

## AUDIT AND ASSESSMENT PLAN (TIME PLAN)

**Organization:** Atma Malik Institute of Technology and Research  
At Mohili, Post Aghai Tal Shahapur, Dist. Thane,  
Maharashtra (India)  
Dr. Dnyandeo Shinde

### AUDIT

Standard	Stage of Audit	Start	End
ISO 21001:2018	Stage 1 Audit		
To verify conformity		09/12/22	09/12/22
<u>Scope Of Certification:</u>			

### AUDIT TEAM

1. Auditor	AJIT VAIRAGKAR	Mobil: 8380071225	E-Mail: asvairagkar@gmail.com
2. Auditor		Observer	
3. Auditor			

### TIMETABLE

Date	Standard Section	Topic	Auditor	Interviewer
Date: 09/12/2022				
09.30 10.00		Opening meeting	✓ ASV	
10.00 10.30	4.1, 4.2, 4.3, 4.4, 10.1, 10.2,	Top management, Context of organization- External issues, internal issues, interested parties,	✓ ASV	
10.30 13.00	5.1, 5.2, 5.3, 6.1, 6.2, 7.5, 9.1, 9.2, 9.3, 10.1	EOMS documentation- EOMS Policy, Manual, Procedures, Internal audits, Management review, EOMS Objectives	✓ ASV	
13.00 13.30		Lunch	ASV	
13.30 14.30	4.1, 4.2, 7.1.3, 7.1.4, 7.4, 8.2	Facilities round, Provision and maintenance of facilities, operations controls, communication	✓ ASV	
14.30 15.30	7.1.7.2, 7.4, 8.2, 9.1, 10.1	Administration- Communication with regulatory bodies, Complaint handling mechanism	✓ ASV	
15.30 16.30	8.7, 9.1, 10.1	Monitoring of feedback from students, other beneficiaries, control of non-conforming output, Corrective actions	✓ ASV	
16.30 17.00		Auditor's preparation	✓ ASV	
17.00 17.30		Closing meeting	ASV	
17.30		End of the day		

remarks:

issued by/date: Ajit Vairagkar / 04/12/2022

modification/date:



## AUDIT AND ASSESSMENT PLAN (TIME PLAN)

<b>Organization:</b>	Atma Malik Institute of Technology and Research
<b>Auditee Representative:</b>	At Mohili, Post Aghal Tal Shahapur, Dist. Thane, Maharashtra (India)
<b>Order Number:</b>	Dr. Dnyandeo Shinde

### AUDIT

<b>Standard / Clause / Section:</b>	ISO 21001:2018	
<b>Stage:</b>	Stage2 Audit	
<b>To verify conformity:</b>	10/12/22	10/12/22
<b>Scope Of Certification:</b>		

### AUDITTEAM

<b>Auditor:</b>	AJIT VAIRAGKAR	<b>Mobil:</b>	8380071225	<b>E-Mail:</b>	asvairagkar@gmail.com
<b>Auditee:</b>		<b>Observer:</b>			

### TIMETABLE

Time	Standard Section	Topic	Auditor	Interlocutor
<b>Date: 10/12/2022</b>				
09.30 10.00		Opening meeting	ASV	
10.00 10.30	6.1, 6.2, 7.1.1, 7.2, 7.3, 7.5, 8.1, 8.5, 8.6, 8.7, 9.1, 10.1	Academics- Teaching, Monitoring of teaching delivery, Assessment, Monitoring of students' feedback, control of non-conforming output, Corrective actions, special need education	ASV	
10.30 13.00	6.1, 6.2, 8.5.1.2, 9.1, 10.1	Admission -communication before admission, criteria for admission, records of admission, traceability	ASV	
13.00 13.30		Lunch	ASV	
13.30 14.30	6.1, 6.2, 7.1.3, 7.2, 7.5, 9.1, 10.1	Library- Resources, infrastructure, preservation of resources, student's feedback,	ASV	
14.30 15.30	6.1, 6.2, 8.5.1.4, 10.1, 8.5.1.5, 9.1,	Examination - Assessment, Monitoring of students' feedback, control and appeal mechanism. Corrective actions	ASV	
15.30 16.30	6.1, 6.2, 7.1.3, 7.2, 7.4, 8.2, 8.4, 8.5.5, 9.1, 10.1	Administration and IT - communication with interested parties, Complaint, handling mechanism, maintenance of buildings, utilities, IT network, protection of learner's data, control on external providers	ASV	
16.30 17.00		Auditor's preparation	ASV	
17.00 17.30		Closing meeting	ASV	
17.30		End of the day		

<b>remarks:</b>	
<b>Issued by/date:</b> Ajit Vairagkar / 04/12/2022	<b>modification/date:</b>



# ATTENDANCE SHEET

Organisation: **central asia** Akma Malik Institute of Technology & Research  
 Location: Succeed with Quality  
 Standard: ISO 21001:2018

Audit Type:

Date  
09/12/2022

Opening: 09/12/2022

Closing: 09/12/22

Participant's name	Position	Signature	
		Opening	Closing
Ajit Vairagkar	Lead Auditor-QACA		
	Co-Auditor-QACA		
	Co-Auditor-QACA		
Prashant Bijure	Desh (H.O.D)		
Dr. D. D. Shinde	Principal		
Dr. V. A. Kolhe	Vice-Principal		
U. V. Patil	MECH (HOD)		
Harshada S.	Comp (HOD)		
Sameerddhi Shelavale	Civil (HOD)		
Sumit Kumar	EXTC (HOD)		
Jalinder Shinde	Asst. Registrar		
Pravin M. Thorat	Asst. Professor		



**qualityaustria**  
**central asia**

## ATTENDANCE SHEET

Organisation:

Alma Malik Institute of Technology &amp; Research

Location:

Succeed with Quality

Standard:

ISO 21001:2018

Audit Type:

Date

09/12/2022

Opening:

09/12/2022

Closing:

09/12/22

Participant's name	Position	Signature	
		Opening	Closing
Ajit Vairagkar	Lead Auditor-QACA		
	Co-Auditor-QACA		
	Co-Auditor-QACA		
Prashant Bijure	Desh (H.O.D)		
Dr. D. D. Shinde	Principal		
Dr. V. A. Kolhe	Vice-Principal		
U. V. Patil	MECH (HOD)		
Harshada S.	Comp (HOD)		
Sameerddhi Shelavale	Civil (HOD)		
Sumit Kumar	Exte (HOD)		
Jalinder Shinde	Asst. Registrar		
Pravin M. Thorat	Asst. Professor		

ATTENDANCE SHEET

Organisation: A Ema Malik Institute of Technology & Research

Location:

Standard: ISO 2001:2018

Audit Type: Stage 2 Certification

Date

Opening:

10/12/22

Closing:

10/12/22

Participant's name	Position	Signature	
		Opening	Closing
Ajit Vairagkar	Lead Auditor-QACA		
	Co-Auditor-QACA		
	Co-Auditor-QACA		
Ulhas Patil	MECH (HOD)		
Gurmit Kumar	EXTC (HOD) ISO - coordinator		
Vaishali Morankar	C. O. E (Exam)		
Harshada Sonkamble	Comp (HOD)		
Samriddhi Shelavale	Civil (H.O.D)		
Prashant Bijwe	Desh (HOD)		
Nisha Shelar	EXTC (Asst. Professor) Dept. ISO - coordinator		
Swati Bhoir	Comp (Asst. Prof.) Dept. ISO - co-ordinator		
Madhuri Patil	Desh Faculty (Asst. Prof.) ISO - co-ordinator		
Pravin Thorat	Asst. Prof (CIVIL)		
Rupali Gaikwad	Mech Faculty (Asst Prof) dept ISO - co-ordinator		
Dr. D.D. Shinde	Principal		
Dr. Vikram Kolhe	Vice - Principal		
Jalinder Shinde	Asst. Registrar		
Vinod Hole	Librarian		
Deepak Baviskar	TPO		



Ajit Vairagkar <asvairagkar@gmail.com>  
to me

**The actions are acceptable.**

( Corrections are absolutely ok, root cause identification can be done in a more appropriate way. Root cause must be different from the NC statement. Corrective action:

The effectiveness of the actions will be verified in a surveillance audit.

I am forwarding the reports for recommendation and printing of certificate.

Warm Regards

**Ajit Vairagkar**

CERTIFIED FINANCIAL PLANNER <sup>CM</sup>

Lead Auditor ISO 9001:2015, ISO 14001:2015, ISO 45001:2018, ISO 50001:2018

4, Silver Oak Apartment, Tilaknagar

Aurangabad, 431005,

Ph: +918380071225



AMRIT ISO <amritiso21001@gmail.com>



**AMRIT ISO** <amritiso21001@gmail.com>  
to Ajit, Principal, adean.vogce

Respected Sir,

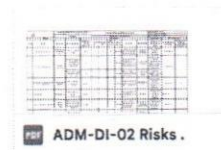
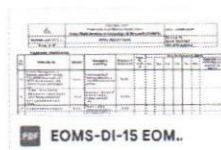
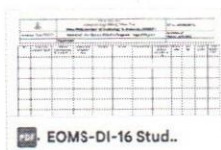
We are highly thankful to you for your valuable suggestions during the process of the audit.  
We have reviewed and made all required corrections against the NC raised and have documented them as well.  
Kindly find the attachments.

Hoping for your kind consideration.

Thanks & Regards

Mr. Sumit Kumar  
ISO Coordinator, AMRIT  
HOD-EXTC and Asst. C.O.E.  
AMRIT, Aghai

6 Attachments • Scanned by Gmail



## Action plan



**quality**austria

Succeed with Quality

Organization:	ATMA MALIK INTITUTE OF TECHNOLOGY AND RESEARCH		
Order number:		Standards / Regulation:	ISO 21001:2018
Lead auditor:	AJIT VAIRAGKAR	Response to Lead auditor until:	10/01/2023

No.	Type	Standard clause / own specification	Description of the detected nonconformity (Audit criteria and objective evidence)	Root cause analysis and actions to take (To be completed by the client!)	Evidence of effective correction of the identified nonconformity (Only for major nonconformities; for minor nonconformities in the audit report of the next audit)	Release auditor*
	<b>*Major</b> <input type="checkbox"/>  <b>*Minor</b> <input checked="" type="checkbox"/>	Clause 6.2.1 of ISO 21001:2018	Process of establishing objectives is not effective  Organisation has NOT established and documented objective related to Admission process	Cause: EOMS objectives for other processes in Administration were defined and documented however Admission process related objective was not considered during documentation of objectives.  Action: Admission process related EOMS objective is added in Administration process manual. Ref. D.I. No. ADM/PR/F, Rev. 01, Rev. date -14/12/2022		Date:   Name:
	<b>Major</b> <input type="checkbox"/>  <b>Minor</b> <input checked="" type="checkbox"/>	<b>Clause 9.1.2.2 OF</b> of ISO 21001:2018	Organisation has not effectively documented the process for handling complaints and appeal.  Evidence – The process for handling complaints and appeal AM/07/09 Rev 0 dt 11/07/22 addresses mechanism for learners only. It does describe the mechanism for parents, Industry, society, external providers.	Cause: We prioritized students / learners' complaints and appeal over other interested parties and documented it. Complaints of other interested parties were resolved however not documented.  Action: Apex Manual AM/07/09 is revised to address resolution of complaints of other interested parties such as parents, Industry, society, external providers. Ref. D.I. No. AM/07/09, Rev. 01, Rev. date 14/12/2022.  Procedure for student complaints handling is revised to add resolution of complaints of other interested parties. Ref. D.I. No. ADM/PR/17, Rev. 01, Rev. date 14/12/2022.  Student complaints / Appeal Register is amended to record complaints of other interested parties. Ref. D.I. No. AM/ANX/A, Rev. 01, Rev. date 14/12/2022 and EOMS/DI/16, Rev. 01, Rev. date 14/12/2022.		Date:   Name:

# Action plan

No.	Type	Standard clause / own specification	Description of the detected nonconformity (Audit criteria and objective evidence)	Root cause analysis and actions to take (To be completed by the client!)	Evidence of effective correction of the identified nonconformity (Only for major nonconformities; for minor nonconformities in the audit report of the next audit)	Release auditor*
	<b>Major</b> <input type="checkbox"/>  <b>Minor</b> <input checked="" type="checkbox"/>	Clause 6.1 of ISO 21001:2018	The process of determination of risk and opportunities is not effectively implemented. Evidence- Organisation has not addressed following- 1 Risk of attrition 2 Risk of failure of printing machine 3 Environmental risk like lightening, jungle fire. 4 Risk of using personal email id for business communication	<b>Cause:</b> We did Risk assessment of many admin. processes but didn't consider the said risks.  <b>Action:</b> We have documented the suggested Risks under the Risks and opportunity assessment sheet of Administration process and other risks which were not documented are now added. Ref. D.I. No. ADM-DI-02 Rev.02 Rev. date 14-12-2022		Date:   Name:

**\*Major ... Major nonconformity**

Evaluation of effective implementation carried out by the auditor: The effective implementation of actions (corrections and corrective actions) has been evaluated, accepted and verified.

**\*Minor ... Minor nonconformity**

Evaluation of effective implementation carried out by the auditor: The client's corrective action plan has been evaluated, and is accepted. Verification of effective implementation will be carried out in the course of the following audit.