ST. PETER'S INSTITUTE OF HIGHER EDUCATION AND RESEARCH

QUALITY MANUAL: CULTURE IMPLEMENTATION AND INSTITUTIONAL EXCELLENCE FRAMEWORK

Quality Management System aligned with ISO 9001:2015

Academic quality • Research • Administration • Student services • Governance

Document status DRAFT FOR STATUTORY APPROVAL

Proposed issue 02 • Revision 00 • September 2026

This manual consolidates the SPIHER Apex Quality Manual 2024 and the Quality Culture Implementation and Institutional Excellence Framework 2026.

Scope

Design and development of curricula and delivery of higher education, research, consultancy, extension and associated support services.

Document Control and Approval

Control field	Approved entry
Document title	Quality Manual
Document code	SPIHER/QMS/QM/02
Standard alignment	ISO 9001:2015
Issue and revision	Issue 02 Revision 00
Document owner	Registrar
QMS coordination	Director IQAC / Management Representative or authorized QMS Coordinator
Prepared by	IQAC and nominated process owners
Reviewed by	Vice-Chancellor and Registrar
Approved by	Executive Council / competent authority
Approval resolution and date	To be completed before issue
Effective date	To be completed before issue
Next review	One year from effective date or earlier if required
Master copy	Controlled digital master in the approved institutional repository
Classification	Internal controlled document; public sections may be published after approval

Approval Signatures

Prepared by	Reviewed by	Approved by
Director IQAC / QMS Coordinator Name, signature and date	Vice-Chancellor and Registrar Names, signatures and dates	Competent Authority Resolution, signature and date

Distribution and Copy Control

Copy	Holder or location	Status	Control
01	Registrar	Master	Electronic master with change control
02	Vice-Chancellor	Controlled	Read-only current version

Copy	Holder or location	Status	Control
03	IQAC / QMS Secretariat	Controlled	Working access with approved permissions
04	Process owners and HoDs	Controlled	Portal access; superseded copies withdrawn
—	Website/public portal	Uncontrolled print	Only approved public version

Revision History

Issue	Revision	Date	Sections changed	Reason	Approval reference
01	03	31 July 2024	Apex Manual	ISO QMS revision	Legacy record
02	00	September 2026	All	Consolidation and complete restructuring	Pending

Contents

S. No.	Section	Page No.
1	Purpose and Institutional Quality Philosophy	4
2	Quality Vision	5
3	Quality Mission	5
4	Guiding Principles of Quality	5
5	Core Values	6
6	Quality Strategy	6
7	Quality Policy	10
8	Internal Quality Assurance Cell (IQAC)	14
9	Accreditation	21
10	Quality Measurement	27
11	Benchmarking	36
12	Resources	42
13	Sustainability of Quality	49
14	Student Charter and Service Standards	54

S. No.	Section	Page No.
15	Quality Intelligence, Analytics and Annual Quality Health Report	55
16	NBA Eligibility and Accreditation Readiness Framework	56
17	Digital Quality Ecosystem and Institutional Data Governance	57
18	Five-Year Quality Maturity Roadmap (2026-2030)	58
19	Annexures I-XV	60

Quality Manual (Culture Implementation)

Six strategic pillars guide the manual: Quality Culture; Student Success; Faculty and Research Excellence; Institutional Quality Intelligence; Continuous Quality Improvement; and Institutional and Global Excellence.

The manual therefore moves the institution from Quality Assurance to Quality Analytics, Quality Intelligence, Quality Excellence and Institutional Distinction. Every unit shall use evidence, reflection, benchmarking and stakeholder participation to improve outcomes continuously.

At SPIHER, quality is the disciplined pursuit of better learning, better research, better services, better governance and greater societal value. Accreditation and rankings are external outcomes of this pursuit; they are not the purpose of the quality system.

Institutional Quality Philosophy

1. Purpose

The Quality Manual of St. Peter's Institute of Higher Education and Research (SPIHER) is a vital resource that lays the groundwork for enhancing quality across all our academic, research, administrative, and extension activities. This comprehensive document serves as our guiding beacon for institutional quality assurance, ensuring that we integrate excellence into every facet of our operations.

At SPIHER, we are dedicated to supporting our Vision and Mission by cultivating a vibrant culture of academic brilliance, innovation, accountability, transparency, and stakeholder satisfaction. Our manual aligns perfectly with the expectations of both national and international quality assurance agencies, encouraging evidence-based decision-making and a commitment to ongoing organizational growth.

Our Quality Manual is designed with ambitious objectives, including:

- Creating a robust quality assurance framework and continually driving improvement.
- Seamlessly integrating quality practices into our academic offerings, research endeavours, governance, administration, and student support services.
- Nurturing a "Quality First" ethos that promotes participatory governance and collective responsibility, inspired by the Kaizen philosophy of continuous improvement.
- Delivering standardized policies, procedures, and quality indicators to consistently monitor our institutional performance.
- Enhancing our readiness for accreditation, rankings, regulatory compliance, and external quality evaluations.
- Empowering data-driven planning, monitoring, and evaluation using institutional dashboards and performance metrics.
- Fostering innovation, accountability, ethical standards, and active stakeholder involvement throughout all institutional processes.
- Making quality assurance a core, sustainable element of our governance rather than just a box-ticking exercise.

- Supporting our pursuit of academic excellence, impactful research, global competitiveness, and social relevance through measurable quality outcomes.
- Institutionalizing continuous quality enhancement by embracing internationally recognized principles and best practices in quality management.

By implementing this Quality Manual, SPIHER reaffirms our unwavering commitment to nurturing a thriving quality ecosystem where every stakeholder, including students, faculty, administrators, alumni, employers, industry partners, and governing bodies, plays an active role in shaping a future of excellence through shared responsibility and continuous improvement. Together, let's embark on this exciting journey of growth and achievement.

2. Quality Vision

To become a nationally benchmarked institution recognized for outcome-based education, research impact, governance excellence, and continuous improvement.

Interpretation of the Quality Vision:

SPIHER aims to be a nationally and internationally recognized institution known for excellence in teaching, research, and societal engagement. Our focus is on quality, continuous improvement, and ethical practices, ensuring sustainable growth and global competitiveness. We strive to create an environment that promotes innovation, collaboration, and ongoing enhancement of our academic and administrative processes.

3. Quality Mission

- To embed measurable quality indicators across all functions.
- To align institutional goals with departmental and individual KPIs.
- To promote innovation, accountability, and stakeholder participation.
- To sustain accreditation excellence and ranking performance.

To achieve its Quality Vision, SPIHER is committed to:

- Embed quality assurance in all academic, research, administrative, and extension activities.
- Promote outcome-based education to enhance student learning, employability, and lifelong learning.
- Encourage quality research and innovation with societal impact.
- Establish transparent and accountable governance through effective quality management systems.
- Integrate digital technologies and data analytics for evidence-based decision-making.
- Strengthen stakeholder engagement through feedback and collaboration.
- Maintain readiness for accreditation, compliance, and international standards.
- Promote sustainability, ethical values, inclusiveness, and social responsibility.
- Institutionalize continuous quality improvement using the PDCA cycle and Kaizen.
- Develop innovative graduates who contribute to national and global development.

4. Guiding Principles of Quality

The institutional quality system shall be governed by the following principles:

- **Student-Centric Education** – Ensuring holistic student development through innovative teaching-learning practices and comprehensive support services.
- **Academic Excellence** – Promoting high standards in curriculum, pedagogy, assessment, and learning outcomes.
- **Research and Innovation** – Encouraging impactful research, interdisciplinary collaboration, and technology-driven innovation.
- **Continuous Improvement** – Institutionalizing systematic review, monitoring, and enhancement of all institutional processes.
- **Evidence-Based Decision Making** – Utilizing validated data, key performance indicators (KPIs), and quality dashboards for planning and governance.
- **Transparency and Accountability** – Ensuring openness, integrity, and responsibility in academic and administrative decision-making.
- **Stakeholder Participation** – Engaging students, faculty, alumni, employers, industry, and society in quality enhancement initiatives.
- **Ethical Practices** – Upholding academic integrity, professional ethics, and responsible conduct in all institutional activities.
- **Benchmarking and Best Practices** – Continuously comparing institutional performance with leading national and international institutions.
- **Sustainability** – Integrating quality practices that support long-term institutional growth, environmental stewardship, and societal well-being.

5. Core Values

SPIHER's quality culture is founded on the following core values:

- Excellence
- Integrity
- Accountability
- Innovation
- Inclusiveness
- Collaboration
- Transparency
- Professionalism
- Social Responsibility
- Sustainability

These values guide institutional behaviour, decision-making, and continuous quality enhancement across all academic and administrative units.

6. Quality Strategy

SPIHER adopts a comprehensive Quality Strategy that integrates institutional planning, quality assurance, accreditation, benchmarking, performance measurement, and continuous improvement into a unified framework. The strategy is aligned with the University's Vision and Mission, Strategic Development Plan (SPIHER 2.0), National Education Policy (NEP 2020), Sustainable Development Goals (SDGs), and the quality frameworks of NAAC, NBA, NIRF, QS, and Times Higher Education (THE). The Quality Strategy transforms quality assurance from a compliance-oriented exercise into a

continuous institutional culture driven by measurable outcomes, stakeholder participation, and evidence-based governance.

6.1 Strategic Quality Framework

The institutional quality framework operates through a three-tier governance model that ensures effective planning, implementation, monitoring, and continuous improvement.

Strategic Level

Responsible for institutional vision, policy formulation, strategic planning, and quality governance.

- Executive Council
- Vice Chancellor
- Academic Council

Operational Level

Responsible for coordinating institutional quality initiatives and monitoring implementation.

- Internal Quality Assurance Cell (IQAC)
- Strategy, Quality, Accreditation and Ranking (SQAR) Secretariat
- Deans
- Directors
- Institutional Committees

Execution Level

Responsible for implementing quality initiatives at the departmental level.

- Departments
- Department Quality Circles (DQC)
- Faculty Members
- Administrative Units

This governance structure establishes clear responsibilities while promoting participative decision-making and accountability throughout the institution.

6.2 Strategic Objectives

The Quality Strategy aims to achieve the following objectives:

- Institutionalize a sustainable culture of quality.
- Strengthen academic excellence through Outcome-Based Education (OBE).
- Enhance research quality, innovation, patents, consultancy, and societal impact.
- Improve graduate employability through industry partnerships and skill development.
- Achieve continuous accreditation readiness for NAAC, NBA, and statutory councils.
- Improve national and international rankings.
- Establish robust digital quality management systems.
- Promote ethical governance and transparent institutional practices.
- Encourage continuous benchmarking with nationally and internationally reputed institutions.
- Strengthen stakeholder engagement and participatory governance.

6.3 Strategy, Quality, Accreditation and Ranking (SQAR) Secretariat

To ensure effective implementation of institutional quality initiatives, SPIHER establishes the **Strategy, Quality, Accreditation and Ranking (SQAR) Secretariat** as the central coordinating body for quality planning, monitoring, accreditation, rankings, and institutional performance management.

Objectives

The SQAR Secretariat shall:

- Integrate institutional strategy with quality assurance.
- Coordinate accreditation and ranking activities.
- Support evidence-based institutional planning.
- Monitor institutional KPIs and strategic initiatives.
- Facilitate continuous quality improvement across academic and administrative units.
- Strengthen institutional visibility through national and international rankings.

6.4 Strategic Functions

The Secretariat shall coordinate five major strategic domains:

Strategy

- Institutional Strategic Plan implementation
- Monitoring Key Result Areas (KRAs)
- Institutional KPI monitoring
- Performance dashboards
- Institutional risk management

Quality

- Quality policy implementation
- Internal quality audits
- Continuous quality improvement
- Process standardization
- Stakeholder satisfaction assessment

Accreditation

- NAAC
- NBA
- Academic and Administrative Audit (AAA)
- Statutory council compliance
- Accreditation documentation

Ranking

- NIRF
- QS World University Rankings
- Times Higher Education Rankings
- Subject rankings
- International visibility

Performance Monitoring

- Institutional dashboards
- Department Quality Index (DQI)

- Faculty KPIs
- Benchmarking
- Action Taken Reports (ATR)

6.5 Quality Implementation Model

SPIHER adopts the internationally accepted **Plan–Do–Check–Act (PDCA)** methodology for implementing continuous quality improvement.

PLAN

- Identify improvement opportunities.
- Define measurable quality objectives.
- Allocate responsibilities and resources.

DO

- Implement approved quality initiatives.
- Execute departmental action plans.
- Conduct faculty development programmes.

CHECK

- Monitor KPIs.
- Review DQI.
- Conduct Academic and Administrative Audits.
- Evaluate stakeholder feedback.

ACT

- Standardize successful practices.
- Revise policies and SOPs.
- Implement corrective and preventive actions.
- Initiate the next cycle of improvement.

6.6 Quality Culture Strategy

Quality shall be embedded through:

- Leadership commitment.
- Faculty ownership.
- Student participation.
- Department Quality Circles.
- Digital quality monitoring.
- Innovation and best practices.
- Periodic review and benchmarking.
- Recognition and reward mechanisms.

The institution promotes the philosophy that:

"Quality is everyone's responsibility and continuous improvement is a shared institutional commitment."

6.7 Expected Strategic Outcomes

The implementation of the Quality Strategy is expected to result in:

- Excellence in teaching, learning, and student outcomes.
- Increased research productivity and innovation.
- Improved accreditation grades and ranking performance.

- Enhanced stakeholder satisfaction.
- Strong governance and accountability.
- Data-driven institutional management.
- Sustainable quality culture across all academic and administrative units.
- Continuous institutional transformation through innovation and excellence

7. Quality Policy

Quality Policy: SPIHER is committed to providing globally relevant, innovation-driven education and research that foster ethical, competent, and socially responsible citizens. The institution upholds excellence, integrity, and sustainability by aligning its initiatives with the Sustainable Development Goals (SDGs) and evolving global standards. SPIHER strives to cultivate a culture of continuous improvement, academic leadership, and impactful knowledge creation, empowering faculty and learners to contribute meaningfully to society and national development.

The Quality Policy aligns with the University's Vision and Mission and is consistent with the quality frameworks of **NAAC, NBA, NIRF, QS World University Rankings, Times Higher Education (THE), National Education Policy (NEP 2020), and the United Nations Sustainable Development Goals (SDGs).**

7.1 Policy Objectives

The Quality Policy aims to:

- Promote excellence in teaching, learning, research, innovation, governance, and community engagement.
- Institutionalize a culture of continuous quality improvement across all academic and administrative units.
- Ensure student-centric, outcome-based, and technology-enabled education.
- Strengthen institutional governance through transparency, accountability, and participatory decision-making.
- Enhance research quality, innovation, consultancy, intellectual property creation, and societal impact.
- Promote evidence-based planning through institutional data analytics and quality dashboards.
- Ensure continuous readiness for national and international accreditation and ranking systems.
- Encourage benchmarking against nationally and internationally recognized institutions.
- Foster stakeholder participation in institutional planning, implementation, monitoring, and evaluation.
- Promote ethical practices, environmental sustainability, inclusiveness, and social responsibility.

7.2 Quality Commitments

SPIHER is committed to:

Academic Excellence

- Delivering high-quality, outcome-based education.

- Adopting innovative and learner-centric pedagogies.
- Ensuring continuous curriculum review and enhancement.
- Promoting digital learning and educational technologies.

Research and Innovation

- Encouraging high-impact interdisciplinary research.
- Supporting funded research, consultancy, patents, and technology transfer.
- Promoting research integrity and ethical publication practices.
- Strengthening collaborations with industry, research organizations, and international institutions.

Student Success

- Providing holistic student development.
- Enhancing employability through skill development and industry engagement.
- Supporting entrepreneurship, innovation, and lifelong learning.
- Strengthening mentoring and student support systems.

Governance

- Promoting transparent, accountable, and participatory governance.
- Implementing evidence-based decision-making.
- Maintaining documented policies, procedures, and quality standards.
- Ensuring statutory and regulatory compliance.

Stakeholder Satisfaction

- Establishing systematic mechanisms for stakeholder consultation.
- Continuously improving institutional services based on stakeholder feedback.
- Strengthening collaborations with alumni, employers, industry, professional bodies, and society.

7.3 Quality Management Principles

The institutional Quality Management System shall be based on the following principles:

- Student-Centric Learning
- Leadership Commitment
- Continuous Improvement
- Evidence-Based Decision Making
- Process Approach
- Participative Governance
- Accountability and Transparency
- Innovation and Creativity
- Ethical Conduct
- Sustainability and Social Responsibility

7.4 Institutional Quality Framework

Quality shall be integrated into every institutional function through:

- Institutional Strategic Planning
- Internal Quality Assurance Cell (IQAC)
- Strategy, Quality, Accreditation and Ranking (SQAR) Secretariat
- Department Quality Circles

- Department Quality Index (DQI)
- Faculty KRA–KPI Framework
- Institutional Quality Dashboard
- Academic and Administrative Audits
- Benchmarking and Best Practices

7.5 Continuous Quality Improvement (CQI)

SPIHER adopts the **Plan–Do–Check–Act (PDCA)** cycle as the institutional model for continuous improvement.

Quality improvement shall include:

- Periodic quality reviews.
- Internal and external audits.
- Department Quality Index assessment.
- Faculty performance evaluation.
- Stakeholder feedback analysis.
- Action Taken Reports (ATR).
- Corrective and preventive actions.
- Benchmarking against leading institutions.
- Continuous revision of institutional policies and procedures.

7.6 Roles and Responsibilities

The implementation of this Quality Policy shall be the collective responsibility of all stakeholders.

Executive Council

- Approves institutional quality policies.
- Reviews institutional quality performance.

Vice Chancellor

- Provides strategic leadership for quality.
- Reviews institutional performance and quality initiatives.

IQAC

- Facilitates quality assurance and enhancement activities.
- Coordinates continuous quality improvement.
- Monitors quality initiatives and prepares AQAR.

SQAR Secretariat

- Coordinates strategy, accreditation, ranking, benchmarking, and institutional quality monitoring.
- Maintains quality dashboards and institutional performance indicators.

Deans and Heads of Departments

- Implement quality initiatives at faculty and departmental levels.
- Monitor Department Quality Index and departmental performance.

Faculty Members

- Deliver quality teaching and mentoring.
- Engage in research, innovation, extension, and institutional development.
- Participate in quality assurance activities.

Administrative Staff

- Support efficient institutional processes.
- Ensure compliance with quality procedures and documentation.

Students

- Actively participate in quality enhancement through feedback, quality circles, academic committees, and institutional governance.

7.7 Monitoring and Review

The Quality Policy shall be monitored through:

- Department Quality Index (DQI)
- Faculty KRA–KPI Framework
- Institutional Quality Dashboard
- Academic and Administrative Audits
- Student Satisfaction Surveys
- Stakeholder Feedback
- Accreditation Readiness Reviews
- Annual Quality Assurance Report (AQAR)
- Institutional Benchmarking Reports

The Quality Policy shall be reviewed annually by the **Internal Quality Assurance Cell (IQAC)** and approved by the **Executive Council** to ensure its continued relevance and alignment with institutional goals, national priorities, and international quality standards.

7.8 Quality Policy Statement

Quality Policy: SPIHER is committed to providing globally relevant, innovation-driven education and research that foster ethical, competent, and socially responsible citizens. The institution upholds excellence, integrity, and sustainability by aligning its initiatives with the Sustainable Development Goals (SDGs) and evolving global standards. SPIHER strives to cultivate a culture of continuous improvement, academic leadership, and impactful knowledge creation, empowering faculty and learners to contribute meaningfully to society and national development.

8. Internal Quality Assurance Cell (IQAC)

The **Internal Quality Assurance Cell (IQAC)** serves as the institutional quality facilitation and advisory body responsible for promoting a culture of continuous quality improvement across all academic, research, administrative, and extension activities. In accordance with the guidelines of the National Assessment and Accreditation Council (NAAC), the IQAC functions as the nucleus of institutional quality assurance by coordinating quality initiatives, facilitating evidence-based planning, and promoting stakeholder participation. Rather than acting as a regulatory or compliance authority, the IQAC functions as a mentor, facilitator, and catalyst for institutional excellence.

8.1 IQAC Composition

The IQAC shall be constituted to ensure broad representation from institutional leadership, faculty, administration, students, alumni, employers, industry, and society, thereby promoting participatory governance and collective responsibility for quality enhancement.

Composition

The IQAC shall comprise:

- Vice Chancellor – Chairperson
- Representative of the Management
- Registrar
- Controller of Examinations
- Dean (Research & Development)
- Dean (Planning, Development & Accreditation)
- Dean (Student Affairs)
- Deans of various Faculties
- Heads of Departments
- Director, IQAC – Member Secretary
- Senior Faculty Representatives
- Administrative Representative
- Placement Officer
- Innovation and Entrepreneurship Representative
- Computer Centre Representative
- Alumni Representative
- Employer Representative
- Industry Representative
- Parent Representative
- Student Representative
- Local Society Representative

The composition of the IQAC shall be reviewed periodically to ensure effective representation and alignment with institutional priorities.

8.2 IQAC Governance

The IQAC functions as the University's principal quality advisory body and provides strategic direction for institutional quality enhancement.

Governance Clarification

IQAC shall function as a facilitative, advisory, coordinating, and quality-enhancement body and shall not operate as a punitive or compliance-policing authority. Executive, statutory, financial, disciplinary, and regulatory decisions shall remain with the competent authorities defined by the University statutes, ordinances, policies, and applicable regulations. The SQAR Secretariat and Director/Coordinator roles shall support implementation, analytics, accreditation, ranking, and follow-up without displacing the statutory and collegial functions of IQAC and other institutional bodies.

Governance Principles

The IQAC shall function based on the following principles:

- Academic autonomy
- Participative governance
- Transparency
- Accountability
- Evidence-based decision-making
- Continuous improvement
- Stakeholder participation
- Ethical institutional practices

Governance Responsibilities

The IQAC shall:

- Develop institutional quality strategies.
- Recommend quality policies.
- Promote a culture of continuous improvement.
- Coordinate institutional quality initiatives.
- Facilitate accreditation preparedness.
- Monitor institutional quality performance.
- Encourage innovation and best practices.
- Review institutional quality outcomes periodically.

The IQAC shall meet **at least four times every academic year**, with additional meetings conducted whenever necessary.

Each meeting shall include:

- Notice and Agenda
- Attendance Register
- Minutes of the Meeting (MoM)
- Action Taken Report (ATR)
- Follow-up Review

All records shall be maintained digitally and archived for institutional reference, statutory compliance, and accreditation purposes.

IQAC Transparency and Public Disclosure

To strengthen transparency, accountability, stakeholder confidence, and institutional memory, approved IQAC meeting records shall be disclosed through the institutional

IQAC portal/website, subject to applicable statutory, privacy, confidentiality, and data-protection requirements.

Approved Minutes of IQAC Meetings shall be uploaded within a reasonable period after approval.

Action Taken Reports (ATR) shall be published along with or subsequent to the corresponding minutes, showing the status of approved actions.

Confidential, sensitive, personal, examination-related, disciplinary, commercially sensitive, or legally restricted information shall be appropriately redacted before public disclosure.

The IQAC shall maintain a digital archive of agendas, minutes, ATRs, supporting evidence, and follow-up reviews for accreditation, audit, statutory, and institutional reference.

8.3 Planning and Coordination

The IQAC shall coordinate institutional quality planning through a structured annual planning cycle aligned with the University's Strategic Plan.

Annual Quality Planning

The Annual Quality Action Plan (AQAP) shall be prepared considering:

- Institutional Strategic Plan
- Vision and Mission
- NAAC recommendations
- NBA observations
- Academic and Administrative Audit reports
- Stakeholder feedback
- Previous Action Taken Reports
- National Education Policy (NEP 2020)
- Sustainable Development Goals (SDGs)

Institutional Coordination

The IQAC shall coordinate with:

- Executive Council
- Academic Council
- Board of Studies
- Faculties
- Departments
- Research Centres
- Administrative Offices
- Quality Circles
- Accreditation Committees

Quality Enhancement Activities

The IQAC shall organize:

- Faculty Development Programmes
- Workshops
- Seminars

- Quality Awareness Programmes
- Best Practice Sharing Sessions
- Academic Audits
- Administrative Audits
- Internal Reviews
- Benchmarking Exercises

8.4 Data Management

The IQAC shall establish an integrated Institutional Data Management System to support evidence-based planning, performance monitoring, and continuous quality improvement.

Data Sources

Institutional data shall be collected through:

- Enterprise Resource Planning (ERP)
- Learning Management System (LMS)
- Research Information System
- Examination Management System
- Human Resource Management System
- Finance Management System
- Departmental Reports
- Student Feedback
- Stakeholder Surveys
- Audit Reports

Data Validation

The IQAC shall ensure:

- Data accuracy
- Data integrity
- Timely submission
- Standardized formats
- Evidence verification
- Secure digital repositories

Performance Monitoring

Institutional performance shall be monitored through:

- Institutional Quality Dashboard
- Department Quality Index (DQI)
- Faculty KRA–KPI Framework
- Research Performance Indicators
- Student Success Indicators
- Accreditation Readiness Dashboard
- Ranking Performance Dashboard

Performance reports shall be presented periodically to the Vice Chancellor, Academic Council, and Executive Council for strategic decision-making.

8.5 Stakeholder Engagement

SPIHER recognizes stakeholder engagement as a fundamental component of institutional quality enhancement. The IQAC shall establish structured mechanisms to ensure meaningful participation of all stakeholders in institutional planning, implementation, monitoring, and continuous improvement.

Student Engagement

Students shall actively participate through:

- Student representation in IQAC
- Department Quality Circles
- Student feedback systems
- Academic Committees
- Grievance Redressal System
- Curriculum Review Forums
- Quality Improvement Projects

Student Quality Audit and Grievance Analytics

To deepen the student voice beyond routine feedback, SPIHER shall institute a structured student-participatory quality review at least once every semester. Trained student representatives, under IQAC facilitation and with appropriate safeguards, may review selected student-facing academic and support processes and submit a Student Quality Experience Report for corrective action and continuous improvement.

Indicative review areas shall include teaching-learning experience, availability of course/LMS resources, mentoring, laboratory and library services, student support, infrastructure/service quality, and accessibility of institutional services.

Student quality reviews shall be developmental and evidence-based and shall not replace statutory academic, administrative, financial, or compliance audits.

Grievance analytics shall be included in periodic quality reviews and dashboards, covering number and category of grievances, average resolution time, ageing of unresolved cases, repeat grievances, root causes, recurrence trends, escalation status, and CAPA effectiveness.

Findings shall be reviewed by IQAC and the concerned units, converted into time-bound ATR/CAPA wherever required, and communicated back to students through an appropriate feedback-closure mechanism.

Faculty Engagement

Faculty members shall contribute through:

- Quality Circles
- Curriculum Development
- Academic Audits
- Research Activities
- Innovation Projects
- Mentoring Systems
- Institutional Committees

Alumni Engagement

The University shall strengthen alumni participation through:

- Alumni Advisory Board
- Curriculum Feedback
- Mentoring Programmes
- Career Guidance
- Research Collaboration
- Institutional Development Initiatives

Industry and Employer Engagement

Industry partners shall contribute through:

- Curriculum Design
- Internship Support
- Consultancy
- Joint Research
- Skill Development
- Placement Activities
- Academic Advisory Committees

Parent and Society Engagement

The University shall engage parents and community representatives through:

- Parent–Teacher Meetings
- Community Outreach Programmes
- Extension Activities
- Feedback Mechanisms
- Social Responsibility Initiatives

8.6 Feedback and Continuous Improvement

The IQAC shall establish a structured feedback management system involving:

- Students
- Faculty
- Alumni
- Employers
- Parents
- Industry Experts
- Professional Bodies

Feedback shall be:

1. Collected systematically.
2. Analysed using statistical methods.
3. Reviewed by the IQAC.
4. Converted into Action Taken Reports (ATR).
5. Communicated to stakeholders.
6. Integrated into institutional planning for continuous improvement.

8.7 Expected Outcomes

The IQAC is expected to achieve the following institutional outcomes:

- A sustainable culture of quality.
- Improved teaching, learning, research, and governance.
- Enhanced stakeholder satisfaction.
- Increased accreditation preparedness.
- Improved national and international rankings.
- Data-driven institutional decision-making.
- Stronger institutional accountability and transparency.
- Continuous quality enhancement aligned with national and global best practices.

9. Accreditation

Accreditation is a strategic institutional process that validates the quality, effectiveness, and continuous improvement of academic and administrative systems. SPIHER adopts a proactive and continuous accreditation model in which quality assurance is embedded into routine institutional practices rather than being limited to periodic accreditation cycles. The University is committed to achieving excellence through compliance with national regulatory requirements, continuous institutional self-evaluation, benchmarking against global standards, and sustained quality enhancement. Accreditation activities are coordinated through the **Strategy, Quality, Accreditation and Ranking (SQAR) Secretariat** in collaboration with the **Internal Quality Assurance Cell (IQAC)**, Faculties, Departments, and statutory bodies.

9.1 Objectives of Accreditation

The institutional accreditation framework aims to:

- Ensure continuous compliance with statutory and regulatory requirements.
- Promote academic excellence and institutional accountability.
- Strengthen outcome-based education and student learning outcomes.
- Enhance research quality, innovation, consultancy, and societal impact.
- Improve institutional governance and administrative efficiency.
- Promote national and international recognition.
- Enhance institutional credibility among stakeholders.
- Foster a culture of evidence-based continuous quality improvement.
- Improve institutional performance in national and international rankings.

9.2 Accreditation Governance Framework

Accreditation shall be governed through a multi-level institutional framework.

Strategic Level

- Executive Council
- Vice Chancellor
- Academic Council

Responsibilities

- Approve accreditation policies.
- Review accreditation progress.
- Allocate institutional resources.
- Monitor strategic quality objectives.

Operational Level

- IQAC
- SQAR Secretariat
- Accreditation Cells
- Deans

Responsibilities

- Accreditation planning
- Documentation
- Evidence verification
- Gap analysis

- Mock audits
- Capacity building
- Compliance monitoring

Department Level

Each department shall establish an Accreditation Committee responsible for:

- Criterion-wise documentation
- Evidence repository
- KPI monitoring
- DQI review
- OBE implementation
- Internal audits
- Action Taken Reports (ATR)

9.3 National Accreditation

SPIHER shall continuously maintain readiness for all applicable national accreditation and quality assessment frameworks.

NAAC

The University shall maintain continuous compliance with the seven NAAC criteria through systematic documentation, internal audits, stakeholder feedback, and Annual Quality Assurance Reports (AQAR).

The IQAC shall coordinate:

- Institutional Information for Quality Assessment (IIQA)
- Self Study Report (SSR)
- Data Validation and Verification (DVV)
- Student Satisfaction Survey (SSS)
- Peer Team Visit
- Post-accreditation quality initiatives

NBA

Eligible programmes shall adopt Outcome-Based Education (OBE) and continuously monitor:

- Programme Outcomes (PO)
- Programme Specific Outcomes (PSO)
- Course Outcomes (CO)
- CO–PO Attainment
- Continuous Internal Assessment
- Graduate Attributes
- Stakeholder Feedback

Departments shall maintain continuous readiness for NBA accreditation through annual programme reviews and curriculum enhancement.

Academic and Administrative Audit (AAA)

AAA shall be conducted annually through internal and external experts to evaluate:

- Academic quality
- Teaching-learning processes
- Research performance
- Governance
- Student support
- Documentation
- Compliance

Recommendations from AAA shall be integrated into the Annual Quality Action Plan.

Statutory and Regulatory Compliance

The University shall maintain compliance with all applicable regulatory authorities, including:

- University Grants Commission (UGC)
- All India Council for Technical Education (AICTE), where applicable
- National Medical Commission (NMC)
- Pharmacy Council of India (PCI)
- Indian Nursing Council (INC)
- Allied Health Sciences regulatory bodies
- Other statutory councils governing academic programmes

A compliance calendar shall be maintained by the SQAR Secretariat to ensure timely submission of statutory reports, renewals, inspections, and approvals.

9.4 International Accreditation, Rankings and Ratings

SPIHER shall progressively align its academic, administrative and quality assurance practices with internationally recognized standards and frameworks. This alignment shall support global visibility, international academic collaboration, continuous quality improvement and institutional competitiveness.

The University shall pursue participation, benchmarking and compliance, as applicable, with the following:

- QS World University Rankings and Ratings
- Times Higher Education World University Rankings and Impact Rankings
- ISO 21001 Educational Organizations Management System
- International programme accreditation agencies relevant to specific disciplines
- Recognized global academic and quality benchmarking networks
- International best practices in teaching, research, governance, sustainability and quality assurance
- ABET accreditation (A readiness assessment may first be conducted for one mature programme with strong OBE documentation, faculty adequacy, laboratories, graduate outcomes and continuous improvement evidence.

IQAC shall coordinate institutional preparedness, data validation, evidence compilation, gap analysis and continuous improvement for international accreditation, ranking and rating initiatives. The outcomes shall be periodically reviewed by the University's statutory and quality assurance bodies.

Internationalization Strategy

The University shall promote:

- International academic collaborations.
- Joint research programmes.
- Faculty exchange.
- Student exchange.
- International internships.
- Collaborative publications.
- Global curriculum benchmarking.
- International conferences and workshops.
- International patents and technology transfer.

9.5 Accreditation Readiness Framework

SPIHER shall adopt a continuous accreditation readiness model consisting of:

Documentation

- Digital evidence repository.
- Criterion-wise documentation.
- Standard operating procedures.
- Policy documents.

Performance Monitoring

- Department Quality Index (DQI).
- Institutional Quality Dashboard.
- Faculty KRA–KPI Framework.
- Accreditation Dashboard.

Internal Review

- Monthly departmental review.
- Quarterly IQAC review.
- Half-yearly management review.
- Annual institutional quality review.

Capacity Building

- Accreditation workshops.
- OBE training.
- Documentation training.
- Internal auditor training.
- Faculty development programmes.

9.6 Post-Accreditation Quality Improvement

Following every accreditation cycle, the University shall prepare a **Post-Accreditation Quality Improvement Action Plan**.

This framework shall include:

- Analysis of accreditation recommendations.

- Criterion-wise gap assessment.
- Time-bound implementation plans.
- Responsibility matrix.
- Resource allocation.
- Periodic monitoring.
- Action Taken Reports.
- Continuous Quality Improvement (CQI).

The IQAC shall review implementation progress quarterly and present status reports to the Academic Council and Executive Council.

9.7 Accreditation Performance Indicators

Institutional accreditation performance shall be monitored using indicators such as:

Academic

- CO–PO attainment.
- Student success.
- Graduate employability.
- Curriculum revision.

Research

- Publications.
- Citations.
- Patents.
- Research funding.
- Consultancy.

Governance

- Audit compliance.
- Policy implementation.
- Documentation quality.
- Stakeholder participation.

Institutional

- Accreditation status.
- Ranking performance.
- International collaborations.
- Quality certifications.

9.8 Expected Outcomes

The institutional accreditation framework is expected to:

- Sustain high standards of academic quality.
- Strengthen institutional governance and accountability.
- Improve student learning outcomes.
- Enhance research quality and innovation.
- Increase stakeholder confidence.
- Improve national and international rankings.
- Strengthen global collaborations.
- Institutionalize a sustainable culture of continuous quality improvement.

10. Quality Measurement

Quality measurement at SPIHER is an institutional intelligence and improvement mechanism. It converts validated academic, research, administrative, governance, ranking and departmental data into comparable indices, trends, risks and time-bound interventions. The framework supports learning and improvement rather than mere compliance or numerical appraisal.

The Institutional Quality Measurement and Performance Index (IQMPI) shall serve as the common quality scorecard for departmental reviews, IQAC monitoring, the Vice Chancellor's review of the Director (Quality), and periodic reporting to statutory bodies.

10.1 Purpose and Guiding Principles

The framework is designed to:

- Measure quality through clearly defined indicators, targets, weightages and verifiable evidence;
- Integrate departmental, school and institutional performance into a common review system;
- Identify improvement, acceleration, stagnation, deceleration and decline through trend analysis;
- Provide early warning on academic, research, accreditation, ranking, compliance and data risks;
- Link review findings with Corrective and Preventive Action (CAPA), resource allocation and mentoring; and
- Promote continuous improvement, benchmarking, transparency and shared accountability.

All quality reviews shall follow four principles: continuous monitoring, data-driven decision-making, risk-based quality management and Continuous Quality Improvement (CQI).

10.2 Institutional Quality Measurement Architecture

Level	Review Authority	Frequency	Primary Focus
Level 1	Department Quality Assurance Committee / Department Quality Circle	Monthly	Course delivery, student outcomes, research and departmental action plans
Level 2	School Quality Council	Monthly	School-level consolidation, validation and intervention
Level 3	IQAC / SQAR Secretariat	Monthly and Quarterly	Institutional quality performance, data validation, risks and CAPA
Level 4	Vice Chancellor	Monthly	Strategic quality review, accountability and resource decisions
Level 5	Academic Council / Executive Council	Half-yearly / Quarterly / Annual	Institutional excellence, policy decisions and performance assurance

Operational monitoring shall be undertaken through the IQMPI, supported by the Departmental Quality Index (DQI), Faculty KRA-KPI/FQI, institutional dashboards, audits, stakeholder feedback and benchmarking reports.

10.3 Institutional Quality Measurement and Performance Index (IQMPI)

The IQMPI is a 100-mark composite index. The following six indices shall be used without creating parallel or competing scorecards.

Quality Index	Weightage	Institutional Target	Primary Evidence
Teaching-Learning Quality Index	30	≥ 85%	CO-PO/PSO attainment reports, academic audit, course files, feedback and student outcome records
Research Quality Index	25	≥ 80%	Research dashboard, publication and citation records, grants, patents, consultancy and innovation evidence
Administration Quality Index	10	≥ 90%	Compliance calendar, statutory submissions, audit reports, service and documentation records
Governance Quality Index	15	≥ 90%	Governance dashboard, policy records, committee outcomes, strategic plan and quality-circle reports
Ranking and Accreditation Quality Index	10	≥ 85%	NAAC/NBA/NIRF/QS/THE and other ranking/accreditation reports
Inter-Department Quality Ranking Index	10	Top-quartile performance	Validated department scorecards and comparative quality reports
Total	100	-	-

Score calculation shall be based on achievement against approved targets, subject to evidence validation. Where a KPI is not applicable to a unit, IQAC shall approve proportionate normalization before the review cycle begins.

10.4 Teaching-Learning Quality Index (30 Marks)

Sub-KPI	Weightage	Indicative Standard / Evidence
CO Attainment	5	Target achievement supported by course attainment sheets and corrective action

Sub-KPI	Weightage	Indicative Standard / Evidence
PO and PSO Attainment	5	Programme-level attainment, direct-indirect assessment and closing-the-loop evidence
Student Academic Performance	3	Semester performance, progression, distinction and arrear analysis
Pass Percentage	3	Institutional benchmark ≥ 90% or approved programme-specific benchmark
Course Committee Activities	2	Minutes, curriculum delivery review, assessment moderation and ATR
Class Committee Activities	2	Student participation, course delivery feedback, issues and closure
Slow and Advanced Learner Activities	2	Identification, intervention, participation and measurable improvement
Innovative Teaching Practices	2	Experiential, project-based, case-based, flipped, simulation or digital pedagogy
Student Feedback	3	Benchmark ≥ 5.95/7 or ≥ 85%, analysis, faculty/department response and ATR
Mentor-Mentee System	1	Allocation, periodic meetings, issue tracking and progression support
Professional Body and Club Activities	2	Participation, competitions, projects, certifications and learning outcomes
Total	30	

Core quality expectations include 100% OBE compliance, CO attainment of at least 80%, PO attainment of at least 75%, pass percentage of at least 90%, student feedback of at least 5.95/7 or ≥ 85%, and an academic audit score of at least 90%, subject to annual benchmark approval.

10.5 Research Quality Index (25 Marks)

Sub-KPI	Weightage	Measurement Focus
Scopus/Web of Science/Indexed Publications	8	Validated publications with affiliation and author contribution
Publication Quality Index	4	Journal quartile/quality category normalized by faculty strength
Citation and Research Impact Index	2	Citations, h-index, i10-index and FWCI, as applicable
Funded Projects	3	Submitted, sanctioned and completed externally/internally funded projects

Sub-KPI	Weightage	Measurement Focus
Consultancy	2	Consultancy assignments, revenue, client evidence and outcomes
Patents and IPR	2	Filed, published, granted, commercialized or licensed IPR
Student Publications	1	Faculty-guided student papers, chapters and conference outputs
Innovations and Start-ups	1	Prototypes, innovations, incubated ventures and societal solutions
Research Collaborations	2	Interdisciplinary, industry, national and international collaborations with outputs
Total	25	

The Publication Quality Index shall recognize quality over mere volume. The Research Advisory Board may revise the indicative scoring scale annually.

Publication Category	Indicative Score
Q1 Journal	10
Q2 Journal	8
Q3 Journal	6
Q4 Journal	4
Peer-reviewed indexed conference publication	2
Recognized book chapter	1

Publication Quality Index = Total validated publication score / Total eligible faculty members. The final result shall be normalized to the approved four-mark weightage.

Research Integrity and Ethics Audit

In addition to quantitative and citation-based research indicators, SPIHER shall conduct an annual Research Integrity and Ethics Audit to ensure that research quality is evaluated through integrity, responsible conduct, and scholarly impact.

- Plagiarism/similarity compliance and adherence to the institutional plagiarism policy.
- Ethics Committee/Institutional Ethics Committee approvals wherever applicable and evidence of continuing compliance.
- Authorship and contributorship integrity, conflict-of-interest disclosure, and responsible acknowledgement practices.
- Screening for predatory, cloned, delisted, or otherwise unacceptable journals/publishers and verification of indexing/quality status at the time of publication.

- Research data integrity, record retention, reproducibility/traceability where applicable, and responsible use of research data.
- Retractions, corrections, expressions of concern, research-misconduct complaints, and documented investigation/closure processes.
- Corrective and preventive action, capacity building, and policy revision arising from audit findings.

The Research Advisory Board/Dean (R&D), in coordination with IQAC and applicable ethics/research committees, shall review the audit findings and integrate material risks and actions into the Annual Quality Action Plan.

10.6 Administration Quality Index (10 Marks)

Sub-KPI	Weightage	Measurement / Evidence
Timely Submission of Statutory Body Data	3	Submission tracker, acknowledgement and zero avoidable delay
IQAC and Institutional Data Submission	2	Completeness, timeliness, accuracy and evidence traceability
Regulatory Compliance	2	Compliance calendar, approvals, renewals and statutory observations
Documentation Quality	1	Standard format, version control, authorization and retrievability
Audit Compliance	1	Non-conformity closure, CAPA and recurrence prevention
Timely Report Submission	1	Scheduled academic and administrative reports
Total	10	

The desired administrative standard is 100% compliance, no avoidable delayed submission, complete evidence traceability, and timely closure of audit non-conformities. A non-conformity shall not be treated as 'zero' until its CAPA has been verified.

10.7 Governance Quality Index (15 Marks)

Sub-KPI	Weightage	Measurement / Evidence
Institutional Best Practices	3	Validated practice, measurable impact, sustainability and replication
Contribution to Vice Chancellor's Strategic Initiatives	2	Assigned deliverables, timelines, outcomes and evidence
Contribution to Registrar's Institutional Assignments	2	Timely completion and institutional impact
Participation in Statutory and Institutional Committees	2	Attendance, contribution, decisions and action closure

Sub-KPI	Weightage	Measurement / Evidence
Institutional Development Activities	2	Systems, partnerships, infrastructure, student or faculty development
Quality Circle and Kaizen Initiatives	2	Pain point, root cause, intervention, outcome and standardization
Policy Development and Academic Leadership	2	Policy/SOP development, consultation, approval and implementation
Total	15	

Governance measurement shall assess contribution and institutional impact, not merely participation. Governance performance shall be reviewed by the Vice Chancellor through the governance dashboard and Action Taken Reports.

10.8 Ranking and Accreditation Quality Index (10 Marks)

Sub-KPI	Weightage	Measurement / Evidence
NAAC Readiness and Metric Improvement	2	AQAR/SSR readiness, criterion gaps, metric trends and evidence quality
NIRF Performance	2	Parameter-wise performance, data quality and year-on-year improvement
QS I-GAUGE / QS / Global Ranking Initiatives	2	Rating/ranking indicators, reputation, internationalization and data evidence
Accreditation Documentation	1	NBA and statutory accreditation readiness, SAR/SSR documentation and mock audit closure
Ranking Data Quality	1	Accuracy, consistency, validation, source traceability and timely submission
Benchmarking Practices	1	Peer selection, gap analysis, adapted practice and measured improvement
Internationalization Initiatives	1	International collaborations, mobility, joint research and global engagement
Total	10	

The index shall focus on improvement in underlying institutional performance. Rankings and accreditation shall be treated as external reflections of quality, not as substitutes for quality.

10.9 Inter-Department Quality Ranking Index (10 Marks)

Sub-KPI	Weightage	Measurement / Evidence
Teaching-Learning Performance	3	Academic quality, OBE, audits and student learning outcomes

Sub-KPI	Weightage	Measurement / Evidence
Research Performance	3	Quality-adjusted research, grants, innovation and impact
Institution-Building Contributions	1	University-level initiatives and shared responsibilities
Quality Documentation	1	Accuracy, completeness, timeliness and evidence retrievability
Student Development Activities	1	Employability, leadership, clubs, competitions and progression
Outreach and Extension Activities	1	Need-based activity, participation, impact assessment and research conversion
Total	10	

Inter-department ranking shall promote healthy competition, mentoring and best-practice transfer. Scores shall be evidence-validated and contextualized for programme size, discipline and applicable regulatory requirements.

10.10 Quality Review Domains

The monthly and quarterly review agenda shall cover ten domains. These domains are review lenses supporting the IQMPI and shall not be treated as a second independent 100-mark institutional score.

Review Domain	Key Review Indicators
Academic Excellence	OBE, CO-PO/PSO attainment, course files, lesson plans, pedagogy, LMS, pass percentage and learner support
Accreditation	NAAC/NBA readiness, AQAR, SSR/SAR, documentation gaps, statutory compliance and mock-audit closure
Rankings	NIRF, QS I-GAUGE/QS, THE, SDG/green rankings and parameter-wise benchmarking
Research and Innovation	Publications, citations, grants, consultancy, patents, IPR, innovations and start-ups
Student Outcomes	Placement, internships, higher studies, certifications, competitive examinations and graduate outcomes
Stakeholder Satisfaction	Student, faculty, alumni, employer and parent feedback, exit survey and ATR closure
Audit and Compliance	Academic, administrative and other audits, SOP compliance, non-conformities and CAPA

Review Domain	Key Review Indicators
Quality Culture	Quality circles, Kaizen projects, best practices, faculty development and innovation initiatives
Data Governance	Submission compliance, accuracy, dashboard updates, MIS use, version control and evidence status
Strategic Initiatives	Strategic/Institutional Development Plan, institutional KPIs, benchmarking and quality-goal achievement

10.11 Measurement Methodology and Data Integrity

Each KPI shall be assessed using the following sequence:

1. validate the data source, ownership, reporting period and supporting evidence;
2. calculate percentage achievement against the approved target;
3. compare current performance with the previous period and a minimum three-year trend wherever data are available;
4. identify the performance status as improvement, acceleration, stagnation, deceleration or decline;
5. conduct gap analysis, root-cause analysis and benchmark comparison;
6. assess the probability and impact of associated quality risks;
7. assign RAG status and specify the required intervention; and
8. record the decision, responsible person, timeline, resources and evidence of closure in the Action Taken Report.

RAG Status	Meaning	Required Response
Green	Target achieved or exceeded	Sustain, standardize and share the practice
Amber	Partial achievement or adverse trend requiring monitoring	Time-bound improvement plan and closer review
Red	Significant gap, non-compliance or high risk	Immediate intervention, CAPA and leadership review

Data shall be governed through designated ownership, standardized definitions, validation at source, version control, digital evidence links and periodic data-quality audits. The institutional data accuracy benchmark shall be at least 98%.

10.12 Institutional Quality Grading and Intervention

IQMPI Score	Performance Grade	Institutional Response
90-100	Outstanding / World-Class Trajectory	Recognition, best-practice dissemination and higher benchmark
80-89	Excellent	Sustain performance and address residual gaps
70-79	Very Good	Targeted improvement plan and quarterly monitoring
60-69	Good / Developing	Structured intervention, mentoring and resource support
50-59	Needs Improvement	Corrective action plan with monthly leadership review
Below 50	Critical Review Required	Immediate diagnostic audit, intensive mentoring and time-bound recovery plan

The grading system shall guide improvement, recognition and support. Individual faculty members shall not be disadvantaged solely because of departmental or systemic constraints; individual contribution shall remain evidence-based and separately evaluated.

10.13 Review Cycle and Calendar

Review Activity	Frequency
Department quality review	Monthly
Teaching-learning quality review	Monthly
Research quality review	Monthly
Administration and governance review	Monthly
Institutional quality measurement review	Monthly
Vice Chancellor's review of Director (Quality)	Monthly
Ranking and accreditation review	Quarterly
Inter-department quality ranking	Quarterly
Comprehensive quality audit	Each semester
Annual institutional quality and benchmarking review	Annual

The indicative monthly cycle shall be:

Timeline	Activity
20th	Department data submission with evidence

Timeline	Activity
22nd	School-level review and validation
25th	IQAC/SQAR data validation and gap clarification
27th	Quality dashboard and risk register preparation
28th	Director (Quality)/IQAC review
Last working day	Institutional Quality Report submission
First week of next month	Vice Chancellor's quality review meeting
Second week	ATR and CAPA progress review

10.14 Quality Dashboard and Reporting

The Institutional Quality Dashboard shall display:

- IQMPI and its six component indices;
- Department-wise DQI and inter-department ranking;
- Faculty KRA-KPI/FQI trends without inappropriate aggregation;
- Academic, research, student outcome, accreditation and ranking indicators;
- Stakeholder satisfaction and feedback-loop closure;
- Audit non-conformities, CAPA closure and compliance status;
- Quality-circle and Kaizen project progress;
- Data accuracy and delayed submission status;
- Quality risks and early-warning indicators; and
- Decisions, responsibilities, timelines and Action Taken Reports.

Dashboard information shall be reviewed monthly by departments, monthly/quarterly by IQAC, quarterly by the Vice Chancellor, half-yearly by the Academic Council and annually by the Executive Council. An Annual Quality Health Report shall consolidate trend analysis, risks, interventions and institutional learning.

10.15 Corrective Action and Continuous Improvement

Quality measurement shall culminate in improvement. For every Amber or Red KPI, the responsible unit shall prepare a Quality Improvement Plan containing the pain point, root cause, baseline, target, action, responsibility, resources, timeline, risk, evidence and expected outcome.

IQAC shall monitor CAPA closure, verify effectiveness and prevent recurrence. Successful interventions shall be standardized through policies, SOPs, curriculum or assessment changes, capacity building, resource allocation or best-practice replication.

10.16 Expected Outcomes

- A single, coherent institutional quality scorecard without duplicate measurement systems;
- Reliable department-wise quality comparison and targeted developmental support;

- Improved teaching-learning, research, administration, governance and student outcomes;
- Continuous accreditation and ranking readiness based on genuine institutional performance;
- Timely identification and mitigation of quality risks;
- Evidence-based decisions on policy, resources, mentoring and recognition;
- Stronger data governance, documentation quality and accountability; and
- A sustainable quality culture driven by measurable improvement and institutional intelligence.

Policy Statement: SPIHER's Quality Measurement Framework shall operate as an institutional intelligence and governance mechanism that transforms validated evidence into strategic decisions, corrective action, continuous improvement and institutional excellence.

11. Benchmarking

Benchmarking is a systematic process through which SPIHER evaluates its academic, research, governance, administrative, and institutional performance against nationally and internationally recognized standards and best-performing institutions. It serves as a strategic quality enhancement tool that enables the University to identify performance gaps, adopt best practices, establish realistic performance targets, and foster a culture of continuous improvement. Benchmarking is not intended merely for comparison but as a structured mechanism for institutional learning, innovation, and excellence. The process is coordinated by the **Strategy, Quality, Accreditation and Ranking (SQAR) Secretariat** in collaboration with the **Internal Quality Assurance Cell (IQAC)** and academic departments.

11.1 Objectives of Benchmarking

The objectives of institutional benchmarking are to:

- Compare institutional performance with leading national and international universities.
- Identify strengths, gaps, and opportunities for improvement.
- Promote the adoption of national and international best practices.
- Improve academic quality, research excellence, governance, and student outcomes.
- Enhance institutional competitiveness in accreditation and ranking frameworks.
- Support evidence-based strategic planning and policy formulation.
- Foster innovation and organizational learning.
- Promote sustainable institutional excellence.

11.2 Scope of Benchmarking

Benchmarking shall encompass all major institutional functions.

Academic Benchmarking

- Curriculum Design
- Outcome-Based Education (OBE)
- Teaching–Learning Practices
- Assessment and Evaluation
- Student Learning Outcomes
- Graduate Employability
- Digital Learning

Research Benchmarking

- Research Publications
- Citation Impact
- Research Grants
- Consultancy
- Patents and Intellectual Property
- International Collaborations
- Research Centres
- Innovation Ecosystem

Administrative Benchmarking

- Governance Processes
- Digital Administration
- Student Support Services
- Financial Management
- Infrastructure
- Human Resource Management
- Documentation Systems

Institutional Benchmarking

- NAAC Performance
- NBA Accreditation
- NIRF Ranking
- QS Ranking Indicators
- Times Higher Education Indicators
- SDG Performance
- Stakeholder Satisfaction
- Internationalization

11.3 Benchmarking Framework

SPIHER shall adopt a five-stage benchmarking framework.

Stage 1 – Planning

- Identify benchmarking objectives.
- Select performance indicators.
- Identify benchmark institutions.
- Define expected outcomes.

Stage 2 – Data Collection

Institutional data shall be collected from:

- Internal Quality Dashboard
- Annual Reports
- NIRF Reports
- NAAC Reports
- NBA Reports
- University Websites
- Government Databases
- Published Ranking Reports
- International Ranking Agencies

Stage 3 – Comparative Analysis

The collected information shall be analysed to determine:

- Performance gaps.
- Best practices.
- Improvement priorities.
- Resource requirements.
- Strategic opportunities.

Stage 4 – Implementation

Improvement initiatives shall be implemented through:

- Policy revision.
- Curriculum enhancement.
- Faculty development.
- Research promotion.
- Infrastructure strengthening.
- Digital transformation.
- Governance reforms.

Stage 5 – Review

Benchmarking outcomes shall be reviewed annually through:

- IQAC Meetings.
- Executive Council Reviews.
- Institutional Dashboard.
- Department Quality Index.
- Annual Quality Report.

11.4 Benchmarking Levels

SPIHER shall undertake benchmarking at multiple levels.

Internal Benchmarking

Comparison among:

- Departments
- Faculties
- Research Centres
- Administrative Units

National Benchmarking

Comparison with:

- Institutions of National Importance
- NAAC A++ Universities
- NIRF Top-Ranked Institutions
- State Universities
- Private Universities of Excellence

International Benchmarking

Comparison with:

- QS-ranked Universities
- THE-ranked Universities
- International Research Universities
- Globally recognized academic institutions
- International accreditation frameworks

11.5 Benchmarking Indicators

Benchmarking shall be undertaken using measurable indicators.

Academic Indicators

- Student–Faculty Ratio
- Graduation Rate
- CO–PO Attainment
- Student Satisfaction

- Employability
- Curriculum Revision Frequency

Research Indicators

- Publications per Faculty
- Citation per Paper
- Field-Weighted Citation Impact
- Research Funding
- Patents
- Consultancy Revenue
- International Collaboration

Governance Indicators

- Policy Implementation
- Strategic Plan Achievement
- Audit Closure
- Digital Governance
- Stakeholder Participation

Student Success Indicators

- Placement Rate
- Higher Education Progression
- Entrepreneurship
- Competitive Examination Success
- Student Awards

Institutional Indicators

- Accreditation Status
- Ranking Position
- International Students
- Faculty Exchange
- Student Exchange
- Community Engagement
- SDG Performance

11.6 Best Practice Repository

SPIHER shall establish an Institutional Best Practice Repository.

The repository shall document:

- Teaching innovations.
- Research innovations.
- Governance reforms.
- Community engagement initiatives.
- Student support innovations.
- Digital transformation projects.
- Quality Circle projects.
- Kaizen initiatives.

Best practices shall be periodically disseminated through:

- Quality Newsletters.

- Faculty Development Programmes.
- Workshops.
- Annual Quality Reports.
- Institutional Website.

11.7 Benchmarking and Continuous Improvement

Benchmarking outcomes shall directly influence:

- Strategic Planning
- Institutional Policies
- Curriculum Revision
- Research Promotion
- Faculty Development
- Budget Allocation
- Resource Planning
- Accreditation Readiness
- Ranking Improvement Strategies

Every benchmarking exercise shall conclude with:

- Gap Analysis Report.
- Action Plan.
- Responsibility Matrix.
- Timeline.
- Performance Indicators.
- Review Schedule.

11.8 Expected Outcomes

The benchmarking framework is expected to:

- Improve institutional competitiveness.
- Accelerate continuous quality improvement.
- Promote innovation and organizational learning.
- Enhance national and international recognition.
- Strengthen evidence-based governance.
- Improve accreditation and ranking performance.
- Increase stakeholder confidence.
- Foster academic and research excellence.

12. Resources

The successful implementation of the Institutional Quality Management System (QMS) depends on the effective planning, allocation, utilization, and continuous improvement of institutional resources. SPIHER recognizes that sustainable quality can only be achieved through the optimal integration of **human resources, institutional processes, infrastructure, technology, and financial resources**. Accordingly, the University adopts a strategic resource management framework to ensure that adequate resources are available to support academic excellence, research, innovation, governance, student success, accreditation, and continuous quality improvement. Resource planning is aligned with the University's Strategic Development Plan, Annual Quality Action Plan (AQAP), Departmental Development Plans, and institutional priorities.

12.1 Objectives of Resource Management

The objectives of institutional resource management are to:

- Ensure the availability of adequate human, financial, technological, and physical resources.
- Align institutional resources with strategic goals and quality objectives.
- Promote optimum utilization of institutional resources.
- Support continuous quality improvement initiatives.
- Strengthen academic excellence and research productivity.
- Enhance institutional sustainability and operational efficiency.
- Ensure transparency, accountability, and evidence-based resource allocation.
- Support accreditation, ranking, and institutional benchmarking initiatives.

12.2 Manpower Resources

Human resources are the University's most valuable asset. SPIHER is committed to attracting, developing, motivating, and retaining competent faculty members, researchers, administrators, and technical staff capable of contributing to institutional excellence.

Academic Human Resources

The University shall ensure:

- Qualified and competent faculty members.
- Adequate faculty–student ratio.
- Continuous faculty recruitment based on academic requirements.
- Faculty diversity and inclusiveness.
- Faculty succession planning.
- Faculty mentoring systems.

Faculty members shall be encouraged to contribute in:

- Teaching and Learning
- Research and Innovation
- Consultancy
- Extension Activities
- Student Mentoring
- Institutional Governance

- Accreditation Activities

Administrative Human Resources

Administrative staff shall support institutional effectiveness through:

- Efficient service delivery.
- Digital governance.
- Documentation management.
- Student support.
- Examination administration.
- Financial management.
- Quality assurance activities.

Continuous training shall be provided to enhance administrative competencies.

Capacity Building

SPIHER shall invest in continuous professional development through:

- Faculty Development Programmes (FDPs)
- Administrative Training Programmes
- Leadership Development Programmes
- Research Methodology Workshops
- Accreditation Awareness Programmes
- Digital Skills Training
- Industry Immersion Programmes
- International Faculty Development Initiatives

Each employee shall prepare an annual professional development plan aligned with institutional goals.

Performance Management

Human resource performance shall be monitored through:

- Faculty KRA–KPI Framework
- Departmental Quality Index (DQI)
- Annual Performance Appraisal
- Student Feedback
- Peer Review
- Academic Audits

Recognition and incentive mechanisms shall promote excellence in teaching, research, governance, and innovation.

12.3 Process Resources

SPIHER shall establish standardized institutional processes that ensure consistency, transparency, accountability, and continuous improvement.

Academic Processes

The University shall maintain documented processes for:

- Curriculum Design and Revision
- Outcome-Based Education (OBE)
- Teaching–Learning
- Assessment and Evaluation
- Examination Management

- Student Mentoring
- Academic Advising
- Research Supervision

Administrative Processes

Standard Operating Procedures (SOPs) shall be maintained for:

- Admissions
- Human Resource Management
- Finance
- Procurement
- Infrastructure Maintenance
- Student Services
- Library Services
- IT Services
- Records Management

Quality Processes

Quality management processes shall include:

- Internal Quality Audits
- Academic and Administrative Audits
- Department Quality Index (DQI)
- Institutional Quality Dashboard
- Faculty KRA–KPI Monitoring
- Risk Management
- Corrective and Preventive Actions (CAPA)
- Benchmarking
- Accreditation Readiness Reviews

Digital Resources

The University shall strengthen institutional efficiency through digital platforms, including:

- Enterprise Resource Planning (ERP)
- Learning Management System (LMS)
- Library Management System
- Examination Management System
- Research Information System
- Human Resource Management System
- Finance Management System
- Institutional Data Repository
- Quality Dashboard

Digital transformation shall support data-driven governance and institutional transparency.

12.4 Financial Resources

SPIHER shall ensure adequate financial resources to support quality enhancement, institutional development, and strategic initiatives.

Financial planning shall align with:

- Institutional Strategic Plan
- Annual Budget
- Annual Quality Action Plan
- Research Development Plan
- Infrastructure Development Plan
- Accreditation Roadmap

Budget Allocation

Dedicated budgetary provisions shall be made for:

- Teaching–Learning Enhancement
- Faculty Development
- Research and Innovation
- Consultancy Promotion
- Laboratory Development
- Library Resources
- ICT Infrastructure
- Student Support Services
- Accreditation Activities
- Quality Assurance Initiatives
- Institutional Ranking
- International Collaboration

As a policy, the University shall make a defined annual budgetary provision for quality enhancement initiatives. The quantum shall be approved annually by the competent authority based on the Annual Quality Action Plan (AQAP), institutional strategic priorities, accreditation/ranking requirements, risk assessment, and demonstrated quality-improvement needs.

Quality Budget Approval and Outcome Tracking

Quality-related allocations shall be governed through a documented approval and outcome-tracking workflow so that financial commitment is demonstrably connected with institutional improvement.

IQAC/SQAR and concerned units shall identify quality-improvement requirements through the AQAP, audits, benchmarking, stakeholder feedback, risk registers, and accreditation/ranking gap analyses.

Budget proposals shall specify the purpose, baseline/gap, expected outcome, responsible unit, timeline, measurable indicator, and evidence of completion.

The competent financial/administrative authority shall approve allocations in accordance with the University budget and applicable financial rules.

Budget utilization and outcome achievement shall be reviewed periodically; unutilized, delayed, or low-impact allocations shall be examined for corrective action or re-prioritization.

An annual Quality Budget and Outcome Statement shall consolidate approved provision, utilization, major outputs/outcomes, and lessons for the next AQAP cycle.

Financial Governance

Financial resources shall be managed through:

- Annual Budget Planning
- Internal Financial Controls
- Budget Monitoring
- Internal Audit
- Statutory Audit
- Procurement Policies
- Financial Risk Assessment
- Outcome-Based Budgeting

Resource allocation shall be linked to institutional priorities, performance indicators, and strategic objectives.

Resource Optimization

SPIHER shall maximize resource utilization by:

- Sharing institutional facilities.
- Promoting interdisciplinary laboratories.
- Strengthening industry partnerships.
- Leveraging externally funded research projects.
- Encouraging consultancy and continuing education programmes.
- Expanding alumni contributions and philanthropic support.
- Utilizing digital technologies to improve operational efficiency.

12.5 Resource Monitoring and Review

Resource utilization shall be periodically reviewed through:

- Budget Performance Reports
- Faculty Workload Analysis
- Infrastructure Utilization Reports
- Research Funding Reports
- Digital Resource Utilization
- Audit Reports
- Department Development Reviews
- IQAC Quality Reviews

The findings shall be integrated into institutional planning and continuous improvement initiatives.

12.6 Expected Outcomes

The institutional resource management framework is expected to:

- Ensure adequate and equitable allocation of resources.
- Enhance faculty productivity and professional growth.
- Improve operational efficiency and service quality.
- Strengthen teaching, research, and innovation.
- Improve financial accountability and transparency.
- Support accreditation and ranking objectives.
- Promote institutional sustainability and resilience.
- Foster a culture of continuous quality enhancement.

Recommended Addition (New Section for Excellence)

To make SPIHER's Quality Manual comparable with leading institutions and ISO 21001-aligned educational management systems, consider adding a **Resource Planning Matrix**.

Resource Category	Planning Authority	Review Frequency	Key Performance Indicator
Human Resources	Registrar / HR	Annual	Faculty–Student Ratio, FDP Participation
Academic Resources	Dean (Academic)	Semester	CO–PO Attainment, LMS Usage
Research Resources	Dean (R&D)	Quarterly	Publications, Grants, Patents
Infrastructure	Estate & Maintenance	Quarterly	Utilization Rate, User Satisfaction
Digital Resources	IT Cell	Quarterly	System Availability, ERP Usage
Financial Resources	Finance Office	Quarterly	Budget Utilization, Audit Compliance

13. Sustainability of Quality

The sustainability of quality is fundamental to SPIHER's commitment to institutional excellence. The University recognizes that quality is not a one-time achievement but a continuous and evolving process that must be embedded within its academic, research, administrative, governance, and community engagement activities. Accordingly, SPIHER is committed to institutionalizing a **sustainable Quality Management System (QMS)** that ensures continuity of quality practices irrespective of changes in leadership, policies, or external environments. The University adopts a culture of **Continuous Quality Improvement (CQI)** based on the **Plan–Do–Check–Act (PDCA)** cycle, evidence-based decision-making, innovation, stakeholder participation, and organizational learning.

13.1 Objectives of Quality Sustainability

The objectives of sustaining institutional quality are to:

- Institutionalize a culture of continuous improvement.
- Ensure long-term effectiveness of quality assurance systems.
- Maintain institutional readiness for accreditation and rankings.
- Promote organizational resilience and adaptability.
- Foster innovation in teaching, research, governance, and administration.
- Strengthen stakeholder confidence and participation.
- Ensure effective succession planning and knowledge management.
- Align institutional quality initiatives with national and international standards.

13.2 Institutional Quality Culture

SPIHER shall promote a **"Quality First"** institutional culture where every stakeholder is responsible for quality enhancement.

The institutional quality culture shall be characterized by:

- Leadership commitment.
- Shared responsibility.
- Continuous learning.
- Ethical practices.
- Innovation.
- Transparency.
- Accountability.
- Collaboration.
- Student-centricity.
- Evidence-based decision-making.

Quality shall become an integral part of daily institutional practices rather than an activity undertaken solely for accreditation purposes.

13.3 Continuous Quality Improvement (CQI)

The University shall institutionalize Continuous Quality Improvement through the **PDCA (Plan–Do–Check–Act)** methodology.

PLAN

- Identify quality objectives.
- Conduct gap analysis.
- Define measurable targets.

- Allocate responsibilities and resources.

DO

- Implement quality initiatives.
- Execute Annual Quality Action Plans.
- Strengthen academic and administrative processes.
- Conduct faculty development and capacity-building programmes.

CHECK

- Monitor KPIs and DQI.
- Conduct academic and administrative audits.
- Review stakeholder feedback.
- Evaluate institutional performance.

ACT

- Standardize successful practices.
- Revise policies, SOPs, and procedures.
- Implement corrective and preventive actions (CAPA).
- Initiate the next cycle of quality enhancement.

CQI shall operate as a continuous annual institutional process.

13.4 Institutional Risk Management

The University shall establish an Institutional Quality Risk Management Framework to proactively identify, assess, mitigate, and monitor risks that may affect institutional performance.

Key quality risks include:

- Accreditation delays.
- Low student admissions.
- Declining research productivity.
- Faculty attrition.
- Regulatory non-compliance.
- Data integrity issues.
- Infrastructure limitations.
- Financial constraints.
- Cybersecurity risks.
- Student satisfaction concerns.

Each identified risk shall have:

- Risk Owner.
- Probability Assessment.
- Impact Assessment.
- Mitigation Strategy.
- Monitoring Timeline.
- Review Status.

The Institutional Risk Register shall be reviewed quarterly by the SQAR Secretariat and IQAC.

13.5 Knowledge Management

To preserve institutional knowledge and ensure continuity, SPIHER shall establish a centralized Knowledge Management System.

The system shall include:

- Institutional Policies.
- Quality Manual.
- Standard Operating Procedures (SOPs).
- Best Practices Repository.
- Accreditation Documents.
- Audit Reports.
- Annual Quality Reports.
- Faculty Development Records.
- Research Database.
- Digital Evidence Repository.

The Knowledge Management System shall ensure continuity during administrative and leadership transitions.

13.6 Succession Planning

The University shall adopt a structured succession planning mechanism to ensure leadership continuity and institutional stability.

Succession planning shall include:

- Leadership development programmes.
- Faculty mentoring.
- Administrative capacity building.
- Talent identification.
- Competency mapping.
- Leadership training.
- Periodic succession review.

The objective is to ensure uninterrupted institutional functioning and sustained quality performance.

System-Led Quality Governance and Leadership Continuity

The institutional quality ecosystem shall be process-driven and role-based rather than personality-driven. Continuity of quality governance shall be ensured through approved policies, delegated responsibilities, documented SOPs, digital institutional memory, data ownership, review calendars, and formally constituted bodies including IQAC, SQAR, statutory councils, schools/departments, and quality circles.

No quality process shall depend exclusively on a single office-holder for data ownership, review, approval, evidence custody, risk oversight, or CAPA closure.

Key quality roles shall have documented responsibility matrices, alternates/deputies where appropriate, handover protocols, and access to centralized records.

Leadership transitions shall trigger a formal quality handover covering active AQAP actions, accreditation/ranking commitments, dashboards, risk register, audit observations, budgets, pending ATR/CAPA, and statutory timelines.

The Executive Council/IQAC shall periodically review whether the quality system remains operationally resilient during role changes and shall address identified single-person dependencies.

13.7 Innovation and Organizational Learning

SPIHER shall promote a culture of innovation and continuous organizational learning.

The University shall encourage:

- Innovative teaching methodologies.
- Interdisciplinary research.
- Digital transformation.
- Quality Circle initiatives.
- Kaizen projects.
- Best practice sharing.
- Faculty innovation grants.
- Student innovation projects.
- Start-up and entrepreneurship initiatives.

Lessons learned from audits, benchmarking, accreditation, and stakeholder feedback shall be systematically integrated into institutional planning.

13.8 Stakeholder Participation

Quality sustainability requires continuous engagement of all stakeholders.

The University shall strengthen participation through:

- Student Quality Circles.
- Faculty Committees.
- Alumni Advisory Board.
- Industry Advisory Board.
- Parent Forums.
- Community Outreach.
- Employer Feedback.
- Professional Bodies.
- International Academic Collaborations.

Stakeholder feedback shall be analysed and incorporated into institutional planning and quality enhancement initiatives.

13.9 Monitoring and Review

The sustainability of quality shall be monitored through:

- Institutional Quality Dashboard.
- Institutional Quality Index (IQI).
- Department Quality Index (DQI).

- Faculty KRA–KPI Framework.
- Academic and Administrative Audits.
- Accreditation Readiness Reviews.
- Benchmarking Reports.
- Annual Quality Assurance Report (AQAR).
- Management Review Meetings.

The IQAC shall submit an **Annual Institutional Quality Sustainability Report** to the Executive Council summarizing achievements, challenges, risks, corrective actions, and future priorities.

13.10 Sustainability Indicators

The effectiveness of the Quality Management System shall be evaluated using measurable sustainability indicators.

Domain	Indicator
Academic	CO–PO Attainment, Student Success Rate
Research	Publications, Citations, Patents, Grants
Governance	Audit Compliance, Policy Implementation
Quality	DQI, IQI, CAPA Closure Rate
Accreditation	NAAC/NBA Readiness, AQAR Timeliness
Resources	Budget Utilization, Faculty Development
Stakeholder Satisfaction	Student, Faculty, Alumni, Employer Satisfaction
Internationalization	Collaborations, Exchange Programmes, Global Visibility

These indicators shall be reviewed annually and revised as necessary.

13.11 Expected Outcomes

Implementation of the Quality Sustainability Framework is expected to:

- Institutionalize a culture of continuous quality improvement.
- Sustain excellence in teaching, research, governance, and administration.
- Strengthen institutional resilience and adaptability.
- Enhance stakeholder confidence and satisfaction.
- Improve accreditation grades and ranking performance.
- Promote innovation and organizational learning.
- Ensure efficient utilization of institutional resources.
- Support long-term institutional growth and global competitiveness.
- Establish SPIHER as a nationally and internationally benchmarked university committed to excellence.

14. Student Charter and Service Standards

The Student Charter converts the Institutional Quality Policy into clearly defined commitments, student rights, responsibilities and service standards. It applies to every student and shall be made available on the institutional website, student portal and departmental notice boards.

14.1 Student Rights

- Receive accurate and timely information about programmes, curricula, assessment, fees, regulations and student services;
- Receive fair, transparent and timely assessment, feedback, grievance resolution and consideration of academic appeals;
- Learn in a safe, inclusive, respectful and non-discriminatory environment;
- Access mentoring, counselling, academic support, career guidance, research opportunities and innovation support;
- Be represented in appropriate quality, academic and student-governance forums; and
- Have personal and academic information protected and used responsibly.

14.2 Student Responsibilities

- Uphold academic integrity, professional conduct and the values of the institution;
- Participate actively in learning, mentoring, feedback processes, quality circles and co-curricular activities;
- Adhere to all academic, examination, laboratory, safety and responsible digital-use regulations;
- Provide honest and constructive feedback and support actions taken to close the feedback loop; and
- Contribute to sustainability, community engagement, inclusion and the reputation of the institution.

14.3 Institutional Service Standards

Service Area	Indicative Service Standard	Evidence for Monitoring
Academic calendar and timetable	Published before the beginning of each term	Website or ERP publication record
Student enquiries and service requests	Acknowledged within two working days and resolved within the approved service timeline	Student service tracker
Assessment and feedback	Provided within the approved academic schedule	Assessment records and LMS reports
Grievance redressal	Acknowledged and resolved within the timeframe prescribed in the policy	Grievance dashboard and Action Taken Report

Service Area	Indicative Service Standard	Evidence for Monitoring
Student mentoring	At least one interaction each month or as prescribed by the approved programme norm	Mentor log and student-progression record
Career guidance and placement support	Annual planning with systematic tracking of participation and outcomes	Career and placement dashboard
Student safety and well-being	Continuous access to designated support services and escalation mechanisms	Committee reports and counselling records

14.4 Review of the Student Charter

The IQAC shall review compliance with the Student Charter annually using student-satisfaction results, grievance analysis, service-delivery data, audit findings and Action Taken Reports. Any significant deviation shall be documented in the Annual Quality Health Report.

15. Quality Intelligence Analytics and Annual Quality Health Report

The IQAC shall serve as the institutional centre for quality intelligence and continuous improvement. Its role shall extend beyond data collection to include interpretation, forecasting, targeted intervention and organizational learning.

15.1 Quality Intelligence Maturity Model

Maturity Stage	Institutional Capability	Primary Outcome
Quality Assurance	Compliance, documentation and foundational monitoring	Verified records and preparedness for audit
Quality Analytics	Analysis of trends, gaps and comparative performance	Dashboards and diagnostic reports
Quality Intelligence	Risk forecasting, causal analysis and targeted intervention	Early-warning alerts and strategic recommendations
Quality Excellence	Sustained high performance supported by innovation	Replicable best practices and leadership in benchmarking
Institutional Distinction	National and global recognition supported by demonstrable societal impact	Institutional leadership, enhanced reputation and transformative outcomes

15.2 Mandatory Analytics

- three- to five-year trend analysis for all major institutional KPIs;
- classification of indicators as acceleration, improvement, stagnation, deceleration or decline;
- cohort, programme, department and stakeholder-segment analysis where appropriate;
- root-cause and risk analysis for Amber and Red indicators;
- benchmark comparison with approved peers and aspirational institutions; and
- evaluation of intervention effectiveness and recurrence prevention.

15.3 Annual SSR Readiness through AQAR

The Annual Quality Assurance Report shall be treated as the Self-Study Report of one academic year. Every applicable criterion and metric shall record the previous position,

current achievement, trend, gap, benchmark, intervention, risk, outcome and evidence link. This practice shall maintain continuous accreditation readiness and prevent last-minute documentation exercises.

15.4 Annual Quality Health Report

IQAC shall prepare an Annual Quality Health Report for the Vice Chancellor, Academic Council and Executive Council. The report shall include:

- Institutional Quality Measurement and Performance Index (IQMPI) and domain-wise analysis;
- Departmental Quality Index and Faculty Quality Index/KRA-KPI trends;
- Teaching-learning, research, student outcome, stakeholder satisfaction and governance health;
- Accreditation, ranking and statutory compliance readiness;
- Data-quality status, audit findings, CAPA closure and unresolved risks;
- Best practices, innovations, lessons learned and replication potential;
- Resource requirements and strategic decisions required; and
- Prioritized Quality Improvement Plan for the next academic year.

16. NBA Eligibility and Accreditation Readiness Framework

Before applying for NBA accreditation, each eligible programme shall undergo an evidence-based eligibility and readiness audit. The audit shall determine whether the programme has the academic capacity, faculty profile, OBE maturity, infrastructure, research environment and documentation discipline required for a credible application.

16.1 NBA Eligibility Audit

Audit Domain	Review Parameters	Decision Evidence
Programme eligibility	Approval status, duration, graduating batches and applicable NBA requirements	Statutory approvals and programme records
Faculty strength and cadre	Faculty-student ratio, professor/associate professor strength, qualifications and stability	HR and workload records
OBE maturity	CO-PO-PSO mapping, attainment, rubrics, direct/indirect assessment and closing the loop	Course and programme attainment records
Academic performance	Success rate, retention, progression, projects and graduate attributes	Examination and outcome dashboards
Research and professional activity	Faculty research, consultancy, professional bodies, FDPs and student research	Research and development records
Infrastructure and learning resources	Laboratories, software, library, safety, maintenance and utilization	Audit and utilization records
Industry and alumni engagement	Internships, projects, advisory participation, placement and feedback	MoUs, minutes and outcome data
Documentation readiness	SAR data, evidence repository, metric ownership and mock audit status	Readiness dashboard

16.2 Readiness Decision

The Accreditation Cell shall classify the programme as Ready, Conditionally Ready or Not Ready. Conditionally Ready and Not Ready programmes shall prepare a time-bound gap-closure plan. Application shall be initiated only after the Vice Chancellor approves the verified readiness report.

16.3 Continuous NBA Readiness

- Semester-Wise OBE and Course-File Audit;

- Annual Programme Outcome and Curriculum Review;
- Quarterly Accreditation Dashboard Review;
- Mock Audits by Trained Internal and External Experts;
- Closure of Observations Through CAPA; And
- Post-accreditation improvement linked to the Annual Quality Action Plan.

17. Digital Quality Ecosystem and Institutional Data Governance

SPIHER shall operate an integrated digital quality ecosystem that provides a single source of truth, timely dashboards, evidence traceability and secure institutional memory. Technology shall support quality judgement; it shall not replace academic interpretation or responsible ownership.

17.1 Digital Quality Architecture

Layer	Systems / Functions	Quality Purpose
Source systems	ERP, LMS, examination, HR, finance, research, placement and grievance systems	Capture validated transactional data
Integration layer	Master data, common definitions and approved data exchange	Consistency across units and reports
Quality repository	Policies, SOPs, evidence, audits, ATRs, accreditation and ranking documents	Traceability and institutional memory
Analytics layer	IQMPI, DQI, FQI/KRA-KPI, research, student, ranking and risk dashboards	Monitoring, diagnosis and early warning
Governance layer	Role-based access, validation workflow, version control, retention and security	Accountability and data integrity
Decision layer	Department, IQAC, VC, Academic Council and Executive Council reviews	Evidence-based action and resource allocation

17.2 Data Governance Standards

- A designated data owner, data steward and approving authority for every critical data set;
- Standard data definitions, reporting periods, source documents and validation rules;
- Minimum institutional data accuracy of 98%, with 100% accuracy for statutory submissions;
- Version control, audit trails, evidence hyperlinks and retention schedules;
- Role-based access, confidentiality, backup, cybersecurity and recovery controls;
- Periodic data-quality audit and reconciliation across systems; and
- **F**ormal correction, escalation and prevention mechanisms for data errors.

18. Five-Year Quality Maturity Roadmap (2026-2030)

The roadmap converts the Quality Manual into a phased institutional transformation programme. Annual targets shall be incorporated into the Strategic Plan, Annual Quality Action Plan and departmental scorecards.

Year	Maturity Theme	Priority Deliverables	Illustrative Success Evidence
2026	Quality Foundation	Approve policies and SOPs; strengthen IQAC/SQAR; implement IQMPI, DQI and quality circles; establish data ownership	Approved frameworks, baseline dashboards, annual calendar and first Quality Health Report
2027	Quality Integration	Integrate ERP/MIS and evidence repository; align departmental and faculty measures; institutionalize Student Charter and AQAR-as-Annual-SSR	Reliable dashboards, improved data accuracy and documented service standards
2028	Quality Excellence	Strengthen research quality, employability, OBE maturity, benchmarking and accreditation readiness	Improved outcome trends, eligible NBA applications and peer-benchmark gains
2029	Quality Leadership	Scale best practices, internationalization, innovation and external quality partnerships	Recognized practices, collaborations, rankings and measurable societal impact
2030	Quality Distinction	Demonstrate sustained excellence, predictive quality intelligence and national/global leadership	High quality maturity, institutional distinction and continuous renewal

18.1 Roadmap Governance

The SQAR Secretariat shall prepare an annual roadmap status report using RAG status, outcome trends, risk analysis and resource requirements. The Executive Council shall review the roadmap annually and authorize revisions based on institutional performance, regulatory changes and emerging opportunities.

ANNEXURES I-XI: APPROVED IMPLEMENTATION FRAMEWORKS AND FORMATS

ANNEXURE – I

Quality Culture Framework (HEI Kaizen Model)

Core Philosophy: Small, continuous, data-driven improvements at every level.

5 Pillars of Institutional Quality Culture

Pillar	Focus Area	Ownership
P1	Leadership Commitment	VC & EC
P2	Structured Governance	IQAC / SQAR Secretariat under Institutional Leadership
P3	Departmental Accountability	HoDs
P4	Faculty Ownership	Individual KPI
P5	Student-Centred Outcomes	All Stakeholders

1. **Institutional Quality Architecture**

3-Level Governance Model

- **Level 1 – Strategic:**

VC, Executive Council and Academic Council (with IQAC/SQAR coordination)

- Level 2 – Operational

Quality Secretariat and Accreditation Cell

- Level 3 – Execution

Department Quality Circles, Faculty and Administrative Units

2. **Quality Circles Model (Department Level) Departments implement:**

- PDCA cycle
- Problem-solving approach
- Continuous improvement projects

Formation

Each department shall constitute:

- HoD – Quality Circle Head
- Minimum 2 Faculty Members (2 Senior Faculty & 2 Junior Faculty Optional)
- Minimum 6 to 8 Student Representatives
- 1 Administrative/Technical Staff Member(Optional)
- 1 Industry/ Alumni Advisor (Optional)
- Meeting Frequency: Monthly (Minimum 10 meetings per year)
- Agenda Template, Review DQI indicators, Review faculty KPI gaps, identify improvement areas, Assign micro-improvement project and Document ATR

3. Kaizen Cycle for HEIs (PDCA Model)

Step1 – PLAN

- Identify problem (e.g., low pass %)
- Root cause analysis (Fishbone / 5 Why)
- Define measurable target

Step 2 – DO

- Implement pilot intervention
- Assign responsibility
- Document action

Step 3 – CHECK

- Compare performance data
- Review student feedback
- Audit compliance

Step 4 – ACT

- Standardize successful process
- Revise SOP if needed
- Report to IQAC

Cycle Duration: 90 days per improvement project

4 Quality Culture Implementation Roadmap (12 Months)

Phase 1 – Foundation (Months 1–3)

- Publish simplified Quality Policy
- Conduct VC Quality Address
- Establish Quality Secretariat
- Form Quality Circles
- Approve the KPI framework

Phase 2 – Deployment (Months 4–8)

- Launch DQI dashboard
- Conduct the first internal audit
- Begin quarterly KPI reviews
- Initiate 2 Kaizen projects per department
- Start NBA gap analysis

Phase 3 – Institutionalization (Months 9–12)

- Review improvement outcomes
- Recognize the best Quality Circle
- Close 80% audit non-conformities
- Publish Annual Quality Report
- Benchmark against 2 peer institutions

5 Quality Metrics Dashboard Structure

Academic Indicators

- CO–PO attainment %
- Pass %
- Student feedback score
- ICT& LMS usage % □ Faculty Training

Research Indicators

- Publications per faculty
- Grants secured
- Patents published
- Outreach to Research conversion

Student Outcome Indicators

- Placement %
- Higher studies %
- Competitive Exam/Certification rate

Governance Indicators

- Data submission timeliness
- Audit closure %
- SOP compliance %
- Dashboard Review Frequency: Quarterly
- Incentive & Recognition Mechanism

Department Level

DQI Score	Performance Level	Recognition
≥85	Excellent	Best Quality Department Award, Incentive & Best practice sharing
70–84	Good	Quality Excellence Certificate, Recognition and Mentoring role
55–69	Satisfactory	Structured Intervention Plan
<55	Needs improvement	Corrective action & Mentoring

Faculty Level

KPI linked incentive, Innovation Award, Best Mentor Award and Quality Champion Award

Risk Mitigation Model

Quality Risk Register

Risk	Probability	Impact	Mitigation
NBA Delay	High	High	Dedicated Task Force

Risk	Probability	Impact	Mitigation
Low Feedback Score	Medium	Medium	Teaching Mentoring
Data Errors	Medium	High	Central Validation
Admission deficit against approved intake	High	Revenue reduction, faculty underutilization, ranking impact	Market survey, curriculum revision, industry-linked programs, digital marketing strategy, alumni engagement.
Research stagnation	High	Accreditation and Ranking impact	Capacity building and incentive alignment
Compliance lapses	Medium	Approval risks, reputational damage	Compliance calendar (statutory deadlines tracker)

Review: Quarterly by IQAC/SQAR Secretariat and the competent institutional authority

Accreditation Alignment Matrix

Quality Culture Component	NAAC	NBA	NIRF
Quality Policy	✓	✓	✓
DQI Dashboard	✓	✓	✓
OBE Monitoring	✓	✓	✓
KPI Governance	✓	✓	✓
Continuous Improvement	✓	✓	✓

Annual Quality Calendar

Quarter	Focus
Q1	Academic review & benchmarking
Q2	KPI finalization and audit
Q3	Accreditation documentation
Q4	Impact analysis & strategic review

6 Documentation Structure

Maintain a digital repository with:

- Quality Policy, SOP Manual, Audit Reports, KPI Dashboards, DQI Reports,
- Benchmarking Reports, ATR Records, Accreditation Readiness documentation
- Communication Strategy

Quality section on website

- Quarterly Quality Newsletter
- VC quarterly address

Department display boards

- Annual Quality Report publication
- Meetings
- Performance Evaluation Linkage

Quality Culture Implementation is measured through:

DQI Score, KPI Closure %, Audit Non-Conformity Reduction, Accreditation Milestones and Stakeholder Satisfaction Index

ANNEXURE – II

INSTITUTIONAL QUALITY CULTURE POLICY

3. Policy Title

Quality Policy: SPIHER is committed to providing globally relevant, innovation-driven education and research that foster ethical, competent, and socially responsible citizens. The institution upholds excellence, integrity, and sustainability by aligning its initiatives with the Sustainable Development Goals (SDGs) and evolving global standards. SPIHER strives to cultivate a culture of continuous improvement, academic leadership, and impactful knowledge creation, empowering faculty and learners to contribute meaningfully to society and national development.

4. Preamble

The Institution is committed to fostering a "Quality First" culture that integrates academic excellence, research integrity, stakeholder satisfaction, transparency in governance, and accreditation readiness into all institutional processes.

This policy institutionalizes structured quality governance aligned with:

NAAC Quality Assurance Framework

NBA Outcome-Based Education (OBE) Model

NIRF Performance Indicators

5. Institutional Strategic Plan

1 Purpose

This policy aims to:

- Establish a visible and measurable quality culture.
- Integrate Departmental Quality Index (DQI) with Faculty KRA–KPI appraisal.
- Create structured governance for accreditation and ranking.
- Institutionalize continuous improvement using Kaizen principles.
- Reduce accreditation and compliance risks.

2 Scope

- This policy applies to:
- All academic departments
- Administrative units
- Faculty members
- Staff
- Students

4 Quality Secretariat and IQAC

Quality Vision

To become a nationally benchmarked institution recognized for outcome-based education, research impact, governance excellence, and continuous improvement.

5 Quality Mission

- To embed measurable quality indicators across all functions.
- To align institutional goals with departmental and individual KPIs.
- To promote innovation, accountability, and stakeholder participation.
- To sustain accreditation excellence and ranking performance.

6 Governance Structure for Quality

- **Strategic Level**
- Governing Body
- Vice Chancellor
- IQAC / SQAR Secretariat
- **Operational Level**
- Strategy, Quality, Accreditation & Ranking Secretariat ,Accreditation Cells
- **Execution Level**
- Department Quality Circles
- Faculty
- Administrative Units

7. Quality Statements

The Institution shall:

- Maintain a documented and publicly accessible Quality Policy.
- Implement a measurable Departmental Quality Index (DQI).
- Align Faculty KRAs and KPIs with institutional quality goals.
- Conduct periodic Academic and Administrative Audits.
- Ensure 100% compliance with statutory and accreditation requirements.
- Promote continuous improvement through Kaizen-based Quality Circles.
- Publish Annual Quality Assurance Reports.

8. Departmental Quality Index (DQI)

Each department shall be evaluated annually using DQI across the following domains:

- Teaching–Learning Quality
- Student Progression & Outcomes
- Research, Extension, Innovation & Professional Development
- Industry Interaction& Employability
- Institutional Administrative Contribution & Quality Assurance

9 DQI shall act as:

- A benchmarking tool

- A performance moderation factor in faculty appraisal
- An early warning system for accreditation risk

10 Faculty KRA–KPI Alignment

- Individual faculty appraisal shall be aligned with:
- Teaching–Learning Quality
- Student Progression & Outcomes
- Research, Extension, Innovation & Professional Development
- Industry Interaction Employability
- Institutional Administrative Contribution & Quality Assurance

11 Quality Circles (Kaizen Model)

Each department shall establish a Quality Circle with monthly meetings to:

Review DQI indicators

- Identify improvement areas
- Implement micro-improvement projects
- Monitor Action Taken Reports (ATR) Minimum Requirement:
- At least two structured improvement projects per department per year.
- Continuous Improvement Framework (PDCA)

All quality initiatives shall follow:

PLAN → DO → CHECK → ACT Review Cycle:

- Quarterly KPI review
- Half-year DQI review
- Annual institutional quality review

12. Accreditation and Ranking Commitment

The Institution shall:

- Maintain continuous NAAC readiness
- Secure and sustain NBA accreditation for eligible programs
- Ensure timely submission of AQAR, SSR, and SAR
- Achieve NIRF ranking

13. Digital Quality Systems

- The Institution shall implement:
- Centralized Quality Dashboard
- Digital evidence repository
- KPI monitoring system
- Audit tracking system
- Risk register
- Data accuracy target: ≥ 98%

14. Recognition & Incentives

To promote quality culture:

- Best Quality Department Award
- Quality Champion Award
- Innovation & Research Awards
- Best Mentor Award
- KPI-based incentives (as per policy)

15. Risk Management

A Quality Risk Register shall be maintained covering:

- Accreditation delays
- Admission deficit against approved intake
- Low feedback score
- Research stagnation
- Compliance lapses
- Data integrity issues
  Review Frequency: Quarterly

16. Monitoring and Review

Quality is evaluated through:

- Teaching innovation
- Student learning experience
- Research impact
- Community engagement

"Quality is not measured only through numbers, but through impact and academic depth." The IQAC / SQAR Secretariat shall coordinate the following under institutional leadership:

- Present quarterly quality performance reports to the VC.
- Submit Annual Quality Report to the Executive Council.
- Recommend corrective actions where required.

17. Policy Review

This policy shall be reviewed:

- Annually by IQAC
- Revised based on accreditation updates
- Approved by the Executive Council

Effective Date:

This policy shall come into effect from the date of approval by the Executive Council.

Approval Approved by: Executive Council. Vice Chancellor Signature:

ANNEXURE – III

INSTITUTIONAL QUALITY DASHBOARD TEMPLATE

(For Use by IQAC / Director – Quality & Strategy)

Purpose: A consolidated quarterly dashboard for evidence-based review of institutional performance, departmental quality, accreditation readiness, risk, compliance and faculty performance trends.

Dashboard Coverage

- Institutional Key Performance Indicators (KPIs)
- Departmental Quality Index (DQI)
- Academic quality and student outcomes
- Research, innovation and industry engagement
- Accreditation, ranking, audit and compliance readiness
- Faculty KPI moderation, Quality Circles and institutional risk monitoring

Status and Trend Legend

Symbol	Meaning	Interpretation / Required Response
✓ On Track	Target achieved or within approved tolerance	Sustain performance and document evidence.
▲ Needs Monitoring	Partial achievement or emerging gap	Assign improvement action, owner and timeline.
✕ Critical	Material shortfall, delay or high exposure	Initiate corrective action and escalate for management review.
↑ Improving	Positive movement	Continue intervention and validate sustainability.
→ Stable	No material change	Monitor; intervene if below target.
↓ Declining	Negative movement	Conduct root-cause analysis and corrective action.

1. Executive Summary Panel – Top Management View

Indicator	Target	Current	Status	Trend
Overall Institutional Quality Score	≥ 80/100	76/100	▲ Needs Monitoring	↑
Average Departmental DQI	≥ 75/100	72/100	▲ Needs Monitoring	→
NBA Readiness	100%	65%	✕ Critical	↑
NAAC Compliance Index	≥ 90%	88%	▲ Needs Monitoring	↑
NIRF Data Accuracy	≥ 98%	97%	▲ Needs Monitoring	→

Indicator	Target	Current	Status	Trend
Audit Non-conformity Closure Rate	≥ 90%	85%	▲ Needs Monitoring	↑

Management focus: accelerate NBA preparedness, close pending audit observations, validate NIRF data at source and raise the average DQI through department-specific improvement plans.

2. Departmental Quality Index (DQI) – Domain-wise Performance

Department	Teaching & Learning (40)	Student Outcomes (15)	Research & Innovation (25)	Industry Interaction (10)	Quality & Governance (10)	Total /100	Band
CSE							
ECE							
MBA							

DQI Scoring and Performance Bands

DQI Score	Performance Level	Required Action
85–100	Excellent	Institutional recognition, incentive and best-practice dissemination.
70–84	Good	Recognition and mentoring role; address minor performance gaps.
55–69	Satisfactory	Time-bound departmental improvement plan required.
< 55	Needs Improvement	Corrective action, monthly monitoring and escalation to the Dean/IQAC.

3. Academic Quality Panel – Sample Data

Indicator	Target	Current	Gap	Action Required
CO/PO Attainment (Institutional Average)	CO ≥ 80%; PO ≥ 75%	71%	−9 percentage points against CO target	Strengthen outcome-aligned assessment, CIA mapping, course-level analysis and corrective action.
Pass Percentage	≥ 90%	82%	−8 percentage points	Implement remedial instruction, learner categorisation and course-wise result review.
Student Feedback Average	≥ 5.5/7	5.0/7	−0.5	Provide teaching mentoring and close the feedback loop with documented action.
ICT-enabled Teaching	≥ 75% of classes	65%	−10 percentage points	Conduct LMS training and monitor course-wise digital engagement.

4. Research and Innovation Panel – Sample Data

Indicator	Target	Current	Status	Trend
Indexed Publications per Faculty	2 per year	1 per year	▲ Needs Monitoring	↑
Funded Project Value	₹10 lakh/year	₹6 lakh	▲ Needs Monitoring	→
Patents Filed	5 per year	3	▲ Needs Monitoring	↑
Consultancy Revenue	₹50 lakh/year	₹32 lakh	▲ Needs Monitoring	→

5. Student Outcome Panel – Sample Data

Indicator	Target	Current	Status
Placement Rate	≥ 90%	74%	✕ Critical
Progression to Higher Studies	≥ 15%	12%	▲ Needs Monitoring
Value-added / Professional Certification Rate	≥ 20%	12%	✕ Critical
Competitive Examination Success Rate	≥ 10%	8%	▲ Needs Monitoring

6. Accreditation and Ranking Readiness Tracker

6.1 NBA Readiness – Sample Data

Programme	Gap Analysis	OBE Compliance	SAR Draft	Mock Audit	Status
CSE	Completed	80%	In Progress	Pending	▲ Needs Monitoring
ECE	Completed	75%	Not Started	Pending	✕ Critical

6.2 NAAC Readiness – Sample Data

Criterion / Area	Documentation Completion	Evidence Gap	Status	Priority Action
Curricular Aspects	95%	Minor	✓ On Track	Validate approvals, curriculum revisions and feedback action records.
Teaching–Learning and Evaluation	88%	Moderate	▲ Needs Monitoring	Complete learner, attainment, mentoring and assessment evidence.
Research, Innovation and Extension	72%	Major	✕ Critical	Compile verified outputs, impact evidence and extension outcome records.

6.3 Ranking Submission Controls

Framework	Readiness / Accuracy Target	Current	Primary Control	Status
NIRF	≥ 98% validated data	97%	Three-level validation: Department → Nodal Officer → IQAC	▲ Needs Monitoring
THE Impact Rankings	100% SDG evidence indexed	To be updated	SDG-wise evidence repository with impact indicators	▲ Needs Monitoring
QS I-GAUGE / Other Ratings	100% evidence mapped	To be updated	Attribute-wise evidence matrix and approval trail	▲ Needs Monitoring

7. Audit and Compliance Panel – Sample Data

Audit Type	Planned	Completed	NCs / Observations	Closed	Closure Rate	Status
Academic Audit	10	8	24	18	75%	✕ Critical
Administrative Audit	8	7	12	10	83%	▲ Needs Monitoring

Calculation: Closure Rate (%) = (Number of NCs/observations closed ÷ Total NCs/observations raised) × 100. Pending audits and overdue closures shall be tracked separately.

8. Faculty KPI Moderation Panel – Sample Data

KPI Score Band	Number of Faculty	Percentage	Performance Interpretation	Moderation / Development Action
85–100	18	22%	High Performing	Recognition; leadership in mentoring and best-practice sharing.
70–84	40	50%	Effective	Targeted development to move into the high-performing band.
55–69	15	19%	Developing	Individual improvement plan and quarterly review.
< 55	7	9%	Needs Improvement	Corrective support, close monitoring and formal review.

Moderation control: KPI results shall be validated for evidence sufficiency, consistency of scoring, role relevance and avoidance of double counting before appraisal linkage.

9. Quality Circle Tracker – Sample Data

Department	Projects Planned	Completed	Impact Measured	Status	Required Follow-up
CSE	2	2	Yes	✓ On Track	Document baseline, intervention, quantified impact and scalability.
ECE	2	1	No	▲ Needs Monitoring	Complete the pending project and measure the outcome against baseline.

10. Institutional Risk Register – Sample Data

Risk	Probability	Impact	Risk Rating	Mitigation / Control	Owner	Status
Delay in NBA preparedness	High	High	Critical	Constitute a programme-wise task force with milestone reviews.	Dean / HoD	✕ Critical
Low placement outcomes	Medium	High	High	Strengthen industry MoUs, training, internships and placement conversion.	Placement Head	▲ Needs Monitoring
Data errors in statutory/ranking submissions	Medium	High	High	Conduct source validation, reconciliation and pre-submission audit.	Nodal Officer / IQAC	▲ Needs Monitoring

Risk Escalation Rule

Critical risks shall be reviewed monthly by the Vice-Chancellor and the responsible officer. High risks shall carry a time-bound mitigation plan. Any overdue action, data integrity concern or regulatory non-compliance shall be escalated immediately to the competent authority.

11. Dashboard Review and Accountability Matrix

Review Level	Frequency	Primary Responsibility	Expected Output
Department	Monthly	HoD / Department Quality Coordinator	Updated KPI data, evidence, gap analysis and corrective-action status.
Dean / School	Monthly / Quarterly	Dean	Cross-department validation, support decisions and escalation of risks.
IQAC	Quarterly	Director – Quality / Quality Secretariat	Institutional dashboard, DQI moderation, trend analysis and action tracker.
Vice-Chancellor	Quarterly	Vice-Chancellor with IQAC	Performance review, resource decisions and accountability directions.
Governing Body	Half-yearly	Registrar / IQAC Secretariat	Strategic oversight, policy direction and review of institutional outcomes.

12. Recommended Visualisations

- Traffic-light cards for headline KPIs, supported by ✓ / ▲ / ✕ symbols.
- Radar chart for DQI domain performance by department.
- Bar chart for department-wise DQI and KPI comparison.
- Line chart for quarter-wise and year-wise performance improvement.
- Heat map for accreditation evidence gaps and risk exposure.

13. Governance and Data Control Note

- The Quality Secretariat shall centrally maintain the dashboard as a controlled institutional record.
- Data shall be supported by verifiable source evidence and validated by the responsible department and nodal officer.
- The Vice-Chancellor shall review the dashboard quarterly, with decisions recorded in the action tracker.
- Dashboard outcomes shall contribute to the Annual Quality Assurance Report and other approved institutional reports.
- DQI results shall inform departmental mentoring, recognition, resource allocation and corrective action.
- Faculty KPI linkage shall occur only after moderation and evidence validation.
- Each action shall specify an owner, due date, status and closure evidence.

14. Quarterly Action Tracker

Gap / Risk	Corrective or Improvement Action	Responsible Officer	Due Date	Status	Closure Evidence

ANNEXURE – IV

Quarterly Quality Review Presentation Template

Purpose: Quarterly monitoring and annual finalization of the Departmental Quality Index (DQI)
For: Vice-Chancellor's Review / IQAC / Governing Body
Presentation Duration: 45–60 minutes
Prepared by: Director – Quality & Strategy
Frequency: Quarterly

Standard Colour Coding

Colour	Status	Interpretation
Green	Achieved / On Track	Achievement ≥90% of target
Amber	Needs Monitoring	Achievement 75–89% of target
● Red	Critical / Intervention Required	Achievement <75% of target
Blue	Information / Decision	Management information or approval required
○ Grey	Pending / Not Applicable	Data unavailable or activity not initiated

Slide 1: Title Slide

Quarterly Institutional Quality Review – Q__ 20__

St. Peter's Institute of Higher Education and Research (SPIHER)
Presented by: **Director – Quality & Strategy**
Review Period: _____
Date: _____

Colour: Dark blue title bar, white title, gold accent line.

Slide 2: Quality Governance Framework

- Institutional Quality Policy and Quality Objectives
- Alignment of Institutional KPIs with the DQI
- Quality Secretariat and Departmental Quality Structure
- Quarterly data collection and validation
- Performance review through dashboards
- Corrective and Preventive Action (CAPA) monitoring

Suggested flow:
Leadership → IQAC → Deans/HoDs → Quality Circles → Faculty/Students → Evidence and Impact

Colour: Blue process boxes with green arrows.

Slide 3: Executive Quality Summary

Indicator	Target	Current	Achievement	Status
Overall Institutional Quality Score	≥80	76	95.0%	✓
Average Department DQI	≥75	72	96.0%	✓
NBA Readiness	100%	65%	65.0%	●
NAAC Compliance	≥90%	88%	97.8%	✓
NIRF Data Accuracy	≥98%	97%	99.0%	✓

Key message

- Four indicators are on track.
- NBA readiness is in the critical intervention zone.
- Accreditation preparedness requires prioritized resource allocation.
- Quarterly data validation must be continued.

Colour: Use RAG colours only in the status and achievement cells.

Slide 4: Departmental Quality Index – Comparative View

Department	Q1	Q2	Q3	Change: Q1–Q3	Trend	Status
CSE	75	78	80	+5	↑	✓
ECE	68	69	67	−1	↓	●
MBA	72	76	79	+7	↑	✓

Observations

- CSE and MBA demonstrate consistent quarterly improvement.
- MBA records the highest improvement of seven points.
- ECE shows a declining trend and requires a time-bound improvement plan.
- Department-wise causes and corrective actions should be reviewed.

Visual: Clustered bar chart using Q1 grey, Q2 blue and Q3 green.

Slide 5: Academic Performance Overview

Indicator	Target	Current	Gap	Status
CO–PO Attainment	75%	71%	−4 percentage points	✓
Pass Percentage	90%	82%	−8 percentage points	✓

Indicator	Target	Current	Gap	Status
Student Feedback	5.5/7	4.8/7	−0.7	⍰
ICT/LMS Usage	75%	65%	−10 percentage points	⍰

Corrective actions

- Review the CO attainment methodology and action taken process.
- Revise Continuous Internal Assessment rubrics.
- Strengthen mentoring and remedial support.
- Conduct LMS and digital pedagogy training.
- Review course-wise pass percentage and feedback concerns.

Slide 6: Research and Innovation Performance

Metric	Target	Current	Achievement	Trend	Status
Publications per Faculty	2.0	2.0	100%	↑	⍰
Funded Projects	10	6	60%	→	●
Patents Filed	5	3	60%	↑	●
Consultancy Revenue	₹50 lakh	₹32 lakh	64%	→	●

Priority interventions

- Introduce an institutional research seed-funding scheme.
- Conduct proposal and grant-writing workshops.
- Establish department-wise project and patent targets.
- Strengthen industry–institution consultancy connections.
- Review progress monthly through the Research Council.

Slide 7: Student Outcomes Dashboard

Indicator	Target	Current	Achievement	Status
Placement	90%	74%	82.2%	⍰
Higher Studies	15%	12%	80.0%	⍰
Skill Certifications	60%	52%	86.7%	⍰
Competitive Examination Success	10%	8%	80.0%	⍰

Focus for the next quarter

- Placement training and employer engagement
- Industry-recognized skill certifications
- Higher-studies and competitive-examination guidance
- Department-wise student progression monitoring

Slide 8: Accreditation Readiness Tracker

NBA Readiness

Programme	OBE Compliance	SAR Preparation	Mock Audit	Status
CSE	80%	In progress	Pending	□
ECE	75%	Not started	Pending	●

NAAC Readiness

Criterion/Area	Documentation	Status
Curricular Aspects	95%	□
Teaching–Learning and Evaluation	88%	□
Research, Innovation and Extension	72%	●

Immediate priority: Complete evidence gaps, validate quantitative data and conduct internal mock audits.

Slide 9: Audit and Compliance Status

Audit Type	NCs Raised	NCs Closed	Pending	Closure Rate	Status
Academic Audit	24	18	6	75%	□
Administrative Audit	12	10	2	83%	□
Total	**36**	**28**	**8**	**77.8%**	□

Critical gap

The overall non-conformity closure rate is below the institutional target of 90%.

Required action: Assign responsibility, evidence requirement and closure date for every pending NC.

Slide 10: Faculty KPI Performance Summary

KPI Performance Band	Faculty Distribution	Classification	Status
≥85	22%	Outstanding	□
70–84	50%	Good	□
55–69	19%	Improvement Required	□
<55	9%	Critical Support Required	●

Intervention

- Individual Performance Improvement Plans for faculty below 60%
- Structured mentoring by HoDs and senior faculty
- Targeted support in research, teaching and institutional contribution
- Quarterly review of improvement evidence

Slide 11: Quality Circle and Kaizen Projects

Department	Projects Planned	Completed	Completion Rate	Impact Measured	Status
CSE	2	2	100%	Yes	□
ECE	2	1	50%	No	●

Best-practice highlight

Present one completed Quality Circle project covering:

- Problem identified
- Root-cause analysis
- Improvement implemented
- Before-and-after performance
- Measurable impact
- Scope for replication

Slide 12: Institutional Risk Register Summary

Risk	Probability	Impact	Risk Level	Current Status	Owner
Delay in NBA preparation	High	High	● Critical	Active	Accreditation Cell
Low placement outcomes	Medium	High	□ High	Mitigation underway	Training and Placement
Inaccurate institutional data	Medium	High	□ High	Under review	IQAC/Data Owners

Review focus: Risk owner, mitigation action, deadline, residual risk and escalation requirement.

Slide 13: Corrective and Preventive Action Plan

Area	Corrective/Preventive Action	Responsibility	Timeline	Deliverable	Status
NBA	Complete SAR and supporting evidence	Accreditation Cell	60 days	Validated SAR draft	●
Research	Conduct grant and project development drive	Dean–R&D	45 days	Proposals submitted	□
Placement	Strengthen industry MoUs and recruitment drives	Training and Placement	90 days	Employer engagements	□

Area	Corrective/Preventive Action	Responsibility	Timeline	Deliverable	Status
Audit	Close pending non-conformities	Deans/HoDs	30 days	Closure evidence	☐
Data Quality	Validate KPI and ranking data	IQAC/Data Owners	30 days	Verified data repository	☐

Slide 14: Strategic Decisions Required

Decision Required	Justification	Expected Outcome	Priority
NBA resource allocation	Accelerate SAR and evidence preparation	Improved programme readiness	●
Institutional research seed fund	Increase proposals, patents and projects	Stronger research outcomes	☐
Faculty development budget	Address identified competency gaps	Improved academic and KPI performance	☐
Policy amendments, if required	Align governance with current requirements	Improved compliance	◍
Data-management support	Strengthen evidence integrity and reporting	Reliable accreditation/ranking data	◍

Slide 15: Closing Statement

"SPIHER is progressing towards a measurable, evidence-based and dashboard-driven quality ecosystem. The priorities for the next quarter are accreditation readiness, research acceleration, audit closure and improvement of student outcomes."

Next-quarter priorities

- Complete NBA and NAAC evidence gaps.
- Achieve at least 90% audit closure.
- Accelerate research grants, patents and consultancy.
- Strengthen placement and skill-certification outcomes.
- Monitor departmental CAPA through the DQI dashboard.

Optional Annexure Slides

1. Detailed Department-wise DQI Scorecard
2. Institutional and Departmental KPI Matrix
3. Audit Non-Conformity and Closure Register
4. Benchmarking Comparison
5. NIRF Performance Summary
6. NAAC/NBA Evidence Readiness Matrix

7. Faculty KPI Distribution
8. Quality Circle Project Reports
9. Institutional Risk Register
10. Next-quarter CAPA Monitoring Sheet

Presentation Design Alignment

- **Primary colour:** Navy blue – titles and headers
- **Secondary colour:** Teal – quality initiatives and progress
- **Accent colour:** Gold – strategic priorities and key figures
- **RAG colours:** Green, amber and red – performance status only
- **Background:** White or very light grey
- Keep titles at **28–32 pt** and body text at **18–22 pt**.
- Use uniform table dimensions, centred numerical data and left-aligned observations.
- Use a maximum of six bullets per slide.
- Include graphs for trends and use tables for exact performance values.
- Add the reporting period and slide number in the footer.
- Mention "**Sample Data – To Be Replaced with Validated Quarterly Data**" wherever applicable.

ANNEXURE – V

Departmental Quality Index (DQI)

Purpose of DQI

The Departmental Quality Index (DQI) is a composite, evidence-based framework to:

Institutionalize quality culture at the department level

Enable inter-departmental comparison

Link performance with incentives and corrective actions

Reduce accreditation risk (NAAC / NBA / NIRF)

DQI Structure (100 Marks)

The DQI is assessed annually based on five core quality domains.

Domain	Weightage
A. Teaching–Learning Quality	40
B. Student Progression & Outcomes	15
C. Research, Extension, Innovation & Professional Development	25
D. Industry Interaction Employability	10
E. Institutional Administrative Contribution & Quality Assurance	10
Total	100

Teaching–Learning Quality (40 Marks)

Indicator	Benchmark	Score (Max)
Course Plans & CO–PO Mapping	100% of applicable courses mapped and uploaded	5
Innovative Pedagogy	≥2 innovative practices documented/course	5
CIA Quality (Design, Rubrics and HOTS)	≥80% compliance with Blue print, Blooms level, Rubrics, moderation, timely feedback	5
Student Feedback & Action Taken	Feedback analysed with ATR ≥5.95/7 (or) ≥85%	5
CO Attainment	≥80 CO attainment reports and analysis	8
Syllabus Completion	100% Syllabus completion report, Logbook	5
ICT & LMS Usage	LMS usage in ≥75% courses	7

Student Progression & Outcomes (15 Marks)

Indicator	Benchmark	Score (Max)
Mentoring & Remedial Support	≥4/Semester Documented mentoring system	3
Pass Percentage	≥90% in each course	3
Slow Learner Improvement	≥20% improvement over baseline	3
Internship and Guidance	≥100% eligible students	3
Competitive Exam / Certification	≥20% students qualified	3

Research, Extension, Innovation & Professional Development (25 Marks)

Indicator	Benchmark	Score
Publications	Avg. ≥2 paper / faculty / year	8
FDP and Workshop Participation	≥2/year/faculty	2
Research Projects / Grants Submission	≥1/faculty/year	5
Student Research Guidance	≥2 projects/year/faculty	2
IPR / Patents / Innovations	At least 1 filing / prototype/faculty	2
Consultancy / Industry Interaction	Revenue or MoU-based activity ≥1/year	4
Community outreach/Impact assessment/Research conversion	≥1/semester/department	2

Industry Interaction Employability (10 Marks)

Indicator	Benchmark	Score (Max)
Industry lecture/collaboration	≥1/year/faculty	3
Industry-linked project/Consultancy	≥1/year/faculty	3
Placement/Higher studies support activity	≥90 of Eligible students for placement, Higher studies ≥20% and ≥10% Entrepreneurs	3
Faculty Industry Training	≥1/Year/faculty	1

Institutional Administrative Contribution & Quality Assurance (10 Marks)

Indicator	Benchmark	Score (Max)
Committee participation	≥1/faculty/year	3
Timely data submission	100% on time, ≥98% accuracy	2
Accreditation support	100% within the timeline	2
Best Practices/Quality circle	Minimum 10 meetings and two completed PDCA/Kaizen projects/year	3

DQI Scoring & Performance Bands

DQI Score	Performance Level	Recognition
≥85	Excellent	Best Quality Department Award, Incentive & Best practice sharing
70–84	Good	Quality Excellence Certificate, Recognition and Mentoring role
55–69	Satisfactory	Structured Intervention Plan
<55	Needs improvement	Corrective action & Monitoring

Evidence Required (Indicative)

- Course files & LMS screenshots
- Publication proofs & project sanction letters
- Placement records & student achievement proofs
- Outreach reports with impact data
- Minutes of meetings & compliance reports

Review & Governance Mechanism

- DQI assessed annually by IQAC
- Scores approved by Academic Council

Faculty appraisal, incentives, and HoD review

ANNEXURE – VI FACULTY KRA–KPI & APPRAISAL LINKAGE FRAMEWORK

Vertical Alignment Architecture

Level	Instrument	Purpose
Institution	Quality Policy & Strategic Plan	Direction
Department	DQI (100 Points)	Collective performance
Faculty	KRA–KPI (100 Points)	Individual accountability
Appraisal	Moderated Score	Reward / Development

Faculty KRA Structure (100 Marks Model)

KRA–1: **Teaching Effectiveness & Student Feedback (360° Evaluation)**

Weightage: 40 Marks

(Mapped to DQI – Teaching Domain)

KPI	Target	Marks	DQI Link
CO-aligned lesson plans & CO-PO mapping	100%	5	Course Planning
CIA design, rubrics & HOTS	≥80%	5	Assessment Quality
360° Feedback (Self, Peer, Student, HoD/Expert) and ATR	≥5.95/7	5	360° Feedback (Self, Peer, Student, HoD/Expert)
Classroom Delivery Effectiveness & Syllabus Completion	100%	5	Academic Delivery (Classroom observation reports, peer review reports)
ICT/LMS Integration	Adopt ≥75% of Eligible courses	5	LMS Integration
Innovative Pedagogy	≥2 innovative practices / course	5	Innovative Pedagogy
CO attainment	≥80%	5	Outcome Quality
Corrective action	Documented	5	Continuous Improvement

KRA–2: **Student Mentoring & Academic Progress**

Weightage: 15 Marks

(DQI – Student Outcomes Domain)

KPI	Target	Marks	DQI Link
Mentoring, remedial sessions and Student engagement	≥4/semester	3	Mentoring System
Pass rate contribution	≥90%	3	Pass %
Slow learner improvement	≥20% improvement over baseline among supported students	2	Academic Support
Advanced Learner Activities	≥2/Semester	2	Academic Support
Internship guidance/	100% allotted students	2	Employability
Student certifications / exams	≥20% students qualified	3	Employability

KRA–3: Research, Extension, Innovation & Professional Development

Weightage: 25 Marks

(DQI – Research Domain)

KPI	Target	Marks	DQI Link
Scopus/WoS publication	≥2/year	5	Publications
Book/Book Chapter	≥1 in 2 years	3	Publications
FDP/Workshop participation	≥2/year	2	Faculty Development
NPTEL/SWAYAM/Coursera Upskilling	≥2/year	2	Faculty Development
Research proposal submission	≥1/Year	2	Grants
Student research guidance	≥2 projects/year	2	Innovation
Patent/IPR/Innovation contribution	≥1/year	3	IPR
Consultancy / Corporate Training	≥1	4	Grants
Community outreach/Impact assessment/Research conversion	≥1	2	Community Out Reach

KRA–4: Industry Interaction & Employability Weightage: 10 Marks

KPI	Target	Marks	DQI Link
Industry lecture/collaboration	≥1/Year	2	Outreach
Industry-linked project	≥1	3	Employability
Placement/Higher studies/Entrepreneurship support activity	Evidence	3	Career Support
Faculty Industry Training	≥1	2	Faculty Development

KRA–5: Institutional Administrative Contribution & Quality Assurance

Weightage: 10 Marks

KPI	Target	Marks	DQI Link
Participation in IQAC/Department Activities/Committee	≥3/Year	3	Governance
Accreditation support and Timely data submission	100% on time, ≥98% accuracy	2	Documentation
Course File Maintenance	100%	2	Accreditation
Quality circle Contribution	Participation in minimum 1 assigned Project/ year	3	Accreditation

Final Score = Individual KPI

Faculty Performance Bands

Final Score	Category	Action
>90	Exceptional	Incentive + Fast Track
80–89	Outstanding	Increment + Recognition
70–79	Very Good	Normal Increment
55–69	Needs Improvement	Development Plan
<55	Underperforming	Structured Mentoring

Appraisal Cycle

Stage	Timeline
Self-Appraisal Submission	April

Stage	Timeline
HoD Review	May
DQI Finalization	June
Moderated Score Calculation	June
VC Approval	July
Incentive Release	August

. Governance Safeguards

Evidence-based scoring only

Digital documentation repository

Audit verification

Appeal mechanism within 7 days

Two-cycle underperformance triggers FDP + mentoring

ANNEXURE – VII FACULTY PERFORMANCE APPRAISAL FORM (SPIHER 2.0)

Department:

Name of Faculty:

Designation:

Date of Joining:

KRA 1: Teaching Effectiveness & Student Feedback (360° Evaluation)

(Weightage: 40 Marks)

KPI Description	Target	Evidence Attached (Yes/No)	Maximum Marks	Marks Claimed
CO-aligned lesson plans & CO-PO mapping	100%		5	
CIA Quality (design, rubrics & HOTS)	>80		5	
360° Feedback (Self, Peer, Student, HoD/Expert) and ATR	≥5.95/7		5	
Classroom Delivery Effectiveness & Syllabus Completion	100%		5	
ICT/LMS Integration	Adopt ≥75% of eligible courses		5	
Innovative Pedagogy	≥2 innovative practices / course		5	
CO Attainment	≥80%		5	
Corrective Action	Documented		5	

KRA 2: Student Mentoring and Academic Progress (Weightage: 15 Marks)

KPI Description	Target	Evidence Attached (Yes/No)	Maximum Marks	Marks Claimed
Mentoring, remedial sessions and Student engagement	≥4/semester		3	
Pass rate contribution	≥90%		3	

KPI Description	Target	Evidence Attached (Yes/No)	Maximum Marks	Marks Claimed
Slow learner improvement	≥20% improvement over baseline among supported students		2	
Advanced Learner Activities	≥2/Semester		2	
Internship guidance	100% allotted students		2	
Student certifications / exams	≥20% students qualified		3	

KRA 3: Research, Extension, Innovation & Professional Development

(Weightage: 25 Marks)

KPI Description	Target	Evidence Attached (Yes/No)	Maximum Marks	Marks Claimed
Scopus/WoS publication	≥2/year		5	
Book/Book Chapter	≥1 in 2 years		3	
FDP/Workshop participation	≥2/year		2	
NPTEL/SWAYAM/Coursera Upskilling	≥2/year		2	
Research projects /Grants submission	≥1/Year		2	
Student research guidance	≥2 projects/year		2	
Patent/IPR/Innovation contribution	≥1/Year		3	
Consultancy / Corporate Training	≥1		4	
Community outreach/Impact assessment/Research conversion	≥1		2	

KRA 4: Industry Interaction and Employability (Weightage: 10 Marks)

KPI Description	Target	Evidence Attached (Yes/No)	Maximum Marks	Marks Claimed
Industry lecture/collaboration	≥1/Year		3	
Industry-linked project	≥1		3	
Placement/Higher studies/Entrepreneurship support activity	Evidence		3	
Faculty Industry Training	≥1		1	

KRA 5: Institutional Administrative Contribution & Quality Assurance

(Weightage: 10 Marks)

KPI Description	Target	Evidence Attached (Yes/No)	Maximum Marks	Marks Claimed
Participation in IQAC/Department Activities/Committee	≥3/Year		3	
Accreditation support and Timely data submission	100% on time, ≥98% accuracy		2	
Course File Maintenance	100%		2	
Quality circle Contribution	Participation in minimum 1 assigned Project/ year		3	

FINAL SCORE SUMMARY

Total Marks Claimed (Out of 100):

Performance Band:

REVIEW & APPROVAL

HoD Remarks:

HoD Signature & Date:

Dean Signature & Date:

Director – Quality Remarks:

VC Approval & Signature:

SPIHER Department Quality Circle Framework

Purpose: To establish department-level teams that identify priority problems, analyse root causes, implement small and measurable improvements, track results, and institutionalise effective practices through the PDCA and Kaizen approach.

ANNEXURE VIII

Formation and Operation of Department Quality Circles

A Composition and Constitution

Member	Minimum Requirement	Primary Role
HoD	Quality Circle Head	Approve priorities, enable resources, chair reviews and ensure closure
Faculty members	Minimum 2	Facilitate analysis, implementation, measurement and documentation
Student representatives	6 to 8, representing relevant programmes or years	Voice student needs, participate in solutions and validate user impact
Administrative or technical staff	1, where relevant	Support process, laboratory, office or service improvements

- The HoD shall issue a department order constituting the DQC for each academic year.
- Membership details shall be submitted to IQAC within three working days of constitution or revision.
- The DQC should include members relevant to its selected problem; additional subject experts may be invited when required.

B Minimum Operating Standards

Requirement	Minimum Standard	Output
Meeting	One structured DQC meeting every month	Minutes, attendance and action status
Improvement project	At least one significant pain point addressed each quarter	Quarterly PDCA action plan
Problem analysis	Use evidence and a suitable tool such as 5 Why, Fishbone, Pareto or process mapping	Root-cause record
Implementation	Apply feasible Kaizen actions with owner and due date	Action and evidence log
Measurement	Define baseline, target, KPI, data source and RAG status	KPI trend

Requirement	Minimum Standard	Output
Review	Monthly HoD review and quarterly IQAC review	Review comments and corrective action
Institutionalisation	Document successful practice and assess replication	Best-practice note

C PDCA Kaizen Workflow

Stage	Required Action	Key Question
Plan	Define the pain point, stakeholder impact, baseline, root cause, target, KPI, owner and timeline.	What problem matters and why does it occur?
Do	Pilot the agreed small improvement and record resources, participation and deviations.	What action will test the solution?
Check	Compare actual results with baseline and target; collect stakeholder feedback.	Did the action produce measurable improvement?
Act	Standardise, modify, scale or discontinue the action; record lessons and next cycle.	How will the gain be sustained or improved?

D RAG Status Rules

Status	Definition	Required Response
Green	At least 90% of milestone or KPI target achieved and evidence complete	Sustain, standardise and consider replication
Amber	60% to 89% achieved, delayed, or minor evidence gap	Corrective action, revised milestone and close monitoring
Red	Below 60%, not started, major delay or major evidence gap	Immediate escalation to HoD and recovery plan
Closed	Target achieved, effectiveness verified and practice standardised	Archive closure evidence and best-practice note

E Roles and Reporting

Role	Responsibility	Frequency
DQC Head	Approve project, remove barriers, verify monthly report and close actions	Monthly

Role	Responsibility	Frequency
DQC lead or faculty facilitator	Coordinate meetings, analysis, actions, data and documentation	Ongoing
Members	Complete assigned actions and validate outcomes	As scheduled
HoD	Review department DQC portfolio and resources	Monthly
IQAC	Review progress, data quality, impact and replication potential	Quarterly
Academic leadership	Review annual performance and recognise high-impact DQCs	Annually

F Annual DQC Assessment

Category	Assessment Criterion	Maximum Marks
Governance and participation	Constitution, regular meetings, attendance and member participation	15
Problem selection and evidence	Priority, stakeholder relevance, baseline and clarity of pain point	15
Root cause analysis	Appropriate use of quality tools and evidence-based root cause	15
Action implementation	Feasible Kaizen actions completed within timeline	20
KPI achievement and impact	Improvement against baseline and target; stakeholder outcome	20
Documentation and sustainability	Evidence, standardisation, continuation and replication potential	10
Innovation and presentation	Originality, clarity and sharing of learning	5
	Total	100

Score	Performance Level	Recognition or Follow-up
85-100	Exemplary	Eligible for Best Quality Circle recognition
70-84	Strong	Commendation and improvement of identified gaps
55-69	Developing	Time-bound corrective action plan

Score	Performance Level	Recognition or Follow-up
Below 55	Needs focused improvement	Monthly monitoring by HoD and IQAC support

G Template 1 DQC Constitution

Department: _____	**Academic Year: _____**			**Date of Constitution: _____**	
No.	**Name**	**Designation or Programme and Year**	**DQC Role**	**Contact or Email**	**Signature**
1			Head		
2			Faculty facilitator		
3			Faculty member		
4			Student representative		
5			Student representative		
6			Student representative		
7			Student representative		
8			Student representative		
9			Student representative		
10			Staff member, if applicable		

HoD Signature: _____	**Submitted to IQAC on: _____**	**IQAC Acknowledgement: _____**

ANNEXURE IX

Department Quality Circle Action Plan

A Basic Details

DQC or Project Name: _____	**Department:** _____	**Academic Year:** _____
DQC Head: _____	**Project Lead:** _____	**Review Quarter: Q1 / Q2 / Q3 / Q4**

Strategic Area: OBE / Research / Student Success / Administration / Digitalisation / Sustainability / Other: _____

Strategic Objective: _____

Alignment: University Objective / NAAC / NIRF / QS / SDG / Other: _____

B Project Charter and KPI Plan

Pain Point	Baseline and Data Source	Root Cause	KRA	KPI	Target	Due Date	Evidence

C Root Cause Analysis

Tool Used: 5 Why / Fishbone / Pareto / Process Map / Other		**Analysis Date: _____**	
Observed Cause	**Evidence**	**Root Cause Confirmed**	**Validation Method**
		Yes / No	
		Yes / No	
		Yes / No	

D Quarterly PDCA Action Plan

Qtr	PDCA Stage	Action or Milestone	Owner	Start	Due	Resources	KPI or Output	RAG	Status or Remark
Q1									
Q1									

Qtr	PDCA Stage	Action or Milestone	Owner	Start	Due	Resources	KPI or Output	RAG	Status or Remark
Q2									
Q2									
Q3									
Q3									
Q4									
Q4									

E Monthly Review and KPI Tracking

Month	KPI	Baseline	Target	Actual	Progress %	RAG	Issue or Deviation	Corrective Action	Owner and Due Date

F Risk and Mitigation Plan

Risk	Likelihood L M H	Impact L M H	Mitigation or Contingency	Owner	Trigger or Review Date	Status

G Meeting and Decision Record

Meeting Date: _____	Members Present: _____ / _____	Next Review: _____

Agenda or Finding	Decision	Action Owner	Due Date	Status

Meeting Date: _____	Members Present: _____ / _____	Next Review: _____

Agenda or Finding	Decision	Action Owner	Due Date	Status

H Project Closure and Best Practice

Project Name: _____	Closure Date: _____	Final RAG: Green / Amber / Red / Closed

Closure Element	Summary and Evidence
Pain point and baseline	
Actions implemented	
Target versus actual KPI	
Measurable academic, administrative or student impact	
Stakeholder feedback	
Lessons learned	
Practice standardised or procedure revised	
Replication potential and departments	
Sustainability and next review date	
Evidence references	

I Approval and Annual Assessment

Prepared by	Reviewed by	Verified by	Approved by
DQC Project Lead	DQC Head or HoD	IQAC	Vice-Chancellor or Nominee
Name and Signature:	Name and Signature:	Name and Signature:	Name and Signature:
Date:	Date:	Date:	Date:

Annual Assessment Score: _____ / 100	Performance Level: _____	Recognition or Follow-up: _____

SPIHER Faculty Student Engagement Framework

Purpose: To plan, document, score, and improve faculty-student engagement through mentoring, academic interaction, research and innovation, career guidance, and holistic development. The framework is used for quality improvement and institutional review, not as a stand-alone faculty appraisal tool.

ANNEXURE X

Faculty Student Engagement Index and Dashboard

A Maximum Marks

Code	Indicator	Maximum Marks
A1	Mentor-mentee ratio	5
A2	Mentoring session compliance	8
A3	Student mentoring coverage	7
A4	Faculty office-hour utilisation	3
A5	Remedial support for slow learners	4
A6	Enrichment of advanced learners	3
	A Mentoring and Academic Support Total	**30**
B1	Interactive learning practices	7
B2	LMS-based academic engagement	5
B3	Research-based learning activities	6
B4	Faculty-guided student projects	7
B5	Student satisfaction with academic support	5
	B Teaching Learning Engagement Total	**30**
C1	Faculty-student joint publications and scholarly outputs	10
C2	Student participation in faculty-guided research	7
C3	Patents, prototypes and innovations	5

Code	Indicator	Maximum Marks
C4	Active research clubs or circles	3
	C Research and Innovation Engagement Total	**25**
D1	Faculty-led career guidance	4
D2	Internship and project guidance	4
D3	Alumni-faculty-student interaction	3
D4	Faculty-advised student clubs	2
D5	Faculty Connect Day and co-creation activities	2
	D Career and Holistic Development Total	**15**
	Overall FSEI Maximum Marks	**100**

B Measurement and Evidence

Code	Measurement	Minimum Evidence
A1	Students allotted / active mentors	Mentor allotment list
A2	Sessions conducted / sessions planned x 100	Mentor log and attendance
A3	Students attending at least one meeting / students allotted x 100	Mentor log
A4	Students using office hours / students enrolled x 100	Office-hour register
A5	Slow learners supported / slow learners identified x 100	Diagnostic and remedial records
A6	Advanced learners enriched / advanced learners identified x 100	Learner and enrichment records
B1	Courses using at least two active-learning methods / courses offered x 100	Lesson plans and student work
B2	Active LMS course forums / LMS-enabled courses x 100	LMS analytics
B3	Courses with research-based task / eligible courses x 100	Course file and rubric
B4	Completed guided projects / approved projects x 100	Review log and report

Code	Measurement	Minimum Evidence
B5	Mean feedback score / 5 x 100	Anonymous micro-feedback
C1	Verified joint outputs against approved target	Publication or output proof
C2	Students in guided research / students enrolled x 100	Participant and project record
C3	Verified patents, prototypes or innovations against target	IP or prototype evidence
C4	Active groups meeting at least twice per semester against target	Constitution and minutes
D1	Students receiving career guidance / students enrolled x 100	Attendance and report
D2	Eligible students guided / eligible students x 100	Guidance log
D3	Verified interactions against target	Report, attendance and feedback
D4	Active advised clubs against target	Plan, minutes and output
D5	Verified Connect Day or co-creation activities against target	Report and output

C Scoring Rule

Marks awarded = (Actual achievement / approved target) x maximum marks. Cap the score at the maximum marks assigned.

Achievement Level	Marks Awarded
Target achieved with complete evidence and demonstrated outcome	100% of indicator marks
Substantially achieved with adequate evidence	75%
Partially achieved or evidence incomplete	50%
Initiated with limited evidence	25%
Not conducted or no evidence	0%

D Performance Bands and Review

FSEI Score	Band	Required Response
85-100	Exemplary	Sustain, validate outcomes and share practices

FSEI Score	Band	Required Response
70-84	Strong	Close minor gaps and improve outcome evidence
55-69	Developing	Implement a time-bound improvement plan
Below 55	Needs focused improvement	Monthly HoD review and quarterly IQAC monitoring

Level	Frequency	Output
Department	Monthly	Dashboard and action log
IQAC	Quarterly	Consolidated FSEI review
Academic Council	Annually	Institutional outcome and approved actions

E Template 1 Department FSEI Score Sheet

Department: _____	Period: _____	Prepared by: _____			
Code	**Indicator**	**Max**	**Target**	**Actual**	**Marks Awarded**
A1	Mentor-mentee ratio	5			
A2	Mentoring session compliance	8			
A3	Student mentoring coverage	7			
A4	Faculty office-hour utilisation	3			
A5	Remedial support for slow learners	4			
A6	Enrichment of advanced learners	3			
B1	Interactive learning practices	7			
B2	LMS-based academic engagement	5			
B3	Research-based learning activities	6			
B4	Faculty-guided student projects	7			

Department: _____		Period: _____		Prepared by: _____	
Code	**Indicator**	**Max**	**Target**	**Actual**	**Marks Awarded**
B5	Student satisfaction with academic support	5			
C1	Faculty-student joint publications and scholarly outputs	10			
C2	Student participation in faculty-guided research	7			
C3	Patents, prototypes and innovations	5			
C4	Active research clubs or circles	3			
D1	Faculty-led career guidance	4			
D2	Internship and project guidance	4			
D3	Alumni-faculty-student interaction	3			
D4	Faculty-advised student clubs	2			
D5	Faculty Connect Day and co-creation activities	2			

Category A: ___ / 30	**Category B: ___ / 30**	**Category C: ___ / 25**	**Category D: ___ / 15**
Overall FSEI: ___ / 100	**Performance Band: _____**	**HoD Approval and Date: _____**	

F Template 2 Monthly Action Dashboard

Indicator or Gap	Target	Actual	Evidence Reference	Action Required	Owner	Due Date	Status

Indicator or Gap	Target	Actual	Evidence Reference	Action Required	Owner	Due Date	Status

ANNEXURE XI Faculty Student Engagement Guidelines

A Minimum Implementation Standards

Area	Minimum Standard	Record
Mentoring	Normally 15-20 students per mentor; at least one structured meeting each month during the teaching semester; follow-up and referral where required.	Mentor allotment, log and attendance
Office hours	Publish fixed weekly hours on the notice board and LMS for academic, project and career support.	Office-hour register
Learner support	Identify slow and advanced learners; provide remedial, bridge or enrichment activities; check improvement.	Diagnostic result, activity and follow-up
Interactive learning	Use suitable discussion, case, problem, group, simulation or experiential methods.	Lesson plan, rubric or student work
Digital engagement	Use LMS and institutional email for formal communication; keep approved groups academic, moderated and professional.	LMS analytics or export
Research and innovation	Guide projects, research, papers, posters, prototypes, patents and active research circles, following ethics and IP policy.	Project, output and meeting records
Career and holistic development	Provide career, internship, higher-study and alumni guidance; advise student clubs and co-creation activities.	Report, attendance, feedback and output
Feedback and improvement	Collect anonymous micro-feedback once per semester and document action taken.	Feedback summary and action log

B Responsibilities

Responsible Unit	Key Responsibility
Faculty mentor	Conduct mentoring, record agreed actions, follow up and refer concerns appropriately.
Course or project faculty	Provide office hours, active learning, academic support, research and project guidance.
Department coordinator	Compile data, verify evidence, prevent duplicate counting and maintain the action log.
HoD or Dean	Approve allotment and targets, review monthly performance, verify records and provide support.
IQAC	Validate indicators, review quarterly trends and consolidate the annual institutional report.

C Professional and Data Safeguards

- Use institutional channels for formal records and maintain reasonable communication windows.
- Keep mentoring records concise and confidential; do not place sensitive personal details in general registers.
- Refer counselling, medical, grievance, financial or safeguarding concerns to the designated institutional authority.
- Obtain consent for identifiable photographs, testimonials or personal information used in reports or publicity.Use engagement data for improvement; do not use the FSEI as the sole basis for individual faculty appraisal.

D Template 3 Mentor Mentee Meeting Record

Department: _____		**Programme and Semester: _____**		**Mentor: _____**	
Date: _____		**Mode: Individual / Group**		**Allotted: _____ Present: _____**	
Area Reviewed	**Observation or Need**	**Agreed Action**	**Owner**	**Due Date**	**Follow-up**
Academic progress					
Attendance and participation					
Learning support					
Career or research					
Referral, if applicable					

Mentor Signature: _____	Coordinator Verification: _____	Date: _____

E Template 4 Faculty Office Hour Register

Faculty: _____	Department: _____	Published Hours: _____

Date	Student ID or Group	Course or Topic	Support Provided	Follow-up

F Template 5 Engagement Activity Record

Field	Details
Department and date	
Activity title and FSEI code	
Objective and target students	
Faculty coordinator	
Registered / attended / unique participants	
Output and outcome	
Student feedback summary	
Evidence reference	

Field	Details
Follow-up action, owner and due date	

G Template 6 Student Micro Feedback

Rate each statement from 1 Strongly Disagree to 5 Strongly Agree. Responses shall be anonymous and reported in aggregate.

No.	Statement	1	2	3	4	5
1	Faculty members are accessible for academic clarification.					
2	Mentoring helps me address academic challenges and plan improvement.					
3	I receive timely and useful feedback on my learning.					
4	I have opportunities for projects, research, innovation or co-curricular learning.					
5	Faculty guidance supports my career, internship or higher-study goals.					
6	Academic communication is respectful, inclusive and professional.					

Most useful support received:

One improvement suggested:

H Template 7 Improvement Action Log

Gap	Evidence	Root Cause	Action	Owner	Due Date	Status	Effectiveness

ANNEXURE XII - STUDENT CHARTER COMPLIANCE TEMPLATE

Charter Commitment	Target or Standard	Achievement	Supporting Evidence	Gap or Concern	Corrective Action and Timeline
Academic information and calendar					
Assessment and feedback					
Mentoring and academic support					
Grievance redressal					
Career guidance and placement services					
Safety, inclusion and well-being					
Student participation and feedback					

Certification: The department/institution certifies that compliance with the Student Charter has been reviewed in consultation with student representatives and that all identified gaps have been included in the Action Taken Report.

ANNEXURE XIII - ANNUAL QUALITY HEALTH REPORT TEMPLATE

Section	Required Analysis / Evidence
Executive Quality Summary	IQMPI, major achievements, major risks and decisions required
Academic Health	OBE, attainment, success, retention, feedback and learner-support trends
Research and Innovation Health	Quality-adjusted publications, impact, funding, consultancy, IPR and innovation
Student Success	Placement, progression, certification, entrepreneurship and graduate outcomes
Governance and Administration	Service standards, compliance, audits, policy implementation and data quality
Stakeholder Satisfaction	Student, faculty, alumni, employer and parent feedback with ATR closure
Accreditation and Ranking Readiness	NAAC/NBA/statutory and ranking parameter status
Department and Faculty Quality	DQI and FQI/KRA-KPI distributions, trends and support actions
Risk and CAPA	Top institutional risks, mitigation, overdue CAPA and effectiveness verification
Improvement Plan	Priorities, owner, resources, timeline, KPI and expected impact for next year

ANNEXURE XIV - QUALITY INTELLIGENCE AND ANALYTICS FRAMEWORK

Indicator / Question	Current	Previous	3-Year Trend	Benchmark	Risk	Interpretation	Intervention
What is improving or accelerating?							
What is stagnant?							
What is decelerating or declining?							
What are the root causes?							
Which units or cohorts are disproportionately affected?							
What intervention is required and how will impact be verified?							

Analytical Note: Conclusions shall distinguish verified evidence from inference. Predictions shall state assumptions, confidence and the action threshold.

ANNEXURE XV - FIVE-YEAR QUALITY ROADMAP MONITORING TEMPLATE

Year / Theme	Strategic Deliverable	Baseline	Annual Target	Achievement	RAG	Risk / Dependency	Corrective Action	Owner
2026 - Foundation								
2027 - Integration								
2028 - Excellence								
2029 - Leadership								
2030 - Distinction								