KRUPANIDHI COLLEGE OF PHARMACY



(Approved by AICTE & PCI, New Delhi, Affiliated to RGUHS, Bengaluru)
Accredited with Grade 'A' by NAAC, Bengaluru | ISO 9001 - 2015 Certified
12/1, CHIKKA BELLANDUR, CARMELARAM POST, VARTHUR HOBLI, BANGALORE - 560 035



1.4.1 Institution obtains feedback on the syllabus and its transaction at the institution from the following stakeholders

Management Review Meeting

MANAGEMENT REVIEW MEETING AGENDA

Date: 22/06/2019

The process owners are hereby informed to note the following agenda for the first MANAGEMENT REVIEW MEETING to be held on 22/06/2019 MBA Board Room.

The process owner is required to prepare the related meeting agenda for the discussion like action plan, responsibility and target date for completion. NC's raised in the departments and corrective actions to be evidence.

S. No	MRM Agenda	Points to be discussed		
1	Quality objectives	Review of quality policy, statistical discussion on quality objectives and their achievements. Documentation of achievements of quality objectives. Audit report discussed to overcome the findings during the Internal quality.		
2	Results of internal audit			
3	Parents / Students Complaints and feedback	Discussion on parents/students feedback, Complaints discussed to reduce the risk.		
4	Process performance and service conformity	Improvement in English language of the students by effectively using the audio visual aids provided in all the class rooms. Further use effectively the language labs an asses on regularity in test and viva, solving QP, assignments and internal assessments		
5	Corrective actions	Strategy to identify slow and fast learning discussed and planning to energy both type of learner's in differential learning's		
6	Change that effect the system	Post NAAC / Pre NAAC improvements and sustaining methodologies.		
7	Recommendations and resource need	Move from teacher centered to students centered teaching, improve result %. Monitor the student activity outside the class room and lab. Resources required in the department.		

Members of MRM

Director

ISO Coordinator

Principal Pharmacy

Krupaniehi College of Pharmacy Chikkabellandur, Carmelaram Post, Varthur Hobil, Bangalore - 360 035

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KRUPANIDHI GROUP OF INSTITUTIONS, **BANGALORE**

Procedure Manual (ISO 9001:2015)

Doc. No: PM/L2

Release No. 1.0 Date: 10/07/2017 Section: QM

Form No.: R/QM/01

MRM No: 03

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Date: 22/06/19

The third MRM of the institution was conducted on 22/06/19 chaired by the Chairman / Director / Executive Director

The following persons were present:

Executive director, Director, Program Director, Principals: Pharmacy, BPT, Nursing, Degree, Administrative Officer, ISO coordinator, Research Coordinator /

Points to be discussed:	Point Discussed	Action Planned	Responsibility	Target Date for Completion
Status of action from previous management reviews	Feedback NBA work	Feedback taken and analyzed and also documented and still documentation is in process	Principal/NBA Coordinator	12 Months
Changes in external & internal issues relevant to quality management system	Identification of external and internal issues	Reduction in internal issues students, staff and parents carried out by the process owners	Principal	12 Months

Prepared by: Dr. Badrunnisa. Poslore

Signature:

Approved by Dr Samuel Paul Isaac

Designation: Director

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	1. Feed back	Feed back has to be taken twice	Director/ISO	6 months
1	1. Feed back	in year/every semester and	Coordinator	
		calculate average within a week		
rends in performance	8.1/,	time and faculty scored less		
and effectiveness of the	3///2	than 6 has to be called and		
quality management	1	informed for improvement		
system:				
Customer satisfaction &		Parents feedback has to be		
feedback relevant		collected during their visit to		
interested		the departments by the		
	1	principals		
	Review of the policy	Review of the organizational	Trustee/Director	
	-	policy for its suitability and		
	Improvement of-	continuation done and the same		
	research activity in	is incorporated in QMS 9001-		
	the departments	2015.		
n		Research incubation is activated	Trustee/Director	12 months
Extent which quality objectives have been met	Documentation	in the organization and all are		
objectives have been mee		informed to motivate the faculty		
a °		and students towards research		
		program.		
12		program.		
	El I	Document the achievements in	ISO Coordinator	
		the prescribed ISO forms	act.	Ctho
	Internal audits	All the process owners are	Director, ISO	6 months
aidhi C	les liai addica	informed to maintain the	coordinator and heads	
3/10	100	documents for the internal	of the colleges	
Process performance &	Improvement in	audits (2 times in year)	The Million	
Process periormance &	140.11	Approved by	Dr Samuel Paul Isaac	

Prepared by: Dr. Badrunnisa. S Signature:

Designation: ISO Coordinator

Signature:

Designation: Director

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Date: 10/3/18

MANAGEMENT REVIEW MEETING AGENDA

The process owners are hereby informed to note the following agenda for the first MANAGEMENT REVIEW MEETING to be held on 10/03/18 at MBA Board Room.

The process owners are required to prepare the related meeting agenda for the discussion like action plan, responsibility and target date for completion. NC's raised in the departments and corrective actions to be evidenced.

d.		
SN	VIR IVI agenda	Points to be discussed Review of quality policy, statistical discussion on quality their achievements. Documentation of
1	Quality 0-3	achievements of quality objectives achievements of quality objectives achievements of internal audit-01. Discussion on audit findings
2	Results of most	department wise and processes when
3	Parents/students complaints and feed back	Review on students records the students by
4	Process performance and service conformity	Improvement in English language of the effectively using the audio visual aids provided in all the class effectively using the audio visual aids provided in all the class rooms. Further use effectively the language labs and asses on regularity in test and viva, solving QP, assignments and internal assessments. Week student identification, counseling and information to the
5	Corrective actions	parent parenty for NAAC and NBA for the departments
6	Change that effect the system	other than Pharmacy Course attainment (how far the students achieved the course outcome) outcome)
7	Recommendations for improvement and resource need	1. Month of Month of the Student of

Members of MRM

Chairman ~

Vice chair person-

Secretary

Executive director

Executive director

Director /

Principal pharmacy
Principal physiotherapy

Principal nursing

Principal Degree

Programdirector (MBA)

Registrar ISO Coordinator

Admin officer

Abrest

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KRUPANIDHI GROUP OF INSTITUTIONS **BANGALORE**

Release No. 1.0 Date: 10/07/2017 Section: QM Form No.: R/QM/01

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Date: 10/3/18

(ISO 9001:2015)

The First MRM of the Institution was conducted on 10/3/18 chaired by the Chairman/Director / Executive Director

Doc. No: PM/L2

Executive Director, Director, Program Director, Principals: Pharmacy, BPT, Nursing, Degree, Administrative Officer, ISO coordinator,

Research Coordinator/	, Program Director, Timesp	Action Planned	Responsibility	Target Date for Completion
Points to be discussed:	Point Discussed	Action I tutore		The second second
Status of action from previous management reviews	Feedback NAAC work	Feedback taken and analysed and also informed to the faculty for improvement in teaching	Director/ISO coordinator	12 months
		Discussion on external and internal issues with all the process owners done.	Executive Director/Director	
Changes in external & internal issues relevant to quality management	Identification of external and internal issues	Reduction in external issues has to be carried out by monitoring at the top management level		12 months
system	College or IQAC	Reduction in internal issues students, staff and parents carried out by process owners.	Principals	

Prepared by: Dr. Badrunnisa. S

Signature:

bý: Dr. Samuel Paul Isaac

Designation: Director

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Trends in performance and effectiveness of the quality management system: Customer satisfaction & feedback from relevant interested parties	1. Feed back	Feed back has to be taken twice in a year/ every semester and calculate average within a week time and faculty scored less than 6 has to be called and informed for the improvement Parents feedback has to be collected during their visit to the departments by the principals	Director/ISO Coordinator	6 months
Extent which quality objectives have been met	Review of the policy Improvement of research activity in the departments	Review of the organizational policy for its suitability and continuation done and the same is incorporated in QMS 9001-2015. Research incubation is activated in the organization and all are informed to motivate the faculty and students towards research	Trustee/Director Trustee/Director	12 months
	Documentation	Document the achievements in the prescribed ISO forms	ISO Coordinator	

Prepared by: Dr. Badrunnisa.

Signature:

Approved by: Dr.

Signature:

Designation: Di

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