

Master Data of Organisation				
Name of Organisation	Ashoka Education Foundation			
Name of corporate group (in case of group certification)	Ashoka Education Foundation			
Street	Plot No 4, Ashoka Marg, Asho 422006	ka Nagar, Wadala Shiwar , Nashik-		
Postcode / Town / Country	422006/Nashik/India			
Contact	Dr.Wasudeo N. Bhende			
E-Mail	wasudeo.bhende@aef.edu.in			
Phone/Fax	0253-6648620,	0253-6648620,		
Language	English, Hindi, Marathi			
Scope Description	Provision of educational services for under graduate (UG) programs in the faculty of arts, commerce, science & education and post graduate (PG) programs in the faculty of management.			
	more description regarding so	ope in annex		
Industry / Scope (EA, TA,)	37.0			
Audit profile				
Standards under contract / Audit type	ISO 9001: QMS Rev. / 2015 Surveillance 1	:		
Wechsel auf ISO 45001:2018	: 	:		
System documentation: Revision / Issue	QM, Issue 01, dated 26.03.2018			
Surveillance mode	Yearly surveillance			
Audit team leader / responsible	V.G. Patil			
Audit team	Nitin Thorat			
Technical expert				
Trainee				
Multisite-organisation	All sites are listed in: Audit Reference Data Sheet separate Listing Audit program/ATEA Multisite-certification (Sample)			
Shift operation	no shift operation			



Audited Standards				
ISO 9001 : 2015		qms		
Non-applicability of c	hapters: 8.3, 8.5.1f, 7.1.5			
Audit team leader:	V.G.Patil	Audit number(ZA):	7530/2016	
Certificate number:	44 100 17391242	Valid until:	22.09.21	
:				
Non-applicability of c	hapters:			
Audit team leader:		Audit number(ZA):		
Certificate number:		Valid until:		
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Non-applicability of c	hapters:			
Audit team leader:		Audit number(ZA):		
Certificate number:		Valid until:		
:				
Non-applicability of c	hapters:			
Audit team leader:		Audit number(ZA):		
Certificate number:		Valid until:		
Audit-Details				
Sites	03			
Audit date	26.09.19 – 28.09.19			
Audit duration	3.50 person days on site (incl. remote locations if applicable) including 0,00 person days for stage 1 audit (separate report)			

Details for Stage 1 – Audit					
Stage 1 - Audit	not necessary.				
Duration Stage 1 - Audit	:	0,00 person-day (s)			
	:	0,00 person-day (s)			
	:	0,00 person-day (s)			
	:	0,00 person-day (s)			
		0,00 total			
Date Stage 1 - Audit	-				

Audits (ZA): 7530/2016



Distribution/Confidentiality/Rights of ownership/Limitations/Responsibilities

This report is sent to the certification body or bodies, the members of the audit team and the audit representative of the organisation. All documents (such as this report) regarding the certification procedure are treated confidentially by the audit team and the certification body. This audit report remains

the property of the certification body.							
An audit is a procedure based on the principle of random sampling and cannot cover each detail of the management system. Therefore nonconformities of weaknesses may still exist which were not expressly mentioned by the auditors in the final meeting or in the audit report.							
The responsibility for continuous effective operation of the management system always rests solely with the audited and certified organisation.							
Salvo clause: The audit report will be left to the organisation at the end of the audit - subject to approval by the certification body. The independent release process may cause modifications or additions. In these cases a modified revision will be sent to the audited organisation.							
Annex/Enclosures							
Annex/ Questionaire(s) / Checklist(s) corresponding audit documentation Additional annexes, number							

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Summary of requite											
Summary of results											
ISO 9001:2		1		70			77			T 70	*
Clause	Audited	Result*	Clause	Audited	Result*	Clause	Audited	Result*	Clause	Audited	Result*
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Additional require	men	ts in a	accordance to ISO	1702	1.20	15	<u> </u>		Audited	R	esult
a) internal audits				1702	1.20	10			→ Naditod	•	1
			n nonconformities	ident	ified	in previous audit					-
b) review of actioc) responsivenes											1
d) effectiveness			agement system w	ith re	gard	to fulfilment of ob	ective	es			1
			ities aimed at cont								1
f) the client's management system ability and its performance regarding meeting of applicable requirements											
			client's processes								1
n) review of any changes including system documentation							1				
i) use of marks and/or any other reference to certification											
audited: ⊠= audited sections of the standard;											
Result: 1 = fulfilled; 2 = basically fulfilled / potential for improvement; 3 = not fulfilled / nonconformity; - = not applicable / excluded. Details are listed in the section "Detailed results". Fields with a coloured background are obligatory elements in every audit.											
Obligatory elements from A00VA02											

b) Which one are visited?

NA

a) Are temporary sites (i.e installation sites, project locations etc.) available?

yes 🗌

no 🖂

Audit Report (Surv. 1)

Organisation Ashoka Education Foundation

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Organisations profile

Ashoka Education Foundation is established in the year 2002 under Bombay Public Trust Act 1950 & Society Registration Act 1860, to run, manage and control academic educational institutions. The institutes of this Ashoka Education Foundation covered in the scope of ISO 9001:2015 certification are listed in the following table.

INSTITUTES COVERED UNDER CERTIFICATION					
S. N.	Name of the Institute	Year of Establishment	Scope	Affiliating University	
01	Ashoka College of Education	2008	BA B.Ed. (Integrated) B.Sc. B.Ed. (Integrated)	Savitribai Phule Pune University	
02	Ashoka International Center for Educational Studies and Research	2008	B.Ed.	S.N.D.T. Women's University	
03	Ashoka Center for Business and Computer Studies	2009	BBA, BCA (BBA - Comp. App.) B.Sc. Comp Sci.	Savitribai Phule Pune University	
04	Ashoka Business School	2012	MBA	Savitribai Phule Pune University	

This is a 1st surveillance audit covering all the above mentioned institutes of Ashoka Education Foundation for the scope mentioned as above. The location of College mentioned at sr. no. 1 has been recently changed. The changed location has been covered in this audit.

Summary / explanations of results

☐ This surveillance audit was performed in accordance to ISO 9001:2015. This time, the audit covered implementation of requirements of the standard, at new location of Ashoka College of Education as a result of change of location from this academic year. Other requirements (e. g.: context of an organization, understanding the needs and expectations of interested parties, risks and opportunities, actions to address risks and opportunities, management of change, contractors, outsourcing) were assessed in this audit & found to be satisfactory. Hence issuance of new certificate incorporating new address of Ashoka College of Education as well as revoking of suspension is recommended.

Legal form of the Organsisation

The organisation audited comprises of one or more legal entities, authorities, institutions or a combination of the same (Ltd., etc.).
The organisation audited comprises of a part of a company (e.g. site certification).
Current registry entries (≤ 12 months) are available or have been reviewed.
The organisation audited is not listed in an official register (e.g. person or group of persons).
The organisation audited can be described as follows:

Audit Report (Surv. 1)

Organisation Ashoka Education Foundation

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Conclusion

Taking into account the size and structure of the organisation, the products/services supplied and the process used, the organisation has basically demonstrated that it operates its management system in order to ensure fulfilment of its own requirements, the requirements of its customers and the relevant legal requirements.

This includes in particular:

- The policies from 10.06.15, objectives and their implementation in the organisation
- The processes which exist in the management system and their interaction
- The management system documentation
- The recording system
- The resource management
- The measuring and analysis (management review from 21.09.19, audit planning from 10.08.19, audit report(s) from 16.08.19 and examples for indicators)
- The continual improvement process

also the implementation and the effectiveness of the management system and the processes for providing services/production/product realisation were assessed by the audit team by means of onsite inspection and examination of documents on a random sample basis.

Nonconformities, observations and the potential for improvement are described in the "Detailed Results" section.

Audit Report (Surv. 1)

Organisation Ashoka Education Foundation

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Notes for the detailed results The evaluation of the audit results basically follows the scheme shown below: Stage Classification Meaning NC A Major Nonconformity Nonconformities could be classified as major in the following (Nonconformity A) circumstances: if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements; a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity. NC B Minor Nonconformity Nonconformities could be classified as minor, if these do not (Nonconformity B) affect the capability of the management system to achieve the intended results. ΡI Potential for improvement Items which would allow optimisation of the management system in relation to the requirements of the relevant standard. It is recommended that the company implements these items. GP Positive aspects/ Positive aspects of the management system worthy of special **Good Practice** mention (see also point 4.3 if applicable).

Special situation and information to be traced in next audit.

Follow-up action(*):

Comments

CM

NC A: Action plan with follow-up Audit or action plan and submission of documents.

NC B: Action plan and if necessary submission of documents.

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Detailed results

No.	Major Noncorformity (Nonconformity A)	Area / Process	Standard:clause	Set date
-	-	-	-	-

No.	Minor Noncorformity (Nonconformity B)	Area / Process	Standard:clause	Set date
-	-	-	-	-

No.	PI	Area / Process	Standard:clause
1	The process of determining risks & opportunities is satisfactorily implemented. However, the risks & opportunities document may be further reviewed & updated to include the changed status.	Management representative / System Coordinator	ISO 9001:2015 , CI 6.1
2	The recent changes in the documentation have been satisfactorily incorporated to integrate NAAC requirements with that of QMS. Correspondance between NAAC & QMS and vice-a-versa may be appropriately given in the quality manual.	Management representative	ISO 9001:2015 , CI 7.5
3	Evidence Noted w.r.t. HR Process however scope exists in maintenance of education & experience records of employee as defined against the required competency.	HR	ISO9001:7.2
4	Evidence Noted w.r.t. Library Process however scope exist in traceability of issued books & it's loss .	Library	ISO9001:8.5.2

No.	GP	Area / Process	Standard:clause
1	Visible top management commitment seen through out the audit. Process of establishing, monitoring & reviewing the polices & objectives were well demonstrated.	Top Management	ISO 9001:2015, Clause 5.1
2	Good infrastructure facilities to achieve students learning.	Management	ISO 9001:2015, Clause 7.1
3	Well qualified & experienced teaching staff.	Academics	ISO 9001:2015, Clause 7.1/7.2

No.	СМ	Area / Process	Standard:clause
-	-	-	-



Management of non-conformities					
\boxtimes	Nonconformities were not found - the procedure can continue.				
	Nonconformities were found.				
Fo	Follow-up action:				
NC A: Action plan with follow-up Audit or action plan and the submission of documents					
	Action plan and follow-up audit A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day). Based upon the action plan the on-site review and evaluation of the introduction, implementation and effectiveness of implemented guided corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).				
	or				
	Action plan and the submission of documents A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day). Based upon the action plan the evaluation of the effectiveness and the implementation of corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).				
NC B: Action plan and if necessary the submission of documents					
	Action plan A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day).				
	Submission of documents (if necessary) Based upon the action plan the on-site review and evaluation of the introduction, implementation and effectiveness of implemented guided corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).				
Note: The audit team leader directs the non-conformities as needed to the responsible auditor for processing.					

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Results						
Results	ISO 9001:2015	-				
Fulfilled	\boxtimes					
Open nonconformities						
Not fulfilled						
Follow up actions						
None	\boxtimes					
Action plan						
Document review						
Follow up audit						
Next audit						
Recommendations						
Grant/Extension*/Renewing*	\boxtimes					
Maintenance*						
Suspension						
Restoring						
Refusing						
Withdrawal						
*) Grant / Extension / Renewing / Maintenance in the case of open nonconformities assumes that the nonconformities will be cleared as agreed.						
Explanation of the terms:						
Renewing: New issue of the certificate for the re-certification. Restoring: End of the temporary invalidity of certificate after the suspension or after delayed recertification.						

Comments for next audit

In the next audit, the final evidence of effectiveness, corrections and corrective actions will be assessed for the possible nonconformities from this audit.

The comments and potentials for improvement will be taken up again.

For the next audit it is preliminarily agreed: 31.08.2020



Signatures	natures		
Date: 28.09.2019 Name: V.G.Patil	Signature Audit team leader		
Date: 28.09.2019 Name: Dr. Wasudeo Bhende	Signature Representative of organisation		