Audit Report (SA 2)

Organisation **Ashoka Education Foundation**
Audits (ZA): **7530/2016**

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, Ashoka Nagar, Wadala Shiwar , Nashik-422006	
Postcode / Town / Country	422006/Nashik/India	
Contact	Dr.Parmeshwar Birada (QAG Head)	
E-Mail	prameshwarb.acbce@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 scope in annex	
Industry / Scope (EA, TA, ...)	37.0	

Audit profile		
Standards under contract / Audit type ☐ Change to ISO 45001:2018 ☐ Upgrade to ISO 50001:2018	ISO 9001 : 2015 2.Surveillance audit	ISO 14001 : 2015 ---
	ISO 45001 : 2018 ---	ISO 50001 : 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		
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	

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Audited Standards			
ISO 9001 **:** 2015		**qms**	
Non-applicability of chapters: 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
ISO 14001 **:** 2015			
Non-applicability of chapters:			
Audit team leader:		Audit number(ZA):	
Certificate number:		Valid until:	
ISO 45001 **:** 2018			
Non-applicability of chapters:			
Audit team leader:		Audit number(ZA):	
Certificate number:		Valid until:	
ISO 50001 **:** 2018			
Non-applicability of chapters:			
Audit team leader:		Audit number(ZA):	
Certificate number:		Valid until:	

Audit-Details	
Sites	03
Audit date	28.12.2020 – 30.12.2020
Audit duration	3.00 person days on site (incl. remote locations if applicable) including 0,00 person days for stage 1 audit (separate report)
Remote Auditing (ICT) tools used, if any	☐ Skype ☐ MS Teams ☐ Webex ☒ Zoom ☐ Google Meet ☐ Others : Please specify

Details for Stage 1 - Audit		
Stage 1 – Audit	not necessary.	
Duration Stage 1 – Audit	ISO 9001 : 2015 ISO 14001 : 2015 ISO 45001 : 2018 ISO 50001 : 2018	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	-	

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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/ corresponding audit documentation	☐ Questionaire(s) / Checklist(s) ☐ Additional annexes, number

Audit Report (SA 2)

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Audits (ZA): **7530/2016**

TÜV NORD Certification

Summary of results

ISO 9001:2015			ISO 14001:2015			ISO 45001:2018			ISO 50001:2018		
Clause	Audited	Result*	Clause	Audited	Result*	Clause	Audited	Result*	Clause	Audited	Result*
4.1	☒	2	4.1	☐		4.1	☐		4.1	☐	
4.2	☒	1	4.2	☐		4.2	☐		4.2	☐	
4.3	☒	1	4.3	☐		4.3	☐		4.3	☐	
4.4	☒	1	4.4	☐		4.4	☐		4.4	☐	
5.1	☒	1	5.1	☐		5.1	☐		5.1	☐	
5.2	☒	1	5.2	☐		5.2	☐		5.2	☐	
5.3	☒	1	5.3	☐		5.3	☐		5.3	☐	
6.1	☒	2	6.1	☐		5.4	☐		6.1	☐	
6.2	☒	1	6.2	☐		6.1	☐		6.2	☐	
6.3	☒	1	7.1	☐		6.2	☐		6.3	☐	
7.1	☒	1	7.2	☐		7.1	☐		6.4	☐	
7.2	☒	1	7.3	☐		7.2	☐		6.5	☐	
7.3	☒	1	7.4	☐		7.3	☐		6.6	☐	
7.4	☒	1	7.5	☐		7.4	☐		7.1	☐	
7.5	☒	2	8.1	☐		7.5	☐		7.2	☐	
8.1	☒	1	8.2	☐		8.1	☐		7.3	☐	
8.2	☒	1	9.1	☐		8.2	☐		7.4	☐	
8.3	☐	Na	9.2	☐		9.1	☐		7.5	☐	
8.4	☒	1	9.3	☐		9.2	☐		8.1	☐	
8.5	☒	2	10.1	☐		9.3	☐		8.2	☐	
8.6	☒	1	10.2	☐		10.1	☐		8.3	☐	
8.7	☒	1	10.3	☐		10.2	☐		9.1	☐	
9.1	☒	1		☐		10.3	☐		9.2	☐	
9.2	☒	1		☐			☐		9.3	☐	
9.3	☒	1		☐			☐		10.1	☐	
10.1	☒	1		☐			☐		10.2	☐	
10.2	☒	1		☐			☐			☐	
10.3	☒	1		☐			☐			☐	

Additional requirements in accordance to ISO 17021:2015	Audited	Result
a) internal audits and management review	☒	1
b) review of actions taken on nonconformities identified in previous audit	☒	-
c) responsiveness to complaints	☒	1
d) effectiveness of the management system with regard to fulfilment of objectives	☒	1
e) progress of planned activities aimed at continual improvement	☒	1
f) the client's management system ability and its performance regarding meeting of applicable requirements	☒	1
g) operational control of the client's processes	☒	1
h) review of any changes including system documentation	☒	1
i) use of marks and/or any other reference to certification	☒	1

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

a) Are temporary sites (i.e installation sites, project locations etc.) available?	yes ☐	no ☒
b) Which one are visited?	NA	

Organisations profile

COMPANIES PROFILE CONTAINING FOLLOWING INFORMATION

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

INFORMATION IF MULTI-SITE SCHEME IS APPLIED : NA
IF YES, LIST OF AUDITED SITES (E.G. IN AUDIT PROGRAM)
AND LIST OF CERTIFIED SITES BY THIS AUDIT AS ENCLOSURES
NUMBER OF EMPLOYEES (NUMBER OF EFFECTIVE EMPLOYEES) INCLUDING LOANED EMPLOYEES AND SUBCONTRACTORS (FULL TIME EQUIVALENTS) : 108
Range of products :Imparting education to UG & PG students as given in the above table.
Clients / top clients / major clients : general society.
Important processes / products / services : Teaching & learning, Admissions, Examination, Administration, Library, Extra Curricular activities.
Certified since? – 2015

Summary / explanations of results

SUMMARY:

ISO 9001 – STATEMENT ON THE IMPLEMENTATION OF THE STANDARD REQUIREMENTS

- STRATEGICAL DIRECTION OF THE ORGANISATION (CONTEXT, STAKEHOLDER ANALYSIS)
  IMPLEMENTED SATISFACTORILY
- RISK-BASED APPROACH (ANALYSIS OF RISKS AND OPPORTUNITIES)
  IMPLEMENTED SATISFACTORILY
- CONTROL OF EXTERNALLY PROVIDED PROCESSES
  IMPLEMENTED SATISFACTORILY
- SYSTEMATICAL KNOWLEDGE MANAGEMENT (ORGANISATIONAL KNOWLEDGE)
  IMPLEMENTED SATISFACTORILY
- FULFILLMENT OF COMPLIANCE / / LEGAL AND OTHER OBLIGATIONS
  LEGAL COMPLINACE IS SATISFACTORILY IMPLEMENTED
- CONSIDERING THE LIFE CYCLE PERSPECTIVE WHEN DETERMINING THE SIGNIFICANT ENVIRONMENTAL ASPECTS : NA
- MEASUREMENT AND CONTINUAL IMPROVEMENT OF THE QMS PERFORMANCE ETC.: PROCESS PERFORMANCE & IMPROVEMENT OBJECTIVES SEEN IMPLEMENTED SATISFACTORILY

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 10.06.2015, 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 31.08.20, audit planning from 25.11.20, audit report(s) from 03.12.20 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 on-site inspection and examination of documents on a random sample basis.

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

Notes for the detailed results		
The evaluation of the audit results basically follows the scheme shown below:		
Stage	**Classification**	**Meaning**
NC A	Major Nonconformity (Nonconformity A)	Nonconformities could be classified as major in the following 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 (Nonconformity B)	Nonconformities could be classified as minor, if these do not affect the capability of the management system to achieve the intended results.
PI	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/ Good Practice	Positive aspects of the management system worthy of special mention (see also point 4.3 if applicable).
CM	Comments	Special situation and information to be traced in next audit.

Follow-up action(*):

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.

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 institute has started on-line teaching & learning using virtual platform. Suitable changes in the teaching learning process may be appropriately incorporated to capture these changes.	Academics	ISO 9001:2015, Cl. 8.5
2.	The organization's context & risks are reviewed & updated at defined intervals. However, change in the context in relation to use of on-line learning platform & related risks are not updated in the academic process manual.	QMS Rep.	ISO 9001:2015, Cl. 4.1, 6.1
3	Academic process manual may be reviewed to incorporate specific changes for individual unit.	Academics	ISO 9001:2015, Cl. 7.5

No.	GP	Area / Process	Standard:clause
1.	Management commitment vsibly seen	Management	ISO 9001:2015, Clause 5.1
2.	Good provision of infrastructure & facilities for students to achieve learning objectives.	General	ISO 9001:2015, Clause 7.1.3
3.	Experienced & well qualified faculties.	General	ISO 9001:2015, Clause 7.1
5	Good provision of on line learning platform.	General	ISO 9001:2015, Clause 7.1
1.	Management commitment vsibly seen	Management	ISO 9001:2015, Clause 5.1

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

Management of non-conformities

☒ Nonconformities were not found - the procedure can continue.

☐ Nonconformities were found.

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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TÜV NORD Certification

Results				
Results	**ISO 9001:2015**	**ISO 14001:2015**	**ISO 45001:2018**	**ISO 50001:2018**
Fulfilled	☒	☐	☐	☐
Open nonconformities	☐	☐	☐	☐
Not fulfilled	☐	☐	☐	☐
Follow up actions				
None	☒	☐	☐	☐
Action plan	☐	☐	☐	☐
Document review	☐	☐	☐	☐
Follow up audit	☐	☐	☐	☐
Next audit	☐	☐	☐	☐
Follow up Audit (if recommended)				
Date of Follow-up Audit	dd/mm/yyyy	Whether all open NCRs closed	☐ Yes ☐ No	
Recommendations				
Grant/Extension*/Renewing*	☐	☐	☐	☐
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.

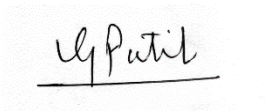
Restoring: End of the temporary invalidity of certificate after the suspension or after delayed re-certification.

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: 31.08.21

Signatures	
Date: 30.12.20 Name: V. G. Patil	 Signature Audit team leader
Date: 30.12.20 Name: Dr. Parmeshwar Biradar	Signature Representative of organisation