



ज्ञानं गंगा धरोधरी

VISHAL JUNNAR SEVA MANDAL'S

VISHAL INSTITUTE OF PHARMACEUTICAL EDUCATION & RESEARCH

Dr. S. L. Jadhav
Principal

Ale, Tal. Junnar, Dist. Pune-412411 | Contact No. : 9892376014 | E-mail : vjasm.principal@gmail.com | Website: www.viperale.com

P.C.I. Inst. Code : PCI-2620 | D.T.E. Inst. Code : 6361 | University I.D. No. : CPHP012670

6.5.2

Quality audit reports/certificate

ISO Certification



South Asia

CERTIFICATE

**The Certification Body
of TÜV SÜD South Asia Private Limited**
certifies that



**VJSM's, Vishal Institute Of Pharmaceutical Education
And Research**
A/P- ALE, TAL-JUNNAR,
DIST- PUNE- 412411, MAHARASHTRA, INDIA

has implemented a Quality Management System
in accordance with **ISO 9001:2015**
For Scope of

Providing Pharmaceutical Education to the undergraduate Students & to the post graduate Students in the Faculties of Quality Assurance Technique & Pharmaceutics as per, Savitribai Phule Pune University Syllabus & AICTE guideline.

The certificate is valid From **2018-02-12** until **2021-02-11**

Subject to successful completion of annual periodic audits

The present status of this Certificate can be obtained on www.tuv-sud.in

The present status of this Certificate can be obtained on www.tuv-sud.in
Further clarifications regarding the scope of this certificate may be obtained by consulting the certification body

Certificate Registration No. 99 100 18305

Date of Initial certification : 2018-02-12

19th Aug

Certification Body
of TÜV SÜD South Asia Private Limited, **Mumbai**
Member of TÜV SÜD Group



TÜV SÜD South Asia Pvt. Ltd. • TÜV SÜD House • Saki Naka • Andheri (East) • Mumbai – 400072 • Maharashtra • India

TÜV®




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EDUCATION AND RESEARCH
ALE TAL-JUNNAR DIST-PUNE 410411

Certificate Of Registration

Geotek Global Certification Pvt. Ltd.

hereby certify that the organization

VJSM's Vishal Institute of Pharmaceutical Education and Research

Address : Ale, Taluka Junnar, District Pune 412411, Maharashtra, India

has implemented and maintains a **Quality Management System** for

Scope :

To provide Pharmacy Education to Undergraduate Students (B. Pharm) and Post Graduate (M. Pharm) specialization in Quality Assurance Techniques and Pharmaceutics.

An audit was performed and proof has been furnished that the management system fulfils the requirements of international standard detailed below ...

Standard : ISO 9001:2015
Certificate No. : 20.GGCS.IN.091044
Certification Date : 22nd February 2021
Cert. Expiry Date : 21st February 2024



Chief Executive Officer

Geotek Global Certification Pvt. Ltd.
102, Raj Legacy, Near Bramhand Phase 5, Off. GB Road,
Thane (West), Pin 400607, Maharashtra, India

Geotek Global Certification Pvt. Ltd. is accredited by International Management Accreditation Board (Singapore)
51, Goldhill Plaza, #07-10/11, Singapore 308900

The continual validity of the certificate is conditional to compliance with the terms and the conditions of Geotek Global Certification Pvt. Ltd. - Certification Scheme Regulation. Validity of the certificate may be verified on following websites : www.geotek.co.in and



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Sample of Audit reports



ISO 9001: 2015 CERTIFIED

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INTERNAL AUDIT SCHEDULE

QMS/DI/07 Rev.00 Dt.19.06.17 Page - 1 of 1

Date of Schedule: 8/05/2019

IQA No.: 03

Date of Audit	Department	Applicable Clauses	Reference Process Manual	Timing	Auditee	Auditor
15.05.19	All	OPENING MEETING		10 to 10.30	All	All
15.05.19	Academics	5.3, 6.2, 7.1, 7.1.2, 7.1.3,	Academics Manual	10.30 to 3.00	Exam In.	Dhobale S.M.
	2.PHARMACEUTICS	7.1.4, 7.2,			All HOD	Khole Shilpa
	3.PHAR.CHEMISTRY	7.3, 7.1.4,				
	4. OTHER CELLS	7.5, 8.1, 8.2.1,				
	5.PHARMACOGNOSY	8.5.1, 8.5.3,			All HOD	M.V. Gadhave
	6.PHARMACOLOGY	8.5.4, 8.5.5, 9.1,				
	7.M.PHARM(QAT/PH)	9.1.2, 9.1.3, 9.2, 9.3, 10.2, 10.3				
15.05.19	Administration	5.3,6.2, 7.1.2, 7.1.3, 7.1.4, 7.3, 7.5, 8.2, 8.4, 8.5, 8.6, 8.5.1, 8.5.3, 8.5.4, 9.1, 10.2	Administration Manual	10.00 to 2.00	O.S., Clerks, STORE	Khole Shilpa Jadhav S.L.
15.05.19	Library	5.3, 6.2, 7.5, 8.4, 8.5.1, 8.5.2,	Academics Manual	2.00 to 3.00	Librarian	R.U. Gaware
15.05.19	Top Management	4.1, 4.2,4.3, 4.4, 5.1, 5.2, 5.3, 9.3,	Quality Manual	2.00 to 3.00	Dr. Gaikwad Dr. Jadhav	M.V. Gadhave
15.05.19	QMS	5.3, 6.1, 6.2, 7.5, 9.1, 9.2, 9.3, 10.2,	QMS Manual	2 to 3	M.V.Gadhave	Jadhav S.L.
16.05.19	Closing Meeting & Management Review Meeting			2 to 3	All	All

Prepared By: QMS Coordinators

Approved By : Principal




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AUDIT REPORT

DATE: 15/11/19

QMS/DI/08, Rev.00, Date 19.06.17

PAGE: 01

IQA NO:	DATE: 15/11/19	DEPT - Admin
AUDITEE: Mr. J.J. Dumbre Sir		AUDITOR: Ms. Kolhe Shilpa S.

REF. CLAUSE REF. PR	OBSERVATION	DI REF	REMARK (C/NC)
8.2	⇒ Admission Circular file Verified and Confirmed.	Admin/PR/01	C
	⇒ Admission form, Admission Register, Rereipt, Admission Approval file Verified.		C
	⇒ B-Pharm: Intake Capacity VS Vacant Seat = 60 VS 58	Admin/PR	C.
	M-Pharm = 6 VS 6 (Practicals) 15 VS 15 (Q.A)		C.
8.2	⇒ Eligibility: Eligibility form, Eligibility list, Timely eligibility, as per norms - 100%.	Admin/PR/02	C
	Number of non-eligible students - 0		
8.5.5	Issue of Certificates :- Student Application VS Delivered Certificate 100 %	Admin/PR/03	C
8.1	Affiliation / Approval :- ⇒ Timely Submission of Proposal 100 %.	Admin/PR/04	C.
	⇒ Number of errors in Proposal - 0% AICTE Compliance Pending - Validity 6 Mnth.	Admin/PR/04	O.F.I

Auditor - sskolhe
15/11/19

Shilpa S. Kolhe
Auditee



Shilpa S. Kolhe
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AUDIT REPORT

DATE: 15/5/19

QMS/DI/08, Rev.00, Date 19.06.17

PAGE: 01

IQA NO:	DATE:	DEPT - Academic - Prentics
AUDITEE: Ms. Bansode A.S.		AUDITOR: Ms. Kolhe Shilpa S.

REF. CLAUSE REF. PR	OBSERVATION	DI REF	REMARK (C/NC)
8.1	=> Academic file Verified and Confirmed	06	C
	=> Completed Attendance sheet		
	=> Syllabus Completion Report Verified & Confirmed.		C
	=> Teaching Plan Completed		C
	=> Research Paper Published		
	=> Mentor		
7.1.4	=> Training & Placement Committee File Verified & Confirmed	30	C
	=> Placement Analysis Report Verified.		
	=> Target achieved value - for % Placement value - 42.85% for Higher Education - 40%.		
	=> Campus Interviews Conducted.		C
	=> Cultural file Confirmed and Verified with timetable of Pharm. practice	60	C
	=> Industrial Visit file Confirmed & Verified.	28	
	=> I.V. Certificate Confirmed & Verified.		
	=> Student Undertaken I.V. Pics Thanking letter are Verified.	28.	C

Auditor - skolm

AB Leve
Auditee



Shilpa S. Kolhe
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AUDIT REPORT



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DATE:

QMS/DI/08, Rev.00, Date 19.06.17

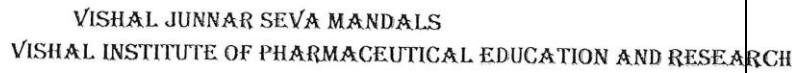
PAGE :

IQA NO:	DATE: 15/5/19	DEPT - Prentice's.
AUDITEE: Mr. Tambe S.T.		AUDITOR: Mrs. Kolhe J.J.

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Auditor - Sgkolu


Auditee



AUDIT REPORT

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AUDIT REPORT

DATE: 15/05/19

QMS/DI/08, Rev.00, Date 19.06.17

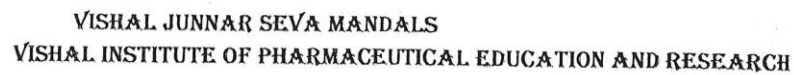
PAGE :

QA NO:	DATE: 15/05/19	DEPT - Instrument Lab.
AUDITEE: Dawkharr S.M.	AUDITOR: Ms. Kolhe S.S.	

[illegible]

Auditor, sskolh

Auditee Surekha



AUDIT REPORT

PAGE :


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Sr. No.	Process Title	Performance Indicator	Target	Responsibility / Frequency Of Review	Jan	Feb	Mar	April	May
01	Internal Complaint committee	Provide Safe Working Environment For Women	Provide And - Maintain environment against sexual harassment if women at institute.	Per-4 Month	✓	-	-	✓	-
02	Antiragging committee	Provide Disciplined and ragging free environment.	Provide ragging free environment.	Per-3 Month	-	✓	-	-	✓


Prepared By: Individual Process Owner

Reviewed by : QMS Coordinator


Approved By: Principal



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PROCESS MONITORING CHART

DATE: 19.06.17

QMS/DI/01

Page: 01

Department-Pharmaceutical Chemistry

Faculty: Miss. Phalke P.L

Sr. No.	Process Title	Performance Indicator	Target	Responsibility / Frequency Of Review		Jan	Feb	Mar	April	May
				BDC C	Th.					
01	Planning For Teaching and Practical Teaching	% of syllabus Coverage against planned per faculty	100 %	Faculty Monthly	Th	28.88%	62%	82.22%	100%	100%
					Th	30%	66.66%	81.81%	100%	100%
					Pr.	30.78%	61.53%	84.61%	100%	100%
					Pr.	36.66%	54.54%	68.75%	100%	100%
02	Conduction And Preparation For The Coarse Delivery	Completion Of All Documents In Academic Files Per Index.	100%	Faculty Half Yearly		-	-	-	-	100%

Prepared By: Individual Process Owner

Reviewed by : QMS Coordinator

Approved By: Principal



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Sr. No.	Agenda Point	Action / Decision	Responsibility	Target date	Attachment
01	Review of previous management review meeting	All issues' and decision are completed for last MRM is discussed by ISO Coordinator explained that: - The meeting is chaired by CEO and Principal was also present to support the decisions. - The outcome of the meeting shall be recorded in the form of minutes of the meeting shall be prepared by ISO Coordinator, reviewed by Principal and approved by CEO and shall be released. - From next MRM al. the decisions of this MRM shall be reviewed.	--	--	--
02	Changes in External and Internal Issues	The external and internal issues are identified with reference to the context of the college with associated risks. The review was taken for each external and internal issues.there is no change in it if incase any change will be in NEXT MRM	CEO /Principal	Next MRM	Annexure – I RISK ASSEMENT OF INTERNAL AND EXTYERNAL ISSUE
03	Customer	Students feedback form collected and analyzed by ISO	Academic	collect on	Annexure – II



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Sr. No.	Agenda Point	Action / Decision	Responsibility	Target date	Attachment
	Satisfaction and Feedback from relevant interested parties	Coordinator, reviewed by Principal	Coordinator		Student Satisfaction Form
04	Review of Quality Policy & Quality Objectives	All the objectives are found achieved against targets,			Annexure – III Monitoring of Quality Objective
05	Process Performance	Process performance monitoring indicators are defined for each process with monitoring frequency, methodology and targets. Each process owner has presented their respective data related to monitoring. Principal has congratulated to keeping good performance & tracking of each process. The Principal also suggested to ISO coordinator to prepare summary of process performance and attach to this minutes.	ISO coordinator		Annexure – IV Process Monitoring Record
06	Service Conformity	This agenda is discussed in quality objectives since & Process performance service conformity parameters like student			



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Sr. No.	Agenda Point	Action / Decision	Responsibility	Target date	Attachment
		satisfaction, student complaints, process performance are covered in this agenda.			
07	Nonconformities and Corrective Action	1. BROCHURE GENERAL REGISTER IS NOT MENTAIN 2. LIST OF APPROVED SUPPLIER IS NOT PREPARED	Store keeper	23/12/2019	Annexure - V Corrective action report
08	Result of Monitoring and Measurement	Monitoring and measurement results of all processes are verified under agenda no. 5. It is observed that the targets for each process monitoring and measurement is carried out by respective process owners and results are analyzed and targets are found achieved.			
09	Result of Audit	Fifth internal audit of quality management system is carried out on 16.12.19 & 17.12.19 for all process of quality management system. All internal auditors participated in internal audit process and gained a online guidance for conduction of effective internal audit. The data reviewed in this internal audit was from junte			Annexure - VI Internal Audit Summary



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Sr. No.	Agenda Point	Action / Decision	Responsibility	Target date	Attachment
		to dec.2019 Detailed clause wise department wise audit schedule is prepared and circulated to all the process owners. Total 00 non conformities and 00 OFI's are recorded in this internal audit.			
10	Performance of the External Providers	Performance monitoring parameters of the external providers of goods and services is defined. The data is prepared and presented by Stores In Charge. The performance monitoring is found satisfactory and sheet is attached with this minutes.			Annexure - VII Performance monitoring of external providers
11	Review of Resources and Requirements	The resource requirement is discussed by CEO & Principal in terms of resources provided and resources needed. Following resources are provided from June 19 to dec 19 1. Clouring of all buildings'is in process 2. Budgets allocated for research in terms of seed money 3. Compound wall Presently no new resource requirements are identified.	--	--	--



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Sr. No.	Agenda Point	Action / Decision	Responsibility	Target date	Attachment
12	Effectiveness of actions taken to address Risk and opportunities	Risk assessment is carried out for all processes for Academics and administration processes. The risk rating is carried out and action plan is defined. Presently no risk is identified as high or very high risk. The risk assessment is attached with these minutes. The risk assessment shall be reviewed in next MRM for existence of identified risks and addition of any new risks as changing context.			Annexure – VIII Risk Assessment
13	Opportunities for improvement	It is suggested by the CEO that all faculties should prepare for NBA accreditation			--
14	Changes in Quality Management System	Since present quality management system is established 24 months back and yet to give results. Hence it is decided to continue with same system. In next MRM changes shall be discussed and implemented.	--	--	--

Minutes Prepared by : QMS Coordinators

Approved By: Principal



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