1. PURPOSE

To ensure that any non-conforming outputs related to educational products, services, or processes at MITS are identified, controlled, and corrected to prevent unintended use or delivery, thereby maintaining compliance with ISO 21001:2018 requirements.

2. SCOPE

This procedure applies to all non-conforming outputs (products, services, processes, learning outcomes, or deliverables) identified at any stage of academic or administrative operations of the institution.

3. DEFINITIONS

Term	Definition
Non-Conforming Output	An output (e.g., learning content, service, document, report, certificate) that fails to meet specified requirements.
Correction	Action taken to eliminate a detected nonconformity.
Corrective Action	Action to eliminate the cause of a nonconformity and to prevent recurrence.

4. RESPONSIBILITY

Role	Responsibility
Top Management	Provide resources and support for corrective actions and continual improvement
Faculty / Staff	Identify and report any non-conforming output.
Department Heads / Cell Coordinators (**Process Owners)**	Evaluate and record non-conformities, initiate corrective actions.
Quality Assurance Cell (IQAC / **EOMS Coordinator**)	Analyze, monitor, and ensure closure of non-conformance cases.

5. PROCEDURE

5.1 Identification of Non-Conforming Output

- Non-conformities may be identified through:
  - Internal audits
  - External feedback (students, stakeholders)
  - Academic performance reviews
  - Error reports from departments
  - Monitoring and evaluation of services

5.2 Documentation of Non-Conformity

- Record non-conformities using **Form EOMS-MITS/FRM/IANCR/54.**
- Include:
  - Description of the non-conformance
  - Source of detection
  - Responsible department/person
  - Immediate corrective action taken

5.3 Evaluation and Correction

- Evaluate the impact of the non-conforming output.
- Decide on one or more actions:
  - Rework or correction (e.g., re-issue certificate, re-grade paper)
  - Inform affected parties (if applicable)
  - Withdraw the faulty output
  - Segregate or label the output

5.4 Root Cause Analysis and Corrective Action

- Conduct root cause analysis using appropriate tool (**5 Whys method**).
- Implement corrective actions to prevent recurrence.
- Record corrective action in **Corrective Action Form – EOMS-MITS/FRM/CAR/57**.

5.5 Review and Closure

- Responsible authority to review effectiveness of corrective actions.
- Close the non-conformance case upon verification.
- Maintain records as per institutional record retention policy.

6. RECORDS MAINTAINED

Record	Form No.	Responsibility	Retention Period
Non-Conformity Report	EOMS-MITS/FRM/IANCR/54	Concerned Dept.	3 Years
Corrective Action Report	EOMS-MITS/FRM/CAR/57	Quality Cell (IQAC)	3 Years

7. REFERENCES

- ISO 21001:2018 – Clause 8.7: Control of nonconforming outputs
- Institutional EOMS Policy
- EOMS Manual
- Internal Audit Reports
- Risk & Opportunity Register
- Training Records