Applicable to the entire organization.

Procedure: -

The person working in a particular place determines infrastructure requirement. The person processes the requirements through OIC/DDG who reviews and forwards, if justified, to the DG for approval. After approval of DG, the competent authority will process the requirement.

The infrastructure primarily consists of:

- a) Air-conditioned and non – air-conditioned class rooms with teaching/training aids such as LCD, Overhead projector, audio – video conference systems
- b) Conference Halls
- c) Auditorium
- d) Computer lab
- e) Hostels
- f) Dining facility and kitchen (i.e. Mess)
- g) Library
- h) Medical and sports facility
- i) Facility for YOGA classes
- j) Recreational area
- k) Public call facility
- l) On-campus banking facility
- m) On-campus staff residential complex

Responsibility: - Concerned officers, OIC/DDG & DG as specified above.

Prepared by	MR	Approved by	DG
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Title	Procedure For: Infrastructure	Clause No	Rev. No 1
Document No	YASHADA/QMS/22	6.3	Date 25/07/10

Cross-Reference: -

- Maintenance Process Yashada/MOP/cont/01
- Yashada/COP/Plg-04 to 17
- Library related process/SOP/LIB/1-11
- Hostel & Mess related process/SOP/HOS/01-08
- Computer Appliance & IT support process/SOP/CIT/00-19
- Audio visual equipment process/YMRC/AVC/01-04

Prepared by	MR	Approved by	DG
Sign		Sign	
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Title	Work Environment	Clause No	Rev. No 1
Document No	YASHADA/QMS/23	6.4	Date 25/07/10

Purpose:

To determine work environment in the academy

Scope:

It covers the total environment of the academy.

Responsibility: DG & DDG/OIC.

Procedure:**A) Healthy work environment is ensured through:**

1. Faculty and Staff retreat
2. Faculty meetings and Think Tank meetings to freely express views
3. Reward for innovative ideas
4. Provision of support staff /services as required and as justified.

The DG, and other senior officers ensure that proper work environment is maintained.

B) Physical work environment is ensured through ensuring a clean premises. This is ensured by proper maintenance of the entire premises.

Records:

Policy Circulars

Cross-Reference:

- House Keeping & Maintenance Process- Yashada/MOP/Admin/20
- Garden Conservancy & Security- Yashada/MOP/GCS/01

Prepared by	MR	Approved by	DG
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Title	Procedure For: Planning of Product Realization	Clause No	Rev. No1
Document No	YASHADA/QMS/24	7.1	Date 25/07/10

Purpose: To ensure effective planning of training courses & workshops.

Scope: It is applicable to the entire academy.

Procedure:

Design and development planning: Whenever a new programme is decided the target group and the Course director are finalized and recorded in the ATC. For the design of each new training programme the stages involved are defined in the flow chart. Wherever the design process requires interaction with internal/external agencies this documented in the COP manual YAHADA/COP/PIng-10.

In order to enhance the quality of training, the Course Directors design their courses based on Training Needs Assessment following an interaction with the clients (State Government Departments, NGOs etc.). TMC reviews the Design of Training and suggests improvements/modifications. Appropriate course material is provided to the trainees to supplement the training. Field visits are organized for providing exposure to real-life situations. A constant feedback through assessment sheets is used for redesigning and improving the course delivery.

Responsibility:

- 1) All course Directors & Course Assistants.

Records :

- 1) Course Files.

Cross Reference:

- 1) COP Manual- Training Related Activities.

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Determination of Requirement related to service	Clause No	Rev. No 1
Document No	YASHADA/QMS/25	7.2.1	Date 25/07/10

Purpose: Determination of requirements related to training.

Scope: All training needs of Yashada.

Procedure:

The Academy has determined the training and workshop related processes in connection with the requirement of the participants. These are done through:

- 1) Training Needs Analysis
- 2) Design of Training
- 3) Training Process
- 4) Suggestions from participants
- 5) CRM Processes

For YASHADA Programmes

The expectations from the trainees are determined through a number of feedback rounds, interactive sessions as well as personnel discussion. Annual Training Calendar of the Academy is finalized after meetings and discussions with the Departmental Coordinators of the State Government as also the feedback from the participants during ongoing training programme and workshops. Based on these expectations and interaction, the ATC for the next year is finalized. The suggestions and feedback from the Participants also help in improving the infrastructure related facilities mainly in the field of hospitality or in improving the performance of faculty.

Records:

- 1) TNA and
- 2) Design of Training in the course proposal
- 3) Evaluation Forms
- 4) Suggestion & Complain Register.

Cross-Reference: Yashada/COP/Plng. Training related Processes.

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	42

Title	Procedure For: Review of Requirement Related to Product	Clause no	Rev. No. 1
Document No	YASHADA/QMS/26	7.2.2	Date: 25/07/10

Purpose: - Review of Course Evaluation with reference to Training Needs Analysis (TNA) and Design of Training (DoT)

Scope:

All training programmes.

Procedure:

The Course Directors evaluates the course as per the TNA and Design of the course. The review ensures that the process requirements are clearly defined and understood. The differences and perspectives, if any, with the participants are resolved and it is ensured that the organization has the ability to meet the defined requirements.

TMC and the Director General review the feedback and course evaluation report.

Records:

- b) TNA
- c) Design of training
- d) Feedback

Cross-Reference: Yashada/COP/Plng- Training Related Process.

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	43

Title	Procedure For: Customer Communication	Clause no	Rev. No. 1
Document No	YASHADA/QMS/27	7.2.3	Date: 25/07/10

The different ways by which the organization is communicating with the participants are given below:

1. About The Training Programmes:

The programmes planned by YASHADA as well as the customer expectations will be communicated to the Customer (sponsoring agencies, departments and expected course participants) through circulation of ATC and its updates to all the Customers through the Academy's website.

2. Regarding Customer Enquires:

The organization responds to enquiries from the customer, department, trainee or guest faculty through the Course Director.

3. Regarding Customer Complaints:

The Academy responds to complaints from the customer as per the Customer Complaints and Grievances Redressal Processes through the Registrar, YASHADA. Every customer complaint will be treated and reported as NCR. The investigating authority will verify the cause of non conformity and the appropriate corrections and corrective actions will be established for the same. It will be a final responsibility of authority to communicate back to the customer for closure of the complaint. Upon raising corrective actions the effectiveness evaluation will be monitored and tracked by the MR and the same will be reviewed in MRM at defined frequency (quarter wise / six monthly / yearly – whichever is applicable)

4. Regarding Customer Satisfaction:

The organization ensures customer satisfaction as per the Customer Related Processes. The Feedback from the Customer i.e. Trainee, is as specified in Sec. 8.1.

Cross Reference:

1. Grievance Redressal Process in the COP manual COP/CRM/00-06

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Design	Clause no	Rev. No. 1
Document No	YASHADA/QMS/28	7.3	Date: 25/07/10

Purpose:

To ensure that Design of Training is done as per the SAT cycle.

Scope:

It applies to all the training programmes in YASHADA.

Procedure

Design and development planning: Whenever a new programme is decided the target group and the Course director are finalized and recorded in the ATC. For the design of each new training programme the stages involved are defined in the flow chart. Wherever the design process requires interaction with internal/external agencies this documented in the COP manual YAHADA/COP/Plng-10

Design and development inputs: Are received in the form of Training Need Analysis. They specify details such as identifying the need, identification of performance problem Entry behaviour etc. the course director prepares it on the basis of the inputs of the target group

Design and development output: On the basis of the inputs received the training programme is designed in the format YAHADA/COP/Plng-10. This output ensures that all input requirements are met. As a part of the output the “outline of time- table is documented. This specifies any requirements of guest faculty if any.

Design Review : The output of the course director i.e. the DOT format, outline of timetable is reviewed by TMC along with a Peer Group if required. A review may also be conducted on the feedback given by the participant by TMC. DDG Planning if required may also do a review.

Design and development verification of the design is done by the above mentioned review by the TMC and recorded in the Form DOT YAHADA/COP/Plng-10

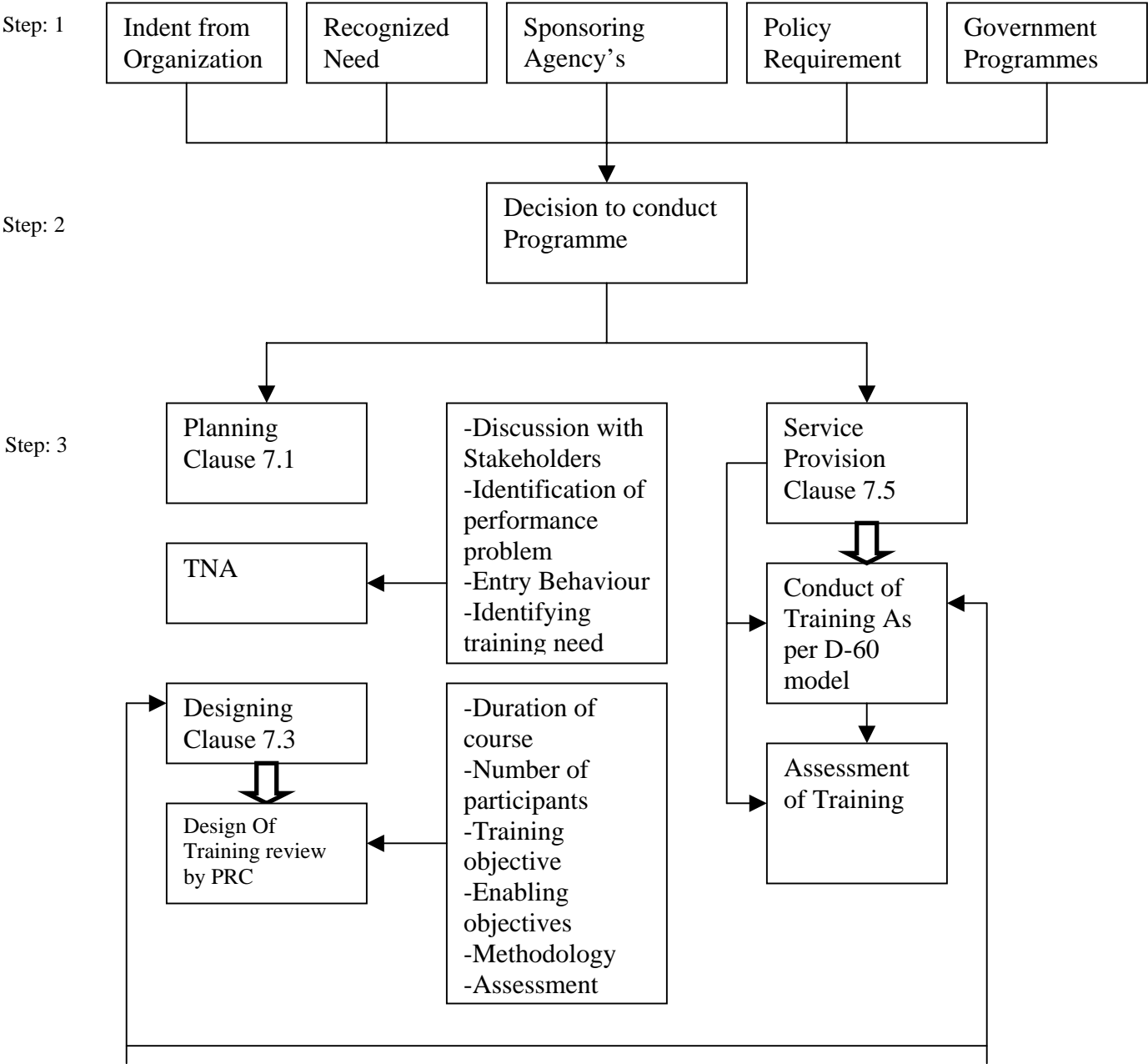
Validation: the participants record their feedback in the Evaluation. Parameters like usefulness of training; appropriateness of the methodology used and achieving the course objectives are recorded by TMC manually. While reviewing the same file next time TMC ascertains that the corrective actions go into the DOT.

Design changes: whenever any changes are made in the training program the following documents are changed and forwarded to TMC. TMC reviews the changed documents and based on their comments the changes are incorporated in the course design.

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Design	Clause no	Rev. No. 1
Document No	YASHADA/QMS/28	7.3	Date: 25/07/10

Flow Chart For Training



Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Procedure For: Purchase Procedure	Clause no	Rev. No. 1
Document No	YASHADA/QMS/29	7.4	Date: 25/07/10

Purpose: -To define a process for purchasing.

Procedure: -

- a) The purchasing process in YASHADA mainly relates as a support activity to ensure smooth and efficient conduct of training activities. The purchase is mainly related to stationery, support documents, mess equipment, consumables, teaching aids and items related to improved infrastructure. A set of rules in the form of Policy Circulars has been prescribed to smoothen the process. A Purchase Committee is functional to ensure that appropriate material is made available at a reasonable price at the required time and of the required quality. The principles of tender sanctity, avoidance of negotiations, two-bid system and inventory control are strictly followed.
- b) Purchase related to services of Guest Faculty.

Scope: -

Applicable to Resource Management processes, and also indirectly applicable to all processes

Responsibility: -

Registrar, YASHADA/ Concerned Course Directors.

Reference Documents:

1. Policy Circular for Purchase and Expenditure Committee dated 23/01/2004
2. Policy circular dated 24 November, 2003
3. GR dated 2 Jan. 1994
4. Purchase procedure in the MOP YASHADA/MOP/ADMN/16-19
5. Policy Circular for payments to guest faculty.

Records:

1. Files.

Cross-Reference:

Purchase Process- Yashada/MOP/Admin/18

Prepared by	MR	Approved by	DG
Sign		Sign	
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Title	Procedure For: Purchase Procedure	Clause no	Rev. No. 1
Document No	YASHADA/QMS/29	7.4	Date: 25/07/10

Purpose: -To define a process for purchasing.

Procedure: -

- c) The purchasing process in YASHADA mainly relates as a support activity to ensure smooth and efficient conduct of training activities. The purchase is mainly related to stationery, support documents, mess equipment, consumables, teaching aids and items related to improved infrastructure. A set of rules in the form of Policy Circulars has been prescribed to smoothen the process. A Purchase Committee is functional to ensure that appropriate material is made available at a reasonable price at the required time and of the required quality. The principles of tender sanctity, avoidance of negotiations, two-bid system and inventory control are strictly followed.
- d) Purchase related to services of Guest Faculty.

Scope: -

Applicable to Resource Management processes, and also indirectly applicable to all processes

Responsibility: -

Registrar, YASHADA/ Concerned Course Directors.

Reference Documents:

6. Policy Circular for Purchase and Expenditure Committee dated 23/01/2004
7. Policy circular dated 24 November, 2003
8. GR dated 2 Jan. 1994
9. Purchase procedure in the MOP YASHADA/MOP/ADMN/16-19
10. Policy Circular for payments to guest faculty.

Records:

2. Files.

Cross-Reference:

Purchase Process- Yashada/MOP/Admin/18

Prepared by	MR	Approved by	DG
Sign		Sign	
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Title	Procedure For: Purchase Procedure	Clause no	Rev. No. 1
Document No	YASHADA/QMS/29	7.4	Date: 25/07/10

Purpose: -To define a process for purchasing.

Procedure: -

- e) The purchasing process in YASHADA mainly relates as a support activity to ensure smooth and efficient conduct of training activities. The purchase is mainly related to stationery, support documents, mess equipment, consumables, teaching aids and items related to improved infrastructure. A set of rules in the form of Policy Circulars has been prescribed to smoothen the process. A Purchase Committee is functional to ensure that appropriate material is made available at a reasonable price at the required time and of the required quality. The principles of tender sanctity, avoidance of negotiations, two-bid system and inventory control are strictly followed.
- f) Purchase related to services of Guest Faculty.

Scope: -

Applicable to Resource Management processes, and also indirectly applicable to all processes

Responsibility: -

Registrar, YASHADA/ Concerned Course Directors.

Reference Documents:

- 11. Policy Circular for Purchase and Expenditure Committee dated 23/01/2004
- 12. Policy circular dated 24 November, 2003
- 13. GR dated 2 Jan. 1994
- 14. Purchase procedure in the MOP YASHADA/MOP/ADMN/16-19
- 15. Policy Circular for payments to guest faculty.

Records:

- 3. Files.

Cross-Reference:

Purchase Process- Yashada/MOP/Admin/18

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Procedure For: Production and Service Provision	Clause no	Rev. No. 1
Document No	YASHADA/QMS/30	7.5	Date: 25/07/10

Purpose: To provide services to the Trainee Officers and Participants

Scope: -

Applicable to entire Academy

Procedure:

YASHADA shall carry out services under controlled conditions.

All services can be grouped into two categories:

- Training and Research related which is core function of the organization.
- All other support services such as library, hostel, mess audiovisual, housekeeping etc.

This shall include:

1. The availability of information that describes the processes in the form of procedures/ activity sheets
2. The availability of work instructions as required
3. The implementations of monitoring & measuring mechanisms
4. The time bound disposal of paperwork to ensure quality service by adhering to the principle of First In First Out (FIFO)
5. Taking care of post delivery activities like record management
6. Training of participants.
7. Communication and recording information

All the services rendered will be reviewed through

- a. Inspection
- b. MIS
- c. Meetings and Discussions

Responsibility:

OICs / Head of Section and all Course Directors

Cross-reference:

- a) Training Process- COP/Plg-04
- b) Research Process-COP/R&DC/01-03.
- c) Admin Process-MOP/Admin 21-25

7.5.2 Validation of Processes for Production and Service Provision

This clause is not applicable to YASHADA as there are no services processes, which need validation.

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	50

Title	Control of Measuring devices	Clause No	Rev No 1
Document No	Yashada/QMS/35	7.6	Date 25/07/10

Purpose:

The purpose is to establish identification of records, files and documents.

Scope:

It is applicable to all correspondence, file work, records in each office.

Procedure:

All files in the Academy are classified according to the various departments/institutes. These files are numbered in four-digit system. First two digits will notify the subject and the last two digits will provide the reference year in which file has been opened. All these files after giving these numbers will be classified according to the subjects dealt in the concerned Department institute.

After the subject matter of the file is over these files will be classified into A B C and D classifications of the Record System for the purpose of retention.

Opening of New File

Whenever a new subject crops up or the existing file is too bulky, a new file is opened. Every file has two sections namely, noting section and drafting section separated by a separator. The noting pages are indexed as 1/n, 3/n, 5/n in that order. For the Correspondence Section the pages are numbered as 1/C, 3/C, 5/C and so on in the chronological order. The correspondence has the following forms:

- 1 Letter
- 2 DO letter
- 3 Memorandum
- 4 Office order
- 5 Office Circular
- 6 Board Resolution
- 7 UOR

Each type of correspondence has a particular format, which is separately enumerated in circular related to office procedure.

Six Bundle System

All the files/correspondence has to be classified into six bundles according to the urgency of these files. Further, the confidentiality of the file has to be marked clearly on top of the file as confidential.

Prepared by	MR	Approved by	DG
Sign		Sign	
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Title	Control of Measuring devices	Clause No	Rev No 1
Document No	Yashada/QMS/35	7.6	Date 25/07/10

Movement of the File

When the files are sent from one department to another department, the Movement Register is maintained in both the sections. The section that is sending the file will first record in its Movement Register and send the file to other department by taking acknowledgement of the sent file. As soon as the work of the concerned file is completed by that section the file will again be returned to the originating section.

Identification of all the registers

All the registers have been given a unique identification number related to the procedure. These registers are available in the respective department of YASHADA.

Responsibility:

OICs / Section Heads

Records:

All Files etc. and Registers

Cross Reference:

Manual of Office Procedure

7.5.4 Customer Property:

This Clause is not applicable to YASHADA as Yashada does not receive any customer property that it uses for providing services to its customer.

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Control of Measuring devices	Clause No	Rev No 1
Document No	Yashada/QMS/35	7.6	Date 25/07/10

Purpose:

To ensure that the records are properly maintained

Scope:

Applies to all the offices of YASHADA.

Procedure:

All the files/correspondence are to be classified into four categories depending on the retention period. “A” types of files are to be retained for unlimited period because of its importance and retainability. “B” types of files are kept for a period of 30 years after which time their importance/retainability does not exist. “C” type of files are retained for a period of 5 years and destroyed thereafter. “D” types of papers are to be retained for a period of one year and destroyed thereafter. The classification of records and retainability has to be reviewed every year and “A” and “B” type of files are to be kept in the Record Room.

Responsibility:

Record Keeper / Senior Clerk, Administration

Cross Reference:

Manual of Office Procedure

7.6 Control of Monitoring and Measuring Devices

This Clause is not applicable to YASHADA, as there are no monitoring & measuring devices that are used by Yashada.

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	53

Title	Analysis of services	Clause No	Rev No 1
Document No	Yashada/QMS/36	8.1	Date: 25/07/10

Purpose:

To analyse and improve the quality of services

Scope:

Monitoring, measurement, analysis and improvement is planned through

- a. Course Cell and Training Monitoring Cell
- b. Monthly Review meetings of various departments
- c. Faculty Meeting (First Saturday of each month)
- d. Think Tank Meeting
- e. Interaction with Participants Representatives
- f. Project Monitoring Cell (RDC)
- g. Internal audits & inspection
- h. Internal audit of ISO-9001: 2008
- i. Quality Circles

Procedure:

These processes demonstrate conformity with service standards and ensures adherence to the quality management system and continually improve the effectiveness of Quality Management. YASHADA uses various statistical tools, techniques and methods to analyse the data generated through training programmes.

Responsibility: -

DDG/OIC

Records: -

Feedback forms

Cross Reference:

1. Circular No. DG-P-1/review meeting dated 29th September 2004
2. Accounts Process-MOP/AcctsNo 1-13

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	54

Title	Customer satisfaction	Clause No	Rev No 1
Document No	Yashada/QMS/37	8.2.1	Date 25/07/10

Purpose: -

The purpose is to deliver quality service to attain client satisfaction.

Scope: -

Applicable to all client oriented process. [YASHADA programmes / sponsored programmes]

Procedure: -

YASHADA monitors perception of trainees by analysing the information generated through feedback forms & customer suggestions through grievances raised. The Training Process defines the details of the methods followed for obtaining & using this information.

Records:

- 1) Feedback form.
- 2) Customer satisfaction survey
- 3) Visitors' Register.
- 4) Participants' Grievance Redressal Register.

Cross Reference: -

- 1) Training Process- COP/Plg-18-24
- 2) Grievance redressal process- CRM/00-06

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	55

Title	Procedure For: Internal Audit	Clause No	Rev. No 1
Document No	YASHADA/QMS/38	8.2.2	Date 25/07/10

Purpose:

The purpose of this procedure is to ensure that QMS meets the requirements of ISO 9001 : 2008 standard to the requirements established by the YASHADA. It also ensures that it is effectively implemented and maintained.

Scope:

Quality Management System.

Procedure:

1. Internal Audit is organised at a minimum frequency i.e. once in four months. However, additional audits are planned as and when required with reference to previous audit results. Annual plan for audit is prepared.
2. The MR prepares Audit Plan for every audit. It includes date of audit, name of auditor and audit section in advance. The plan is circulated to auditors and auditee in advance.
3. Auditors will do inter – departmental audits
4. Audit findings are recorded in the NCR Format. Concurrence of the auditee is taken. The auditee will take the immediate corrective actions & record the same in the NCR format.
5. Non Compliance Report (NCR) is forwarded to the MR for further action.
6. Concerned auditee shall implement corrective action within the stipulated time and offer to auditor for ensuring compliance of corrective action and closing the NCR.
7. The MR shall prepare the details of NCR of the particular audit and use these as input to Management Review Meeting.
8. The MR at the end of every internal / external / customer audit and the customer complaints also will ensure effective closure of NCRs raised with appropriate correction, root cause and corrective actions. An Excel file will be maintained and monitored by Management representative. At every quarterly conducted MRM all the NCs will be reviewed for effectiveness evaluation by the YASHADA Team to ensure the problem has not recurred.

Responsibility:

The Management Representative will be responsible for the same

Records:

- a) Non Compliance Reports
- b) Auditors training Record
- c) Audit Plan
- d) Details of NCR
- e) Annual Audit Plan

Cross Reference: -

NCR Format-ISO –Apex/Form No. 6

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Monitoring and Measurement of Process	Clause No	Rev No 1
Document No	Yashada/QMS/39	8.2.3	Date 25/07/10

Purpose:

To establish and define the method of Monitoring and Measurement Process

Scope:

The scope includes all identified processes

Procedure:

The ability of each of the quality management system processes to achieve planned results is monitored through internal auditing. For each of the processes, and the activities, the performance measurement is through the monitoring of the measurable parameters such as time taken for various activities, sequences of disposal etc.

The performance is reported by the OICs to the DG. The MIS is reviewed by DG and the core team in the monthly meetings and management meetings periodically. Similarly, the NCRs are reported by the Audit to the DG.

Corrective actions are taken by the respective persons and related processes are monitored through management review.

The monitoring mechanism includes:

1. Regular MIS reports
2. Special Reports
3. Registers
4. Inspection / Audit
5. External and internal feedback
6. Public grievances
7. Computerised system including MIS and reports

Responsibility:

The OICs/ Section Head

Records:-

1. MIS for each process
2. Audit and Inspection Report.

Cross Reference:

1. All process Manuals
2. Audits and Inspection Reports

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	57

Title	Monitoring and Measurement of services	Clause No	Rev No 1
Document No	Yashada/QMS/40	8.2.4	Date 25/07/10

Purpose:

To establish and define the method of Monitoring and Measurement of services

Scope:

Covers all the processes within the YASHADA

Monitoring of Outsource Activities- Estate, Administration etc.

Procedure:

The respective superiors in each office measure and monitor service quality through the review and approval of various records. Errors are informed to the concerned person, rectified and accordingly re-controlled by signing on the record.

- Inspection and audit processes at YASHADA are also methods of monitoring and measurement of the service provided. Appropriate corrective actions are taken based on the audit findings
- MIS: Regular MIS reports are crucial for M & M of services. The MIS reports have been prepared to point out non-conformities and the persons responsible for the same.

Responsibility:

1. OIC / Section Head

Records:

1. MIS Reports
2. Registers
3. Files

Cross Reference:

1. CMIS Policy Circular

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	58

Title	Control of Non-Confirming Processes	Clause No	Rev. No 1
Document No	YASHADA/QMS/41	8.3	Date 25/07/10

Purpose:

The purpose of this procedure is to prevent the occurrence of potential non-conformity.

Scope: -

Applicable for all potential non-conformities

Procedure: -

- 1) On receiving all the NCRs from the Auditors the MR will do the compilation of the NCRs.
- 2) The findings will be tabled in the MRM for corrective & preventive action.
- 3) The CA's will be monitored and tracked for effectiveness evaluation as per effectiveness evaluation of CA's Excel file format. The evaluation of the effectiveness will be monitored for one year only.

Responsibility:

All DDGs/ OICs/ CDs/ CAs/ Administrative staff

Records:-

2. Inspection Report
3. Feedback from customer (sponsoring / YASHADA / agencies and participants)
4. MIS
5. Format for summary of deviations

Cross Reference:-

Nil

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	59

Title	Procedure For: Analysis of Data	Clause No	Rev. No 1
Document No	YASHADA/QMS/42	8.4	Date 25/07/10

Purpose:-

To define a method for analysis of data

Scope:-

It is applicable throughout the organization.

Procedure:-

The data regarding various process are collected as given in the Clause No 8.2.3 and analysed to demonstrate the effectiveness of Quality Management System. This is done through the various review meetings including management review process.

Responsibility:-

The total organization is responsible for the same.

Records:-

1. Files of various records
2. Graphs/ Tables of various analyses.

Cross Reference:-

Management Review Process

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	60

Title	Continuous Improvement	Clause No	Rev. No 1
Document No	YASHADA/QMS/43	8.5.1	Date 25/07/10

The academy always strives towards improvement of the services to the participants

Purpose:-

To establish a method for continual improvement

Scope:-

All Activities covered under QMS

Reference: -

The effectiveness of the Quality Management System is continually improved through periodic review at Management Review Meeting:-

Area of Review	Frequency of identifying improvement opportunities	Method	By
Quality Policy	Annually	Management Review	DG
Quality Objectives	Annually	Management Review	DG
Audit Results	Once in four month	Management Review	MR
Analysis of Data	Once in four month	Management Review	DG
Corrective & Preventive Actions	Once in four month	Management Review	DG
Management Review	Six times in a year	Management Review	MR

Any employee may give individual suggestions for improvement to the MR. During the management review, all such opportunities as well as those identified from above will be discussed for improvement.

All identified areas are recorded in the continual improvement format. All such records are monitored once in three months for their progress.

Responsibility:

The total organization is responsible for the same.

Records:

1. MIS
2. Feed back
3. Proceedings
4. Continuous improvement format

Cross Reference:

Nil

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	61

Title	Procedure For: Corrective Action	Clause No	Rev. No 1
Document No	YASHADA/QMS/44	8.5.2	Date 25/07/10

Purpose:

The purpose of this procedure is to identify system related non-conformities and implement corrective actions to prevent re-occurrence.

Scope:

It is applicable for any non-conformity related with system, process or activities.

Procedure:

1. All non-conformities are identified and recorded on corrective and preventive action form
2. Cause of the non-conformities is / are identified.
3. Corrective actions are identified and planned. If necessary relevant documents are updated.
4. Corrective actions are implemented.
5. Implemented actions are reviewed for their effectiveness to see that the non-conformity is not repeated.
6. Corrective action evaluation will be monitored for effectiveness as per the excel file format for all the CA's raised against the NCs

Responsibility:-

OICs

Records:-

1. MIS
2. Feedback
3. NCRs
4. Corrective and preventive action format
5. Think Tank
6. Feedback & suggestions during staff/ faculty retreat
7. Management Review Meetings

Cross Reference: -

Nil

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
YASHADA		Page No.	62

Title	Procedure For: Preventive Action	Clause No	Rev. No 1
Document No	YASHADA/QMS/45	8.5.3	Date 25/07/10

Purpose:

The purpose of this procedure is to prevent the occurrence of potential non-conformities.

Scope:

It is applicable for all potential non-conformities.

Procedure:

1. Potential non-conformities are identified. work processes, customer complaints and customer feedback, audit results, quality records are used as sources of information to detect and analyse potential non-conformities and their causes.
2. Causes of the potential non-conformities are identified.
3. Actions are planned and initiated. If necessary, relevant documents are updated.
4. Results of action are reviewed for its effectiveness.

Responsibility:

OICs / Section Heads

Record:

1. MIS
2. NCRs
3. Review meetings

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Form No: ISO- Apex/Form No. 1	Clause No	Rev No. 1
Document No	YASHADA/QMS/46	Nil	Date 25/07/10

ISO-Apex/Form No. 1
Date:

Process Deviation Summary Format

Department / Section / Center/ Cell
Deviation from Apex / COP/ MOP/ SOP Manual...

No	Description of Process (With reference to the manual)	Deviation	Signature
1			
2			
3			
4			
5			

Submitted:

Above deviations from the manual will be corrected within _____ (Please specify time)

Justification for deviations

(1)

The same are being kept on record for review by DG.

(2)

Signature & Designation

Director / OIC

Management Representative

DDG

Director General

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Form No: ISO- Apex/Form /No. 2	Clause No.	Rev No. 1
Document No	Yashada/QMS/47	Nil	Date 25/07/10

ISO-Apex/Form No. 2**Continuous Improvement Format****Submitted:**

No	Area of Improvement	Earlier Status	Improved Status	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Management Representative**DDG****Director General, YASHADA**

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Form No: ISO- Apex/Form No. 3 YASHADA/QMS/48	Clause No Nil	Rev No. 1 Date 25/07/10
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ISO-Apex/Form No. 3

Corrective Action / Verification Format

Reference:

Remarks after analysis and evaluation of Non Conformities

Clause No:

Manual

Corrective action proposed:

Action will be completed by.....date/before.....and reported to the undersigned.

Review and disposition of the action proposed

Corrective action has been taken by..... and complied by.... (date)

Recommendation about closure of NC/ NCRs

Signature of the Auditor/s

The above-referred NC is closed.

Management Representative

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Form No: ISO- Apex/Form No. 4	Clause No	Rev No. 1
Document No	YASHADA/QMS/49	Nil	Date 25/07/10

ISO-Apex/Form No. 4

Amendment Form

Submitted:

Subject: Request for amendment in the ISO 9001:2008 process

Reference Process Manual:

Request is made to amend the following activity:

Existing status:

Amendment Requested:

OIC,...

Management Representative

DDG

Director General

Prepared by	DDG (Planning)	Approved by	DG
Sign	Sdxx	Sign	Sdxx
Date	31/03/2005	Date	14/04/10
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Title	Form No: ISO- Apex/Form No. 5	Clause No	Rev No. 1
Document No	YASHADA/QMS/50	Nil	Date 25/07/10

ISO-Apex/Form No. 5

**LIST OF RECORD MAINTAINED BY EACH DEPARTMENT
AS PER ISO 9001:2008**

Department /Section/Center: -
Files Related with....

Sr. No.	Name of Record	Nature of record File/ Register Soft copy/ Hard Copy	Related procedure no/Apex manual section no	Location of record	Period of retention	Responsibility of generating record.
1						

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Form No: ISO-Apex/Form No. 6	Clause No.	Rev No. 1
Document No	Yashada/QMS/51	Nil	Date 25/07/10

**ISO-Apex/Form No. 6
ISO/NCR No.-**

Non-Conformance Report

* Dept:	* Auditee	* Auditor	* Clause No
Description of NCR			
Observation:			
Attribution:			
Signature of Auditor		Date:	
Immediate Corrective action (To be filled by Auditee)			
Sign of Auditee:		Date of compliance:	
Root Cause Analysis:			
Corrective action: (to be filled up by Auditee)			
Signature of Auditee		Date:	
Verification of corrective action (By Auditor)			
Signature of the Auditor		Date:	
Verification of the effectiveness evaluation:			
1. Verification monitored for above CA observed to be satisfactory / unsatisfactory as verified on the date (3 months after the CA is raised)			
Sign of Verifying authority: _____			
Verification Date: _____			
2. Verification monitored for above CA observed to be satisfactory / unsatisfactory as verified on the date (6 months after the CA is raised)			
Sign of Verifying authority: _____			
Verification Date: _____			
Effective closure date		M.R. _____	

* All details to be filled up by the auditor. Use separate forms for each NCR.

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Abbreviations	Clause No.	Rev No. 1
Document No	Yashada/QMS/52	Nil	Date 25/07/10

ABBREVIATIONS

Abbreviation	Full form
ACD	Associate Course Director
AO	Accounts Officer
AP	Assistant Professor
Asse	Associate
ATC	Annual Training Calendar
ATI	Administrative Training Institute
BoG	Board of Governors
CA	Course Assistant
CD	Course Director
CDM	Centre For Disaster Management
CED	Centre For Environment and Development
CESJ	Centre for Equity & Social Justice
CIDGG	Centre for Innovation & Dissemination & Good Governance
CIT	Centre For Information Technology
CL	Casual Leave
CC	Course Cell
COP	Client Oriented Process
CSC	Construction Supervision Committee
DDG	Deputy Director General
DDG (A)	Deputy Director General (Administration)
DDG (P)	Deputy Director General (Planning)
DDG (R)	Deputy Director General (Research)
DG	Director General
DP	Departmental Procedure
EC	Executive Committee
EL	Earned Leave
EM	Estate Manager
EP	Executive Procedure
FA	Financial Advisor
FIFO	First In First Out
GG	Good Governance

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	Abbreviations	Clause No.	Rev No. 1
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GTC	Gramsevak Training Centre
HM	Hostel Manager
IPEA	Institute of Productive and Empowered Ageing
ISO	International Standards Organization
LC	Local Committee
M & M	Monitoring and Measurement
MDC	Management Development Centre
MFC	Micro Finance Cell
MIS	Management Information System
MR	Management Representative
MOP	Management Oriented Process
OIC	Office In-Charge
PA	Personal Assistant
PLNG	Planning Division
PPI	Policy and Plan Implementation Cell
PRs	Participants Representatives
PRTC	Panchayat Raj Training Centre
QMS	Quality Management System
QP	Quality Process
RDC	Research And Documentation Centre
RA	Research Assistant
RO	Research Officer
SHG	Self Help Group
SIRD	State Institute of Rural Development
SIUD	State Institute of Urban Studies
SOP	Support Oriented Process
TMC	Training Monitoring Cell
YASHADA	Yashwantrao Chavan Academy Of Development Administration
YMRC	YASHADA Media Resource Centre

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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Title	List of the Controlled Copy Holders	Clause No.	Rev No. 1
Document No	Yashada/QMS/53	Nil	Date 25/07/10

Appendix – I
List of the Controlled Copy Holders

Sr. No	DESIGNATION	NATURE OF MANUALS						Sign
		Copy of ISO 9001: 2008 Standards	APEX	COP	SOP	MOP	Office Procedure Manual	
1	Director General	1 (R/C)	1 (R/C)	1 (R/C)	1 (R/C)	1 (R/C)	1	
2	DDG (A)	1 (R/C)	1 (R/C)	3 (O/C)	3 (R/C)	3 (R/C)	3	
3	DDG (P)	1 (R/C)	1 (R/C)	3 (R/C)	3 (R/C)	3 (R/C)	3	
4	DDG (R)	1 (R/C)	1 (R/C)	3 (R/C)	3 (R/C)	3 (R/C)	3	
5	ATI	1 (R/C)	1 (R/C)	3 (R/C)	3 (R/C)	3 (R/C)	3	
6	SIRD	1 (R/C)	1 (R/C)	3 (R/C)	3 (R/C)	3 (R/C)	3	
7	SIUD	1 (R/C)	1 (R/C)	3 (R/C)	3 (R/C)	3 (R/C)	3	
8	Registrar	1 (R/C)	1 (R/C)	1 (R/C)	1 (R/C)	1 (R/C)	1	
9	F A	1 (R/C)	1 (R/C)	1 (R/C)	1 (R/C)	1 (R/C)	1	
10	Director MDC	1 (R/C)	1 (R/C)	1 (R/C)	1 (R/C)	1 (R/C)	1	
11	Director ACEC	1 (R/C)	1 (R/C)	1 (R/C)	1 (R/C)	1 (R/C)	1	

R/C: Restricted Copy

O/C: Copy Open for Distribution

- All DDGs will be responsible for circulating the respective manuals within their department, as per their requirements
- The DDGs will photocopy the relevant documents for circulation to their staff. Put the “Controlled Copy Stamp” in red ink and put in their signatures below it.
- The DDGs will maintain a register of the number of copies circulated within their organization with their designations and signature of receipt of controlled copy. They can circulate as many copies of O/Cs as they deem fit.
- R/C denotes that the manual is restricted for circulation only for the Top management i.e. DG and DDGs.
- O/C denotes that the manual is open for circulation to the staff members

Prepared by	MR	Approved by	DG
Sign		Sign	
Date	23/07/10	Date	25/07/10
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