



SATHYABAMA
INSTITUTE OF SCIENCE AND TECHNOLOGY

(DEEMED TO BE UNIVERSITY)

Accredited A++ Grade by NAAC | 12B Status by UGC | Approved by AICTE

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INTERNAL QUALITY ASSURANCE CELL

ACADEMIC AND ADMINISTRATIVE AUDIT REPORT - EXTERNAL

Academic Year 2022-2023

Name of the Auditee: Sathyabama Institute of Science and Technology

Year of establishment: 1988

Dates on which audit was conducted: 16.05.2024 and : 17.05.2024



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CATEGORY - 1 UNIVERSITY BY UGC




ISO EOMS 21001:2018 standards



INTERNAL AUDIT FINDINGS - May 2024

Date	Auditee /Name of the Process owner	Department	Finding	Corrective Action Initiated	Implementation date	Verification of the CA with document verified	Clause number	Auditor's Name / Signature
16.5.24	CSE Dr.Lakshmanan		<p>Requirement:As per the EOMSP 7.2.2, records on support services provided to students with special needs need to be maintained</p> <p>Failure: support services provided to students with special needs are not evident in CSE-specialization department</p> <p>RCA: Qualitative measures are taken to support students with special needs whereas these are not documented</p>	CA: All the support services provided to slow learners will be documented	July 2024	Verified and closed	7.2.2	Dr.Godwin Premi (IQAC)

		<p>Requirement:As per 4.2, curriculum feedback from students need to be got</p> <p>Failure: Students feedback on curriculum is not evident in Regular CSE department</p> <p>RCA: Students feedback is orally taken by the respective year coordinators at the end of every semester and the same is used as input in BoS meeting, whereas the inputs from students are not properly recorded as a document for verification</p> <p>Requirement:As per 8.3.5, teaching learning process should be supported with course plan</p> <p>Failure: Course plan not evident for the subjects in CSE- specialization department</p> <p>RCA: New faculty are unaware of this process</p>	<p>CA: Students feedback on curriculum will be properly documented and in case of oral feedback taken by faculty, the same will be recorded in the minutes of department meeting / BoS meeting</p> <p>CA: The importance of course plan in teaching process and the documents to be maintained in course file will be given emphasis in the Induction programme organized for new faculty at the beginning of every academic year</p>	<p>Next BoS meeting in Dec 2024</p> <p>15.6.24</p>	<p>Verified and closed - Course file</p>	<p>8.3.4.3</p> <p>8.3.5</p>	
16.5.24	IT Dr.Subashini	<p>Requirement: As per EOMSP 8.4.1 the comparison charts need to be prepared for the budget and the justification is important to select the particular supplier.</p> <p>Failure: Though the quotation was received and a better supplier was selected but the document</p>	<p>Correction: HoD has asked the budget incharge to prepare the comparison chart and justification</p> <p>Corrective Action: HoD has asked the budget incharge to prepare the comparison and also to prepare the justification for selection of the</p>	<p>Correction: 25.05.24</p> <p>CA: Next budget preparation in April 2025</p>	<p>Verified the budget file and closed on 25.5.24</p>	8.4.1	Dr Ebenezer Jebarani (ECE)

		<p>justification for the selection is missing.</p> <p>RCA: It is the regular practice to select the best quotation supplier for the purchase</p>	<p>supplier for all the purchase orders to be made in future.</p>				
16.5.24	Mechanical Dr.Ganesan	<p>Requirement: As per 6.1, the risks associated with the operations need to be identified, addressed and documented</p> <p>Failure: Risk analysis on syllabus revision is not evident</p> <p>RCA: The potential risks in revision of course / change of new courses are discussed orally during department meetings and accordingly the appropriate actions are taken. The same are not recorded and documented</p>	<p>CA: A Risk Addressing register will be maintained in the department from AY 2024-25, where any risks identified in any of the operations of the department, and the necessary actions taken for managing the same will be recorded / the oral discussion on risk identification and risk management will be recorded in the department meeting minutes</p>	Dec 2024	Verified and closed	6.1	Mrs.D.Ramya (EEE)
16.5.24	Mechatronics Dr.Kanimozhi	<p>Requirement: As per EOMSP 6.2.1 Review matrix to be prepared to verify the achievement of departmental goals and objectives.</p> <p>Failure: Review matrix not evident for the period June 2023 to December 2023.</p> <p>RCA: It is the regular practice to review the performance of the department in comparison with the set goals and objectives, whereas the same is not documented</p> <p>Requirement: Skill Competency</p>	<p>Correction: Review matrix is prepared for the period June 2023 to Dec 2023 and Jan 2024 to May 2024</p> <p>CA: Review matrix will be continuously updated every month to monitor the progress of the department for continual improvement</p>	28.5.24	Verified and closed - Review matrix for the period June 2023 to Dec 2023 and Jan 2024 to May 2024	6.2.1	Dr.J.Rani (MBA) 


		<p>Matrix of faculty to be prepared to identify the training needs and based on which subject allocations are carried out</p> <p>Failure: Skill competency matrix not updated.</p> <p>Requirement: As per EOMSP 9.3 Trend charts need to be prepared to review the subject wise performance of the students across CAE I, CAE II and ESE.</p> <p>Failure: Result analysis has been prepared but trend analysis is not being carried out for 2021-25 batch (III year, V Sem) in odd sem 2023-24 exam results</p>	<p>CA: Skill competency matrix will be updated every semester before the subject allotment based on staff training attended on new areas and on the area supporting the current workload</p> <p>CA: HoD has asked all the batch counselors to carry out effective result analysis with trend chart for each subjects and also trend chart for the overall result of the batch compared with the previous two batches</p>	<p>28.5.24</p> <p>28.5.24</p>	<p>Verified and closed Workload and subject allocation file for odd semester Academic year 2024-25 on 28.5.24</p> <p>Verified and closed III sem Result analysis file for batch 2021-25 on 28.5.24</p>	<p>7.2.1</p> <p>9.1</p>	
16.5.24	Aeronautical Dr.Anderson	<p>Requirement: As per EOMSP 9.1 Trend charts for the subjects are to be prepared for three consecutive years to compare the subject wise performances of the students in the internal assessments and university exams.</p> <p>Failure: Result analysis has been prepared but the trend chart has not been prepared for the batch 2022-26, (II year III sem)</p>	<p>Correction: Trend Chart for a minimum period of three years is prepared for the particular batch</p> <p>CA: HoD has asked all the batch counselors to carry out effective result analysis with trend chart for each subjects and also trend chart for the overall result of the batch compared with the previous two batches</p>	28.5.24	Verified and closed III sem Result analysis file for batch 2021-25 on 28.5.24	9.1	Dr.S.Supriya (Chemistry)
16.5.24	Bio Medical Dr.Sudhakar	<p>Requirement: As per EOMS 6.2, the department needs to set new goals and objectives for each academic year.</p>	<p>Correction: Quantified department goals and objectives will be set from the forthcoming academic year</p> <p>Corrective Action: HoD has called for</p>	25.5.24	Verified and closed Goals and Objective file on 25.5.24	6.2.1	Dr. Cynthiya Margaret Indrani S (Mathematics)

		<p>Failure: Goals and objectives for the academic year 2023-24 were not specified in a quantitative manner but given in generic</p> <p>RCA: The goals and objectives were set for the department but were not specific and quantified</p>	a department staff meeting in order to set quantified goals and objectives for the academic year 2024-25. The department's records on all activities relevant to goals and objectives for the previous three years are refereed for setting the targets				
16.5.24	Chemical Dr.Sathisah	<p>Requirements: As per EOMSP 6.2.1 Review matrix is to be prepared to monitor the achievement of departmental goals and objectives.</p> <p>Failure: Review matrix not maintained for the period June 2023- Dec 2023.</p> <p>RCA: It is the regular practice to review the performance of the department with regard to goals and objectives in the periodical department meetings, whereas the progress is not maintained as documents.</p> <p>Requirements: As per EOMSP 9.1, trend analysis has to be maintained for the declared results</p> <p>Failure: Result analysis is prepared but students progression in trend charts haven't been prepared for the batch 2022-26, (II year III sem)</p> <p>RCA: It is a regular practice to</p>	<p>Correction: Review matrix is prepared for the period June 2023 to Dec. 2023.</p> <p>CA: Review matrix will be continuously updated every month to monitor the progress of the department for continual improvement</p> <p>Correction: the particular batch counsellor has been instructed to analyse the Trend in results for the batch 2022-26, (II year III sem)</p> <p>CA: HoD has asked all the batch counselors to carry out effective result analysis with trend chart for each subjects and also trend chart for the</p>	20.5.24	Verified and closed Goals and objectives achieved on 20.5.24	6.2.1	Dr.V.Kavitha (Chemistry) 
				20.5.24	Verified and closed Result analysis file on 20.5.24	9.1	

		<p>review the subject wise progress of the students across CAE1, CAE2 and ESE of the particular batch, whereas the same is not compared with the trend in previous years.</p> <p>Requirements: As per EOMSP 6.4(Maintenance)- Laboratory Equipment register has to be updated periodically.</p> <p>Failure: Chemicals and Equipment Stock register is not updated for June 2023-Dec. 2023.</p> <p>RCA: Periodic Maintenance of Chemical and Equipment stock register has been done up to Dec 2022. Due to the change of laboratory incharge, the records were not maintained by the new incharge.</p>	<p>overall result of the batch compared with the previous two batches</p> <p>Correction: Chemicals and equipment stock register will be updated from Jan 2023</p> <p>CA: Any change in new responsibilities allotted to staff members, the HoD should ensure that the faculty is educated with all the required information needed to handle the new role and the documents are to be monitored from time to time by the HoD</p>	20.5.24	Verified and closed stock register for all the labs on 20.5.24	7.1.5.1	
16.5.24	MLT Dr.Premkumar	<p>Requirement : As per EOMS 6.2.1,Goals and objectives for previous year were recorded current year to be updated.</p> <p>As per EOMS 8.3.6 BoS for Semester pattern is done, documents not evident.</p> <p>Failure: Goals and objectives and evidence for conduct of BoS in Dec 2023 were not found</p> <p>RCA: Goals and objectives for the academic year 2023-24 was orally</p>	<p>CA: Goals and objectives for the next academic year will be prepared at the end of current academic year with proper documentation</p> <p>HoD has asked the department BoS incharge to document the BoS minutes along with members signatures immediately on the day of the meeting</p>	Goals and objectives: Next Internal Audit July 2024 BoS : 25.4.24	Verified and closed BoS file on 25.5.24	6.2.1 8.3.6	Dr. Lizy. V (English)


		discussed in the dept. staff meeting at the beginning of the academic year whereas the same was not written and documented. BoS meeting minutes was available in file, whereas the document on signature of members were missing					
16.5.24	Nursing Dr.Lakshmi	<p>Requirement: As per 7.1.5.2 service and calibration Records for equipment in the department should be maintained.</p> <p>Failure: Calibration and service records of the equipment are not maintained</p> <p>RCA: Service register is not updated by the respective incharge, since it is the regular practice to review, calibrate and service the equipment by the department staff</p>	<p>Correction: HoD asked the lab in charges to update the service and the calibration details in the current academic year</p> <p>Corrective Action: Lab in charges were instructed to regularly update and maintain the service and calibration records of equipments even when they are carried out internally</p>	<p>Correction: 25.6.24</p> <p>CA: Next internal audit during July 2024</p>	Verified and Closed - equipments maintenance and service register	7.1.5.1	Dr.Priya Kumari (Physiotherapy)
16.5.24	Fashion design	<p>Requirement: As per 8.5.1 All documents related to course delivery – log book shall be maintained.</p> <p>Failure: Documents related to course delivery not evident</p> <p>RCA: Only lesson plan is prepared and the rest of the records are not organised and maintained since it is the new department</p>	<p>Corrective Action: HoD has called for a staff meeting and instructed the faculty and educated them with the importance of maintaining the course file updated. The required documents to be maintained in the course file are supported by IQAC. Also, IQAC has ensured to include course file preparation as one of the session in the new faculty induction programme at the beginning of every academic year</p>	July 2024	Verified and closed	8.5.1	Mr.R.Pugalendhi (Viscom)

		<p>whereas the same is not compared with the trend in previous years.</p> <p>Requirement: as per EOMSP 9.1.2.2 Grievance cell is to be Initiated to address various issues of the students.</p> <p>Failure: Complaints not documented.</p> <p>RCA: Grievance cell is maintained by the Institution in common and the complaints are addressed by the University incharge for the same and is not brought to the knowledge of department HoD.</p>	<p>Correction: Internal complaints by the students orally to HoD and counsellors are addressed by the department.</p> <p>CA: The oral complaints received from the students are documented</p>	25.5.24	Verified and closed	9.1.2.2	
		<p>Requirement: As per EOMSP 7.2.1 Skill Competency matrix of the faculty to be prepared to identify the training needs and based on which subject allocations are carried out.</p> <p>Failure: skill Competency matrix of the staff is prepared but Proof (certificate) is not attached.</p> <p>RCA: HoD verifies the certificates before recording the skill competency, but failed to attached the proof along with this document</p>	<p>Correction: Faculty skill competency Proof is attached with the document</p> <p>CA: The necessary proof for any document will be attached and maintained along with the document as soft copy</p>	25.4.24	Verified and closed workload file	7.2.1	

16.5.24	Law Dr.Dilshad Shaik	<p>Requirement: As per clause 8, Learner outcomes need to be assessed and analyzed.</p> <p>Failure: Attainment of course outcomes 8.3 is not evident.</p> <p>RCA: Corrective Actions are taken based on result analysis and structured measurement of CO's and PO's are not practiced</p>	<p>Corrective action: IQAC has scheduled for an orientation programme on OBE to the departments that are not practicing OBE in a structured manner in the forthcoming academic year 2024-25 (July 2024)</p>	Based on May - June 2024 exam results to be prepared in August 2024	Verified and closed	8.3.4.3	<p>Dr.C.Rameshkumar (Physics)</p> 
16.5.24	Pharmacy Dr.Shanmugapandiyan	<p>Requirement:According to 7.1.5 Calibration records for Instruments in the lab needs to be maintained.</p> <p>Failure:As per 7.5.3, 8.4.1, 8.5.1 and 8.6 control records are lacking maintenance. Calibrations records are not maintained</p> <p>RCA: Calibration of equipments have not been carried out during the period of audit</p>	<p>Corrective Action: The HoD has instructed the lab incharge to make a list of equipments in the lab, equipments which need calibration, frequency of calibration period, weather calibration can be done internally or it need to be done through external professional approved organizations</p>	Dec 2024		7.1.5.1	<p>Dr R Mahalakshmi (Bio Info)</p>

		<p>Requirement: As per EOMS 6.2.1, the department needs to quantify goals and objectives for each academic year.</p> <p>Failure: The goals and objectives were given in generic, not quantifiable for measuring the outcome</p> <p>RCA: Non- awareness to the department incharge regarding the same</p>	<p>CA: The EOMS coordinator has asked the HoD to clarify any doubtful clauses with the coordinator or with the HoD's of the other departments</p>	15.6.24	Verified and closed - Goals and objectives for 2024-25	6.2.1	
17.5.24	ECE Dr.Ravi	<p>Requirement: As per EOMS 9.1, the result analysis for Continuous Assessment Examination needs to be maintained to identify the corrective action taken for the course and for continual improvement.</p> <p>Failure: The requirement is not prepared for all I, II, III and IV years.</p> <p>RCA: Analysis of assessment results is done only for end semester examination which includes internal assessment also. But,for every assessment students with poor performance are identified and are provided with special classes for making them understand about the topics which they feel difficult</p>	<p>CA : The result analysis, trend analysis and follow up actions will be taken for internal assessments also from the academic year 2024-25</p>	August 2024, after the 1st internal assessment exam in AY 2024-25(CAE Result Analysis	Verified and closed	9.1	Dr.R.Nirmala (Civil)

		<p>Requirement: The effectiveness of Staff Training need to be measured to project the additional skills acquired by the faculty members</p> <p>Failure: The requirement is not evident for the staff training for the academic year 2023-24.</p> <p>RCA: The training needs of staff are identified as a periodical procedure, it is not maintained as a document record. Also, the effectiveness of training attended by the faculty is not evident.</p>	<p>CA: Staff training needs will be identified at the beginning of every academic year and will be ensured that at least one third of the staff are made to attend the required training in a year</p>	<p>Staff Training needs: 15.6.24 Effectiveness of staff training: Dec 2024</p>	<p>Verified and closed</p>	<p>7.2.1</p>	
17.5.24	<p>EEE Dr.Radhika</p>	<p>Requirement: As per 6.1, the risks associated with the operations need to be identified, addressed and documented</p> <p>Failure: Risk analysis on syllabus revision is not evident</p> <p>RCA: The potential risks in revision of course / change of new courses are discussed orally during department meetings and accordingly the appropriate actions are taken. The same are not recorded and documented</p>	<p>CA: A Risk Addressing register will be maintained in the department from AY 2024-25, where any risks identified in any of the operations of the department, and the necessary actions taken for managing the same will be recorded / the oral discussion on risk identification and risk management will be recorded in the department meeting minutes</p>	<p>Dec 2024</p>		<p>6.1</p>	<p>Dr. R Sathyabama (CSE)</p>
17.5.24	<p>MBA & B. Com Dr.Bhuvanewari Dr.Palani</p>	<p>Requirement: As per clause 4, document evidence for all the operations need to be maintained</p> <p>Failure: Documented evidence for Goals and objectives, Faculty development programmes, Time table,</p>	<p>CA : The HoD has called for a staff meeting immediately after the internal audit and asked the respective counselors, year coordinators and other operational incharges to maintain the documents for all the operations as per requirement in an organised way</p>	<p>Internal Audit in July 2024</p>	<p>Verified and closed</p>	<p>6.2.1 7.2.1 4.4.2</p>	<p>Ms.E.Jancy Mary (Bio Tech)</p>

		<p>Syllabus, Student and Parents Feedback, Staff training attended report, Staff Skill competency, MoU, Project reports and Patents needs to be maintained at the department.</p> <p>RCA: The records for the operations are scattered and not organised and maintained</p>						
17.5.24	Chemistry Dr.Karthikeyan	<p>Requirement: As per 4.4.2 clause, CO-PO need to be prepared for UG & PG courses (B.Sc & M.Sc Chemistry).</p> <p>Failure: CO-PO mapping is not prepared as it is essential to run the course successfully and achieve the target.</p> <p>RCA: General analysis on results are carried out and actions are taken accordingly, whereas the result analysis for attainment of CO and PO are not done</p> <p>Requirement: As per 4.2 clause, Feedback from external experts need to be maintained.</p> <p>Failure: External expert's feedback was not obtained.</p> <p>RCA: Oral feedback on curriculum was got from the external expert by HoD, whereas the same were not organized and documented</p>	<p>Correction: Informed HoD to prepare CO-PO for UG & PG course</p> <p>Corrective action: Mapping of CO with PO & PSO for UG & PG courses will be done for all the subjects before the commencement of the subject every semester. The assessment results will be performed based on the attainment levels of CO for each subject and for the attainment of PO (for each batch) at the end of completion of the programme for every batch to facilitate the achievement of the goals, objectives, mission, & vision</p> <p>Correction: Informed HoD to obtain the feedback from external experts.</p> <p>Corrective Action: HoD has informed the in charge faculties for obtaining the feedback and to maintain the documents for taking inputs in syllabus revision etc</p>	March 2025	Next Internal audit in July 2024	Verified and closed	8.3.4.3 4.2	Prof.Bhuvanewari S (Nursing)
17.5.24	Bio Tech Dr.Ramesh Kumar	<p>Requirement: As per the EOMSP 7.2.2, records on support services provided to students with special needs need to be maintained</p>	<p>CA: All the support services provided to slow learners will be documented</p>	July 2024		Verified and closed	7.2.2	Dr.A.Anderson(Aero) 

		<p>Failure: support services provided to students with special needs are not evident</p> <p>RCA: Qualitative measures are taken to support students with special needs whereas these are not documented</p>					
17.5.24	Mathematics Dr.Nirmala	<p>Requirements: As per EOMS 6.2.1 monthly review matrix to be prepared to verify the achievements of Department goals & Objectives.</p> <p>Failure: Monthly Review matrix not updated.</p> <p>RCA: It is a regular practice to review the performance of a department in comparison with the set goals and objectives.</p>	<p>CA: HoD will update the Monthly review matrix on the last Friday of every month based on the inputs from the respective faculty in charges</p>	July 2024	Verified and closed	6.2.1	Mrs.Dhanushya Devi (Law)
17.5.24	CND Dr.Inbathamizh	<p>Requirement: As per clause 8, Updating of BoS to be done based on the suggestions from experts</p> <p>Failure: BoS not updated from June 2023</p> <p>RCA: BoS meeting is conducted with internal BoS members, the discussion points were taken in count in curriculum revision, the activities were not documented.</p> <p>Requirement: As per clause 8, Identification and mentoring of slow learners</p> <p>Failure: Mentoring and support to</p>	<p>CA: HoD has asked the department BoS in charge to document the BoS minutes along with members signatures immediately on the day of the meeting</p> <p>CA: HoD has noted in the agenda of the department meeting to be held at the end of May that each faculty need to be instructed to record the attention</p>	Next Internal Audit in 2024.	Verified and closed	8.3.6	Dr.A.Annam Renitta (Chemical)
				Next Internal Audit in 2024.	Verified and closed	7.2.2	

		<p>slow learners with special needs was not evident</p> <p>RCA: Slow learners were identified by the counselors and the respective subject handling faculty and given necessary care and support with respect to academics. The process was not specifically recorded and documented for audit purpose</p>	<p>and support given to students with special needs (slow learners) to be documented which is the requirement for ISO audit, NBA and NAAC accreditation process, even though the support system is provided to the needy students without any record and documentation</p>				
17.5.24	English Dr.Monica	<p>Requirement: As per EOMSP 9.1 Counseling of slow learners should be done for performance improvement.</p> <p>Failure: The documentation of Mentorship activities for slow learners was not found during the period June to December 2023</p> <p>RCA: Subject handling faculty and the respective counselors identify slow learners and the necessary academics support is given, whereas the process was not recorded and documented</p> <p>Requirement: As per EOMSP 8.5 Trend analysis to be prepared to review the subject wise performance of the students.</p> <p>Failure: Result analysis has been prepared but trend analysis is not studied for better planning of teaching</p> <p>RCA: Not aware of trend analysis</p> <p>Requirement: As per EOSMP 4.2 consolidated feedback of students, Parents and interested parties on course delivery need to be</p>	<p>CA: The regular practice of providing necessary support system to the needy students with special academic attention will be record and documented for audit and accreditation purposes</p> <p>CA: Trend review based result analysis will be done subject wise and batch wise for continual improvement. Awareness on trend analysis will be given to all the faculty and counselors. IQAC will ensure that all the process owners are having the awareness regarding trend analysis in the review meeting to be held after the Internal audit</p> <p>CA: Feedbacks collected from various stakeholders including oral feedback will be recorded and documented</p>	Dec 2024	Verified and closed Continuous improvement initiatives June to December 2023.	7.2.2	Mrs. Thivya N (Nursing)
				Next Internal Audit in July 2024.	Verified and closed	9.1	
				Dec 2024		4.2	

		<p>consolidated for June to December 2023</p> <p>Failure: Consolidated feedback report was not maintained in the department</p> <p>RCA: Not having an organized and formal Feedback collection mechanism. Oral feedbacks are collected from stakeholders and are addressed with appropriate actions</p>					
17.5.24	Architecture Dr.Devayani	<p>Requirements: As per EOMS 6.2.1 monthly review matrix to be prepared to verify the achievements of Department goals & Objectives.</p> <p>Failure: Monthly Review matrix not Prepared for the period September 2023 to December 2023.</p> <p>RCA: It is a regular practice to review the performance of a department in comparison with the set goals and objectives.</p>	<p>CA: HoD will update the Monthly review matrix on the last Friday of every month based on the inputs from the respective faculty in charges</p>	July 2024	Verified and closed	6.2.1	Dr. P. Gayathri (MLT)
17.5.24	B.Design Dr.Devayani	<p>Requirements: As per EOMS procedure 8.3.6 BoS for June 2023 to December 2023 should be updated with proof of revision.</p> <p>Failure: Requirement for syllabus revision was not discussed</p> <p>RCA: Since the major curriculum revision took place in June 2023 academic year, BoS was not conducted in Dec 2023</p>	<p>CA: BoS meeting will be conducted in May 2024</p>	Next Internal audit in July 2024		8.3.6	Dr. P. Gayathri (MLT)

17.5.24	Viscom Dr.Nazini	<p>Requirement: As per EOMSP 9.1 clause Trend charts need to be prepared to compare the results with previous 3 batches of End semester.</p> <p>Failure: The performance of students in each batch was not compared and updated after the declaration of the results</p> <p>RCA: The result analysis has been done. Students' performance specific batch wise in the university examinations every semester is routinely evaluated but not compared the batch with previous batches</p>	<p>Correction: HoD has asked the batch counselor to do trend analysis of the end semester for the graduated batch 2020-2023 comparing the previous two batches.</p> <p>Corrective Action: The HoD has asked all the subject coordinators and counselors of all the batches to review the performance of the students throughout the semester with trend charts between assessments and university examinations and also to do a comparative analysis of various batches which can help in the continual improvement in the teaching – learning process.</p>	25.5.24	Verified and closed result analysis file	9.1	Ms.Anusha Patnaik (Law)
17.5.24	Physiotherapy Dr.Priyakumari	<p>Requirement: As per EOMS 8.5. Complete Course files to be maintained by the Subject in charges with all necessary information in it.</p> <p>Failure: Course File was not maintained by all the faculties in with CAE mark Analysis</p> <p>RCA: Due to the lack of unavailability of the file formats</p>	<p>Corrective action: The HoD has asked the faculties to maintain the organized course files and year coordinators to maintain the CAE and university result analysis. The HoD has proposed to call for a faculty meeting in this regard on 20.5.24 for sensitizing the staff on the importance of maintaining the course files and getting the support from the IQAC.</p>	29.5.24	Verified a sample course file	8.5.1	Ms.R.Priyadharshini (Fashion Design)
17.5.24	Computer Science Dr.Rekha	<p>Requirement: As per EOMSP 8.5 Trend charts need to be prepared to compare the result of the end semester for the 3 previous years.</p> <p>Failure: The trend analysis has not</p>	<p>Correction: The HoD has asked the batch counselor to do trend analysis for the end semester comparing the previous batches.</p> <p>Corrective Action: The HoD has</p>	25.5.24	Result analysis file is verified and closed on 25.4.24	9.1	Ms.P.Anjana Lakshmi (Law)

		<p>been prepared</p> <p>RCA: The data was available only for 1 year and 6 months, since the dept. recently separated from the CSE dept. and the data for the previous years are with the latter.</p>	<p>asked the coordinator to collect the result details and prepare trend chart analysis across batches for all university examination results henceforth</p>				
17.5.24	<p>Physics Dr.Malliga</p>	<p>Requirements: As per EOMS clause 9.1, and Trend analysis is needed for analyzing the level of students in a particular batch</p> <p>Failure: Result analysis has been prepared but trend analysis chart is not being carried out for the batch 2022-26, (III-year V sem)</p> <p>RCA: It is a regular practice to review the subject wise progress of the students across CAE1, CAE2 and ESE of the particular batch, whereas the same is not compared with the trend in previous years.</p>	<p>Correction: Updated monthly review matrix with the Career development program organized during AY 2023-24</p> <p>CA: HoD has asked the counselors and year coordinators to update all the student activities every month to HoD and record the same in the relevant department documents</p>	25.5.24	<p>Result analysis file is verified and closed on 25.4.24</p>	9.1	<p>DR.A.Sabarivani (Biomed)</p>
17.5.24	<p>Psychology Dr.Parveen Banu</p>	<p>Requirement: As per EOMSP 7.2.1. Skill Competency Matrix of Faculty needs to be prepared and staff training needs also to be identified</p> <p>Failure: Documents for Skill competency of staff not evident</p> <p>RCA: Staff workload is allotted based on their specialization in educational qualification</p>	<p>Corrective Action: The training needs required by staff will be identified every year and at least one third of the staff will be given provision for attending the same in a year. Skill competency of faculty will be updated every year based on their additional skills acquired and will be considered for work load allotment</p>	<p>Correction: Next Internal audit in July 2024</p>	<p>Verified and closed</p>	7.2.1	<p>K.Nithyakalyani (Pharmacy)</p>


16.5.24	Conservative Dentistry & Endodontics	<p>Requirement: As per EOMS clause 6.2.1, educational organization objectives at relevant functions, levels and processes are needed for the EOMS.</p> <p>Failure: objectives were broad, generic and not time-bound</p> <p>RCA: The EOMS in charge didn't know that the objectives should be specific, achievable, measurable, realistic and time-bound</p>	<p>Correction: All the faculties were educated on the 5 parameters (specific, measurable achievable, realistic and time bound) that should be kept in mind while framing the goals and objectives</p>	23.05.2024	Will be verified on 23.05.2023	6.2.1	Dr. B. R. Malathy	
	Periodontics	<p>Requirement: As per EOMS 7.2.1 – The organization shall ensure that persons are competent based on appropriate education and training</p> <p>Failure: Training of the faculty was completed, but the outcome of the training was not documented</p> <p>RCA: The staff in charge failed to consolidate the outcome of the training</p>	<p>Correction: The staff in charge was asked to document the training outcomes of all the faculties</p>	23.05.2024	Verified and closed	7.2.1		
	Physiology	<p>Requirement: As per EOMS 9.1, The organization shall monitor and measure the results to ensure valid outcomes</p> <p>Findings: University result analysis not done</p> <p>RCA: Trend analysis with comparison to previous 3 years not done</p>	<p>Correction: The staff in charge was asked to document trend analysis for University results</p>	23.05.2024	Verified and closed	9.1		

16.5.24	Oral Pathology and Microbiology	<p>Requirement: As per EOMS 8.5.3- Organization shall establish a process for teaching and learning</p> <p>Failure: The front page of Log books that contain the details of the subject were not filled</p> <p>RCA: The subject faculty failed to enter the details in the front page.</p>	<p>Correction: The subject faculty was instructed to fill the and front page of the log book.</p>	23.05.2024	Verified and closed	8.5.3	Dr.S.Srividya
	Oral & Maxillofacial Surgery	<p>Requirement: As per EOMS 9.1, The organization shall monitor and measure the results to ensure valid outcomes</p> <p>Findings: University result analysis graph was not done</p> <p>RCA: Trend analysis with comparison to previous 3 years was not done.</p>	<p>Correction: The HOD was instructed to prepare the result analysis graph for the University Exam conducted for final year BDS.</p>	23.05.2024	Verified and closed	9.1	
	Pedodontics	<p>Requirement: As per EOMS 7.2.1 – The organization shall ensure that persons are competent based on appropriate education and training</p> <p>Failure: Staff training needs proof was not documented.</p> <p>RCA: The staff in charge failed to compile the proofs for attended training.</p>	<p>Correction: The HOD has compiled the training needs and its implementation but failed to document the proof. Hence, instructed to document the proofs.</p>	23.05.2024	Verified and closed	7.2.1	
17.5.24	Oral Medicine & Radiology	<p>Requirement: As per EOMS 8.5.1- Organization shall establish a process for teaching and learning</p> <p>Finding: Log books that contain the details of the classes taken were</p>	<p>Correction: The faculties were asked to complete all the details in the logbook</p>	23.05.2024	Verified and closed	8.5.1	Dr. B. R. Malathy

		<p>incomplete</p> <p>Failure: signatures of the faculties who took the class were not there, front page details of the log books were not filled, number of students absent, present not entered</p>					
	Community Dentistry	<p>Requirement: As per EOMS 7.2.1, the Skill competency matrix for staff involved in teaching has to be filled.</p> <p>Failure: Skill competency matrix not updated.</p> <p>RCA: Though the subject allocation was done based on experience, expertise, and specialization of the subject, skill competency matrix was not updated</p>	<p>Correction: The staff in charge was asked to update the latest skills obtained by the faculty</p>	23.05.2024	Verified and closed	7.2.1	
	General Pathology	<p>Requirement: As per EOMS 8.5.1- Organization shall establish a process for teaching and learning</p> <p>Finding: Log books which contain the details of the classes taken not updated</p> <p>RCA: Though classes were taken as per schedule, it was not updated in the logbook</p>	<p>Correction: Faculties were asked to update the logbook</p>	23.05.2024	Verified and closed	8.5.1	

	Pharmacology	<p>Requirement: As per EOMS 7.2.2, the organization shall retain the documented information as evidence for the results of any corrective action.</p> <p>Failure: Corrective action for the failures in the second internal assessment exam not documented</p> <p>RCA: Remedial classes were conducted but not documented</p>	Correction: The staff in charge was asked to document the corrective action taken for the failures in the second internal exam	23.05.2024	Verified and closed	7.2.2	
17.5.24	Prosthodontics	<p>Requirement: As per EOMS clause 6.2.2, educational organization objectives at relevant functions, levels and processes are needed for the EOMS.</p> <p>Finding: Matrix for the objective was not listed out.</p> <p>RCA: The ISO in charge didn't elaborate the achieved objectives</p>		23.05.2024	Verified and closed	6.2.2	Dr.S.Srividya
	Orthodontics	<p>Requirement: As per EOMS clause 9.1.2.2</p> <p>Finding: HOD oral feedback register was not updated.</p> <p>RCA: The HOD failed to update the oral feedback register</p>	Correction: The HOD was instructed to update the HOD oral feedback register.	23.05.2024	Verified and closed	9.1.2.2	
	Anatomy	<p>Requirement: As per EOMS clause 7.2.2, The organization shall analyse and evaluate appropriate data and</p>	Correction: The HOD was instructed to prepare the slow learners list for anatomy subject.	23.05.2024	Verified and closed	7.2.2	

17.5.24		<p>information arising from monitoring and measurement.</p> <p>Finding: Slow learners list was not prepared for IBDS for Anatomy subject</p> <p>RCA: The subject staff failed to list out the slow learners in I year BDS</p>				
	Biochemistry	<p>Requirement: As per EOMS clause 9.3.3</p> <p>Finding : Staff meeting was not updated for the month of December 2023</p> <p>RCA: The HOD failed to document the meeting held in December 2023.</p>	<p>Correction: The HOD was instructed to update the staff meeting details for the month of December 2023.</p>	23.05.2024	Verified and closed	
	Microbiology	<p>Requirement: As per EOMS 7.2.1, the Skill competency matrix for staff involved in teaching has to be filled.</p> <p>Failure: Skill competency matrix not updated.</p> <p>RCA: Though the subject allocation was done based on experience, expertise, and specialization of the subject, skill competency matrix was not updated</p>	<p>Correction: The staff in charge was asked to update the latest skills obtained by the faculty</p>	23.05.2024	Verified and closed	7.2.1


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