

Smt. Taisaheb Kadam Sevabhavi Foundation & Research Center, Sonai

### YASH INSTITUTE OF PHARMACY



AN ISO 9001:2015 Certified Organization
Approved by Pharmacy Council of India, (PCI), New Delhi
And Permanently affiliated to Dr. Babasaheb Ambedkar Marathwada University, Aurangabad

DTE code: PH2153

### **Supporting Documents for Metric No. 6.5.1**

6.5.1 QM Internal Quality Assurance Cell (IQAC) has contributed significantly for institutionalizing the quality assurance strategies and processes. It reviews teaching learning process, structures & methodologies of operations and learning outcomes at periodic intervals and records the incremental improvement in various activities

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### YASH INSTITUTE OF PHARMACY

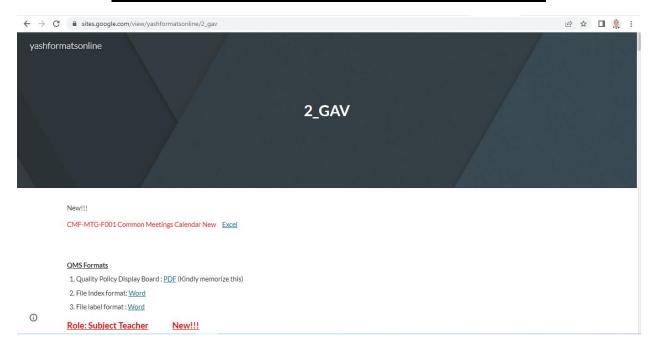


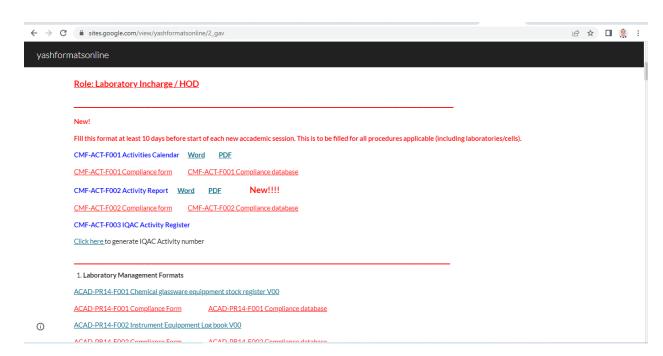
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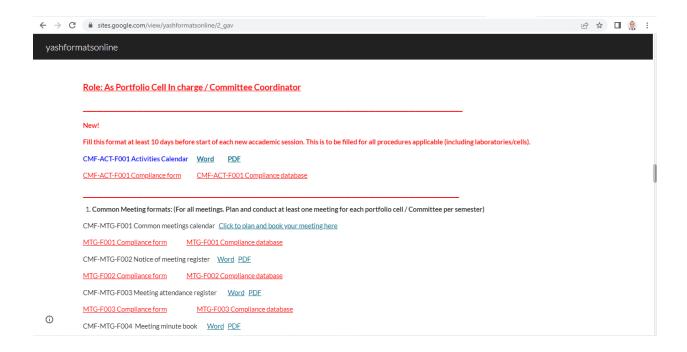
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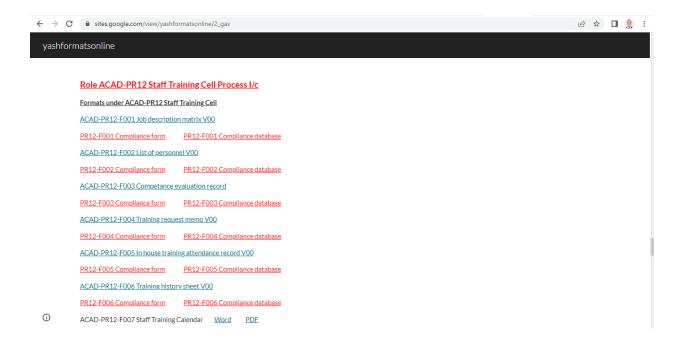
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#### Screenshots of ISO Compliance Dashboards for the Staff

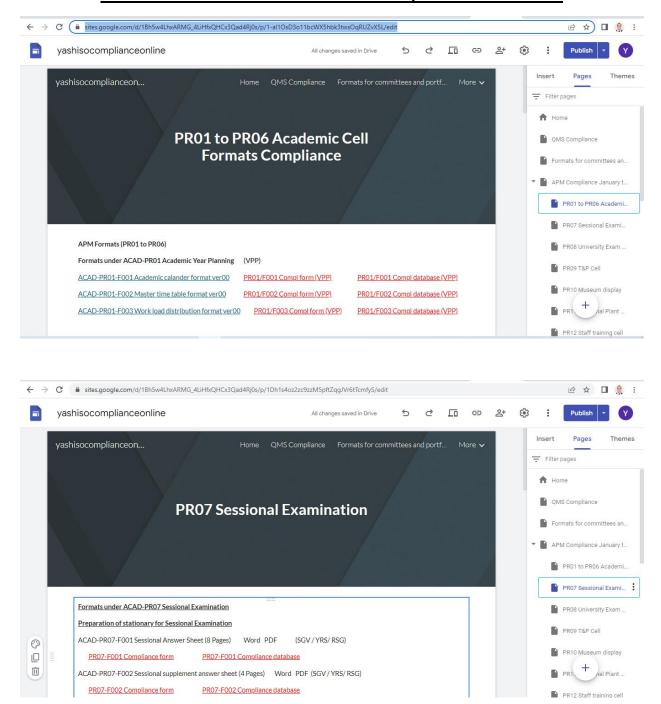


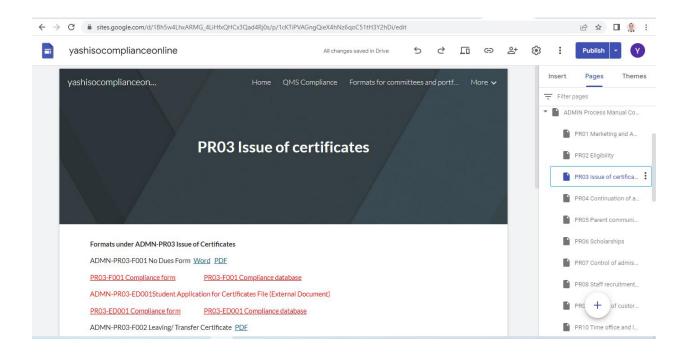


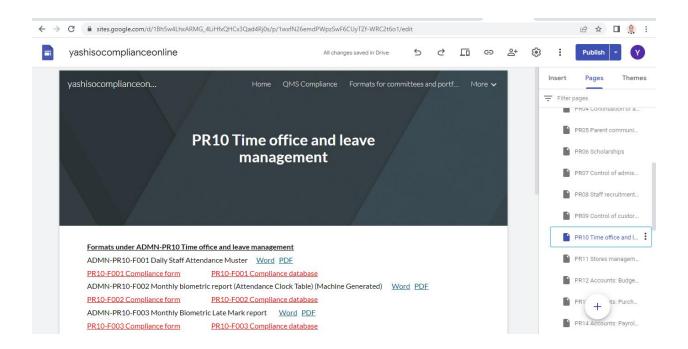




#### Screenshots of ISO Procedure wise Compliance Dashboards







### Academic Process Monitoring System Institutionalized by IQAC

## YASH INSTITUTE OF PHARMACY, AURANGABAD SYLLABUS COMPLETION REPORT

ACAD-PR03-F002/V00/W.e.f.: 01-January-2020

Date:

Session:	Class: B. Pharm	Year	Semester
3C33IUII.	Class. D. I Hai III	1 Cai	Schlester

	Subject and	Theory lectures		Practicals		%	Signature of	
Sr.	Planned	Actual	Planned	Actual	Completion	Subject I/c	Remark	

Academic I/c PRINCIPAL

# YASH INSTITUTE OF PHARMACY, AURANGABAD MONTHLY ACADEMIC REVIEW

ACAD-PR03-F003/V00/W.e.f.: 01-January-2020

Session:	_Review Month:	Class:	Semester:
Date:		Date of start of session:	

		me of the	No. of lectures/	No. of		uous Asse					
Sr	Subject	Teacher	Practical available from the start of the term till the date of review	lectures/ practica l actually engaged	Cumulative % of curriculum covered as per L1P1	Quiz	OBT	LMS / Lab Manual Complete?	Course File complete ?	Teacher Sign	Remark

Note: To be verified from L1P1, Attendance Register and Continuous evaluation sheets etc

Academic I/C PRINCIPAL

# YASH INSTITUTE OF PHARMACY, AURANGABAD PROCESS MONITORING AND MEASUREMENT CHART AS ON\_\_\_\_\_

O	MS.	-PR03	-F001	V00	/W.e.f.:	01-	January	v-2020

Procedure No.: ACAD-PR03	Procedure Title: Academic procedure
Procedure owner: Dr. V. P. Patil	Date of Monitoring: August – April 2020-21

Sr	Parameter monitored	Indicator	Method of calculation	Frequency of monitoring	Responsibility	Target	Status as on date of monitoring
01	Percentage of lectures and practicals completed as per faculty teaching plan.	Number of lectures and practicals	Number of lectures and practicals conducted	Monthly	Dr. V. P. Patil	80-100% number of lectures and practicals conducted	Target is achieved
02	Percentage of syllabus completed as per faculty teaching plan.	Syllabus completed as per faculty teaching plan.	Actual number of lecturesd practicals conducted/ Planned Number of lectures and practicals	Six Months	Dr. V. P. Patil	90-100 % syllabus completed	Target is achieved

Prepared by:	Authorized by	Issued by
Signature:	Signature:	Signature:
Name: Dr. V. P. Patil	Name: Dr. S. S. Angadi	Name: Dr. G. A. Vaishnav
Portfolio Cell I/c	PRINCIPAL	ISO Coordinator

### YASH INSTITUTE OF PHARMACY, AURANGABAD CORRECTIVE ACTION RECORD

QMS-PR04-F007/V00/W.e.f.: 01-January-2021

Date: 30/04/2021 Dept.: ACAD-PR05 under Academic Process **Statement of Nonconformity: Disposition Action: (Action initiated to rectify the observed nonconformity)** Nil **Root Cause:** Nil Corrective Action: (Action initiated to avoid the recurrence of nonconformity) Verification of disposition action for implementation: (Write the description of sample checked) Nil Verified By: Dr. G. A. Vaishnav Date of verification:30/04/2021 Verification of corrective action for implementation: (Write the description of sample checked) Nil Verified By: Dr. G. A. Vaishnav Date of verification: 30/04/2021 Verification of effectiveness of corrective action: (Write the description of sample checked) Nil

# Staff Professional and Administrative Training System Institutionalized by IQAC

Yash Institute of Pharmacy, Aurangabad.

Principal

Yash Institute of Pharmac,

Aurangabad.

## YASH INSTITUTE OF PHARMACY, AURANGABAD COMPETANCE EVALUATION AND TRAINING NEEDS ANALYSIS FORM

**ACAD-PR12-F003**/V-001/W.e.f.: 01-January-2020

(To be filled in by every superior for each person reporting to him/her after completion of every semester and submitted to Staff Training Cell at least seven days before start of academic session.

Evaluation Period : From (da	ite)	to (date)		
Employee Code:				
Employee Name:				
Position/ Title:				
Department:				
	Competence	•	e of A to D where eptable, D= Poor	-
	Job Execution Skills	Managemen t Skills	Computer Skills	Communication Skills
Evaluation score by superior:				
Major tasks for the position	Training / Skills development required?		If yes, identify what training	How will this be achieved?
position	Yes	No	needs exist	

Signature of the employee

#### YASH INSTITUTE OF PHARMACY, AURANGABAD

### TRAINING REQUEST MEMO

ACAD-PR12-F004/V-00/W.e.f.: 01-January-2020 From: To The Staff Training Cell I/c Kindly arrange for suitable training for the following personnel on the identified training needs. Personnel **Identified Training Urgency of** Remarks of Name ID Training **Staff Training Cell** Need(s) I/c Signature : -----

Date

### YASH INSTITUTE OF PHARMACY, AURANGABAD

#### IN-HOUSE TRAINING ATTENDANCE RECORD

**ACAD-PR12-F005**/V-00/W.e.f.: 01-January-2020

Date

ame o	f Faculty:	Organisation	on:		
ate of	training : / / . Time	e: No.	of participants:		
SI. No	Name of participant	Personnel ID	*Participant's Feedback	**Participant's Signature	Test Score
1					
3					
4					
5					
6					
7					
8					
9					
10					
12					
13					
14					
15					
16					
17 18					
19					
20					
·		•	Avera	ige Test Score:	
* Partic	ipant to evaluate the training pripant's signature to be taken by	the Staff Training Cel			
ignatur	e of Faculty:				

•

#### YASH INSTITUTE OF PHARMACY, AURANGABAD

#### TRAINING HISTORY SHEET

**ACAD-PR12-F006**/V-00/W.e.f.: 01-January-2020

Personn	nel ID:	Date of	Date of joining:						
Name:			Design	nation:		As on			
SI. No	Training Imparted	Date of Training	Trained By	Score Obtained	*Participant's Feedback	**Superior's Feedback	Superior's Signature	Principal's Signature	
1									
2									
3									
4									
5									

6

<sup>\*</sup> Participant's feedback to be copied from training attendance sheet (in case of in-house training) / taken by interview.

<sup>\*\*</sup> Superior's feedback and signature to be taken by the Staff Training Cell I/c within 30 days of training.