



**BHARATIYA VIDYA BHAVAN'S**  
M.M.COLLEGE OF ARTS, N.M.INSTITUTE OF SCIENCE, H.R.J.COLLEGE OF COMMERCE

**BHAVAN'S COLLEGE (Autonomous)**

**DIAMOND JUBILEE CELEBRATORY YEAR**

[ESTABLISHED – 1946: RE-ACCREDITED “A” BY NAAC

CGPA: 3.02 Grade A (Validity Extension up to 2025-26)

**Granted Star College Status by DBT (2021-25)**

**Affiliated to Mumbai University**



## Quality Assurance (QA)

### 1.1. Definition

*The Quality Assurance is to ensure quality of systems, resources & information devoted to maintaining and improving the quality & standards of teaching, research, and students' learning experience.*

The quality policies are set based on the vision and mission statement of the institute.

### Institute vision

1. Holistic development of our students to empower them as citizens of contemporary India along the lines of Bharatiya Vidya Bhavan, envisioned by our founder Kulapati Dr. K.M. Munshiji.
2. To develop professional competence, ethical behaviour and environment consciousness in a learner through creative educative ensuring social equity

### Institute mission:

1. Grooming students into professionals by providing modern facilities for academic excellence, training in soft skills, so that they can meaningfully contribute to Nation building.
2. Achieving a holistic development of personality through education which is both modern and traditional so as to motivate the weak, address the average and challenge the gifted.

### Our Objectives :

1. Overall Student development, encouraged through Knowledge, Imagination and Innovation, thereby creating responsible global citizens that are endowed with moral and ethical values
2. Linking studies with contemporary industry developments and applications
3. Encouraging creative and collaborative engagement in curricular and co/extra-curricular activities

## **1.2 Quality Assurance – Features**

The entire credibility of the QA process depends on the following factors

- Participation of all major stakeholders.
- Consultative & consensus-building approach.
- Identification of strengths & weaknesses by SWOT analysis.
- Innovation & re-orientation toward changing needs of the society.
- Monitoring of ongoing review cycles.
- Achievements of POs and self-specified objectives leading to PSOs.
- Diverse techniques of teaching & learning.
- Introduction of credible student assessment methods.
- Provision of adequate resources to deliver curriculum.
- Audit of self-assessment report of NBA.

## **1.3 Internal Quality Assurance Cell (IQAC)**

Internal Quality Assurance Cell (IQAC) is responsible for the quality adherence checks. The IQAC is meant for planning, guiding and monitoring Quality Assurance (QA) and Quality Enhancement (QE) activities.

The IQAC shall have the following composition:

- a) Principal*
- b) Senior faculty as Director of IQAC*
- c) Dean of QA*
- d) Two to three senior teachers from each Faculty and SFC programs*
- e) Three senior administrative official*
- f) One nominee from local Society , students and alumni*
- g) One nominee from employers , industrialists and other stakeholders*

## **1.4 Quality Management System**

### **Purpose**

To define quality policies and continuously monitor the adherence to these policies, document proceedings, conduct internal audits for conformity to requirements and strategize constant quality improvement.

### **Responsibility**

Quality must be the responsibility of everyone associated with the institution. The policies and quality processes are established in consensus with the Principal, Dean, HODs and other faculty. Every HOD defines quality objectives to be achieved for enhancing the performance of any process identified under quality improvement. The faculty along with the HOD are responsible to maintain and continually enhance the expected process quality. For an effective operation and control of quality

improvement processes, respective parameters have been set up and the required process areas for effective implementation of QMS have been identified.

### 1.5 Quality Assurance Areas

1. Mission of the Institute (M\_)
2. Academic Program (AP\_)
3. Teaching Learning methods (TL\_)
4. Program evaluation (PE\_)
5. Faculty Information & Contribution (FI\_)
6. Educational resources (ER\_)
7. Student Admission (SA\_)
8. Student affairs (SF\_)
9. Accreditation Process (AC\_)

The Principal and Dean, QA acts as the approver of the key process areas, criterion and methods that control key activities. The Auditor verifies the effectiveness of these processes during internal audits. The Faculty along with the HOD monitors ,measures (as applicable) and analyze these processes.

Necessary corrective action is taken by the concerned HOD to achieve the set targets for an overall performance improvement.

Each of these quality assurance areas need to respond to 4 essential questions:

- a. **Why?**- the **Need** to address the **statement or parameter**
- b. **What?**- the list of documents to be inspected – the **Checklist**
- c. **How?**- the quality assurance **Process**
- d. **When?**- how **frequently** is the inspection to be done.

### 1.6 Internal Audit

Quality management system also ensures an internal audit defined by five levels of information:

1. The objective of QMS for the respective area.
2. Quality parameters identified in that area.
3. Checklist documents to measure the identified parameters.
4. The quality process.
5. Frequency of audit.

Internal Audit validates the documented facts concerning all the quality parameters and their justification.

Each process area is coded and states the need, the parameter to be measured, and the checklist documents to be used as inputs, the quality process and the frequency of audits.

Internal audit verifies whether the quality process is being followed and the records are well maintained.

The process model of each process maps to the interaction between the process of the respective area and the QMS. (Please refer Annexure I of process manual of the respective areas).

### **1.7 QMS Process**

The QMS manual is prepared by the Dean of Quality Assurance in consensus with other Deans, HODs and the Principal.

A list of the documents required for external and internal audits are readied and presented by the respective department HODs.

Retrospective meetings are held to discuss both good practices and corrective measures to be taken. The QMS documents are updated and new set of instructions are disseminated to all departments. In this regard, the HOD and the Principal conduct a meeting with the faculty before enforcing the instructions.

Work instructions as detailed in the process manual must be followed by the faculty and the records are verified by the concerned HOD.

#### **1.7.1 Documentation Process**

The evidence for following the process is submitted in the form of documents containing the records, to ensure effectiveness of adherence to quality processes.

#### **Process description**

Templates for recording relevant data are provided. These templates are further self-evaluated and presented to NBA-Program Coordinator (PC) for approval.

Ensure that the identification number on the record template maps to the numbering system of the QA Manual.

The record is submitted to IQAC member of the department for due completion of the QA process.

#### **1.7.2 Responsibility of the Institute towards its Stakeholders**

The responsibility of the institute is to develop and maintain an effective and efficient quality management system to meet stakeholder expectations. The institute staff should actively participate in establishing, sustaining and meeting stakeholders' requirements in order to ensure quality.

- a. Stakeholders' meeting is conducted in a consultative & consensus-building fashion. We make the stakeholders aware of the rules of University, UGC and NAAC as applicable to the institute.
- b. Appropriate quality policy is formulated to establish a means of leading the institute towards performance improvement.

- c. Measurable quality objectives are defined at every function level adhering to the quality objectives declared by us.
- d. Department Heads review performance twice a semester and the Principal reviews it once a semester. IQAC representative conducts the review once every semester. This review contributes to the continuous performance improvement of the institute. A retrospective meeting is held at the end of every even semester for corrective actions.
- e. As a next step to the retrospective meeting, the faculty suggest any requirement of resources to improve quality.

### **1.7.3 Stakeholder Feedback**

Following are the stakeholders from whom requirements are gathered:

- Board of studies regarding program structure
- Students regarding the pedagogy, placement and infrastructure facilities.
- Faculty regarding work environment, research facilities, and means to upgrade themselves.
- Management regarding establishing a brand value.
- Parents regarding their wards' performance and the extended facilities of the institute.
- University regarding building a national and global ranking.
- Alumni providing knowledge and networking with their juniors.
- Employers (Industry) – for reducing the industry – academic gap.
- Society – active participation of students and faculty in resolving social issues.

#### **1. Students' Feedback**

This is taken twice a semester. The mid-semester feedback is taken to get the review of the pedagogy and the sufficiency of resources. The end semester feedback reflects the achievement of course outcomes. HOD takes informal feedback as and when required.

#### **2. Parents' Feedback**

Parents Teachers Meeting (PTM) is held once a semester to inform parents about the performance of their wards, the facilities available in the institute for research work, internships and sensitize them about various technical competitions held in and outside the Institute (by companies and other esteemed institutes).

#### **3. Industry Feedback**

The placement cell officer evaluates the feedback of companies that conduct recruitment with respect to the lacuna in students' aptitudes to become a professional. The report is handed over to the HOD to take necessary action. This feedback is also discussed in the OOP and CDC meetings.

The stakeholders and their participation in curriculum development such as program structure, course content, course delivery and evaluation is mapped in Table 1.

**Table 1: Stakeholders and their participation in curriculum development**

Stakeholder	Program structure	Course content	Course delivery	Evaluation
Domain Experts from Industry				
Experts from other institutes				
Dean of academics				
Faculty				
Alumni				
Students				
Society				

#### **1.7.4 Internal Communication**

1. The IQAC director ensures effective internal communication regarding quality policies, quality objectives and relevant QMS activities.
2. Internal communication is established through meetings, notice boards, institute website, group e-mails and daily submission of records.
3. Meetings are regularly conducted at the department level once a week and meeting of the Deans with the Principal takes place once a week to discuss issues if any.
4. Self-Appraisal of the staff and faculty helps understanding individual employee Performance that ultimately reflects on the institute performance.
5. The Principal participates in one-to-one meetings with all the staff once a year to review their achievements against goals set in the previous year and offers improvement related suggestions to plan next year's goals.

#### **1.7.5 Quality management system review**

A review is conducted to evaluate the quality management system for ensuring the suitability, adequacy and effectiveness of its performance. The Principal and Dean of QA are responsible for conducting the review. The HODs and Faculty participate in the meeting.

The review includes assessing opportunities for improvement and the need for changes in the quality management system, including the quality policies and quality objectives.

The review meeting has the following as agenda:

- a) Follow-up actions from previous Quality Management reviews.
- b) Audio Results

- c) Stakeholders feedback
- d) Process performance (Results of quality objectives achievement) and Non conformity Record – HOD
- e) Status of preventive and corrective actions- HOD and Faculty
- f) Changes that could affect the quality Management system – Dean of QA
- g) Commitment for improvement – Faculty

The outcomes of the Management review include any decisions and actions related to following:

- a) Improvement of the effectiveness of the quality Management system and its processes – Dean, QA
  - b) Improvement in meeting stakeholder requirements – HOD
  - c) Resource recommendations – Faculty
  - d) Resources needed – HOD
- (Resources include people, infrastructure common facilities, information from records and vendors)

**Item10: QUALITY MECHANISM:**

1. Bhavan’s College (Autonomous) believes in the ideas of Deming, Juran and Crosby enlisted below and plans to implement them in its day to day activity.
  - Leadership and commitment of top management plays a significant role in quality improvement.
  - Creating an environment for learning and staff development is crucial to do tasks right every time.
  - Adopt new philosophies and technologies that can improve the quality.
  - Encourage teamwork and participatory management.
  - Develop a communication strategy to report progress and results.
  - Recognize the efforts of staff without creating a competitive environment.
  - Put appropriate systems and processes in place as per the needs of the stakeholders.
  - Encourage quality circles and a culture of quality

2. Quality assurance has dimensions when implemented in higher education that involves the following

<b>Dimensions</b>	<b>Definition in higher education</b>
Reliability	The degree to which education is correct, accurate and up to date. How well an institution keeps its promises? The degree of Consistency in educational process.
Responsiveness	Willingness and readiness of staff to help students

Understanding customers	Understanding students and their needs
Access	The extent to which staff are available for guidance and advice
Competence	The theoretical and practical knowledge of staff as well as other presentation skills
Courtesy	Emotive and positive attitude towards students
Communication	How well lecturers and students communicate in the classroom?
Credibility	The degree of trustworthiness of the institution
Security	Confidentiality of information
Tangible	Sufficiency and availability of equipment and facilities
Performance	Primary knowledge/skills required for students
Completeness	Supplementary knowledge and skills, use of computer
Flexibility	The degree to which knowledge/skills learned is applicable to other fields.
Redressal	How well an institution handles customers' complaints and solves problems?

Source: Owlia and Aspinwall (1996)

**To attain quality, Bhavan's College has the following**

**1. The Mission statement**

The mission statement or set of objectives that takes into account the path the institute wishes to tread in context of its cultural and historical perspective is in place and that there exists a systematic approach for achieving the mission or objectives. There is evidence that the mission statement is translated into a clear policy or management plan.

*Sources of evidence:*

- Mission statement.
- strategy implemented through IQAC
- Management that is committed to quality improvement

**2. Management commitment**

Recognizes that quality and quality assurance have to be systematically achieved. It Respects the autonomy, identity and integrity of the institution and works to apply standards, which have been subject to consultation with stakeholders thereby contributing to both quality improvement and accountability.



*Sources of evidence:*

- Policies/manuals are in place
- Feedback from all stakeholders are obtained
- Encourages accreditation and internal audits

### **3. Fair & independent Decision-making**

is independent to the extent that the college has autonomous responsibility for its operations and that the judgments made through office of principal , committees (both statutory and non statutory) are not influenced by third parties. The college evinces independent, impartial, rigorous, thorough, fair and consistent decision-making. In tune with the vision mission and objectives of the college

*Sources of evidence:*

- Manuals specifying the objectives and policy of each committee
- Criteria for the selection for appointment is in place.
- The composition of the committee is in accordance with the guidelines
- Codes of Ethics is used to avoid conflicts of interest.

### **4 The Public Face**

The College demonstrates public accountability by reporting openly on its decisions and the outcomes

*Sources of evidence:*

- College website and magazine is in place
- List of publications are put up on the website
- Press releases as and when required are arranged .
- Other ways and means of informing the public e.g. email service, Newsletter.are in place

### **5. Documentation**

Policies, data, and decisions are documented as per the rules and regulations of UGC, Govt and University and maintained in storage for retrieval when necessary. Digitalization process is ongoing

*Sources of evidence:*

- SOP guidelines, Protocols are followed
- Proof of adherence to internationally accepted guidelines and conventions.

### **6. Resources**

The college has adequate and accessible resources, both human and financial, to be able to organize and run the process, in an effective and efficient manner in

accordance with the mission statement and the chosen methodological approach and with appropriate provision for development.

*Sources of evidence:*

- Budget.
- Accounts.
- Activities, tasks, workloads.
- Fee structure.
- Human resources profile.

## **7. System of Appeal**

The college has an appropriate method for appeals against its decisions.

*Sources of evidence:*

- Policy and procedures of appeal.
- Adherence to RTI process
- Presence of Grievance redressal cell , internal compliant cell
- Feedback mechanism

## **8. Collaboration with other agencies**

As far as possible, the college collaborates with others about the exchange of good practice, review decisions, for transnational education, joint projects, staff exchanges.

*Sources of evidence:*

- Account of meetings and visits to and from other agencies.
- Staff exchanges.
- Written contact between agencies on the solution for specific issues.
- Participation in projects, conferences and workshops.
- Membership of networks/organizations.



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Bhavan's Degree College

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