1st MANAGEMENT REVIEW MEETING CIRCULAR-CUM-AGENDA

Date: 19th May, 2025

To
All HODs & Staff

Dear Sir/Mam,

Kindly be informed that the 1st Management Review Meeting (MRM) is scheduled for 23rd May 2025, at 11:00 AM in the Board Room. The meeting will focus on reviewing the ISO 21001:2018 (EOMS) Internal Audit Results and discussing EOMS improvements as per the MRM agenda.

AGENDA:
Review Input:
   a) The status of Actions from Previous Management Reviews
   b) Changes in external and Internal issues that are relevant to the EOMS,
   c) Information on the performance and the effectiveness of the EOMS, including trends in:-
      i. learner and other beneficiary satisfaction and feedback related to learner and other beneficiary requirements;
      ii. The extent to which objectives have been met;
      iii. Process performance and conformity of products and services;
      iv. Nonconformities and corrective actions;
      v. Monitoring and measurement results;
      vi. Audit results;
      vii. The performance of external providers;
      viii. Formative and summative assessment outcomes;
   d) The Adequacy of Resources
   e) The effectiveness of actions taken to address risks and opportunities
   f) Opportunities for continual improvement;
   g) Staff feedback related to activities to enhance their competence.
Review output:
The outputs of the management review shall include:
   a) Decisions and actions related to continual improvement opportunities;
   b) Any need for updates and changes to the EOMS; including resource needs and revision of the EOMS Policy and Objectives of the EOMS.
We request you to kindly bring the action plan and completion status for each point referred above.
With best regards,
EOMS Team leader
CC to Partner(s) - for information please.

The following members were present:

S.No.	Name of the Participant	Designation
1	Dr.C.Yuvaraj	Principal
2	Dr. P. Ramanathan	Vice Principal Academics
3	Dr. C. Kamal Basha	Vice Principal (Administration)
4	Dr. D. Pradeep Kumar	Chief Coordinator of PAARC & EOMS Coordinator
5	Dr. Sremmant Basu	Dean, International Relations & Administration
6	Dr. K.Sathesh	IQAC Coordinator
7	Dr. S. Padma	HOD of CSE- AI & ML
8	Mrs. M. Prathibha	Senior Administrative Officer, (G.A.D)
9	Mr.V. Maruthi Prasad	Assistant Professor & PRO

Dr. D. Pradeep Kumar, EOMS Coordinator, warmly welcomed all attendees and emphasized the importance of conducting the meeting effectively. He reiterated the purpose of convening the First Management Review Meeting in accordance with ISO 21001:2018 EOMS, which is to address the agenda items outlined in the circular dated 19th May, 2025, previously shared with all members.

S.No	Input (as per ISO 21001 / MRM agenda)	Current status / observations	Decisions / actions	Responsibility	Target Outline
1	Status of actions from previous MRMs	EOMS Coordinator welcomed and outlined the focus of Previous MRM. Many actions related to course file completeness, CO-assessment, class committee meetings and closure of previous NCRs are only partially implemented; Internal Audit reports again highlights recurring gaps in documentation and action-taken reports.	a) All HODs shall close pending NCRs from previous audits (academic) with RCA & CAP in the prescribed template. b) IQAC to present a closure status matrix (Department vs NCRs closed/pending) in the next MRM.	HODs, IQAC Coordinator	Within 3 weeks from MRM-1

S.No	Input (as per ISO 21001 / MRM agenda)	Current status / observations	Decisions / actions	Responsibility	Target Outline
2	Changes in internal and external issues relevant to EOMS	Internal: Need to strengthen continuous monitoring of course Files, log books, administrative files and support units External: Increased regulatory expectation on integrated Academic & Administrative Audit and evidence-based governance.	a) Department process manuals to update context (internal/external issues) to include integrated AAA findings. b) Consolidated context and risk updates need to be tabled in the next MRM.	HODs, IQAC	Before next MRM

S.No	Input (as per ISO 21001 / MRM agenda)	Current status / observations	Decisions / actions	Responsibility	Target Outline
3	Learner and other beneficiary satisfaction & feedback	CO assessment, Mid/End exam analysis are still not consistently documented, restricting systematic use of student feedback and performance data.	a) All course coordinators to complete CO attainment, mid/end exam analyses and link with student feedback decisions. b) Summary of Learner feedback analysis has to be monitored in Departmental AAA follow-up reports for next MRM.	Course Coordinators, Department Assessment Coordinators, HODs	End of current semester
4	Extent to which objectives have been met	MITS Goals (syllabus coverage, Internal pass %, end-semester pass %, lesson plan vs actual, research/consultancy targets) are monitored, but it is observed that SMART objectives and their achieved status are not uniformly evidenced in files.	a) Each department to align SMART objectives directly with MITS objectives table and show "Target vs Achieved" with supporting evidence in department files. b) Objective-wise status to be reviewed in next MRM.	HODs	Before next MRM
5	Process performance and conformity of products and services	Internal Audit identifies gaps in course files, lab manuals, log books and Department file organization across several Departments and sections.	Departments/sections have to self-audit against IQAC checklists before next audit cycle.	IQAC, HODs, Section Heads	Models within 2 weeks; self-audit before next audit

S.No	Input (as per ISO 21001 / MRM agenda)	Current status / observations	Decisions / actions	Responsibility	Target Outline
6	Non-conformities and corrective actions	Internal Audit generated NCRs for multiple academic Departments with instructions that ATRs must be closed within one week and verified by auditors.	a) All process owners (academic and administrative) to submit Root Cause Analysis & ATR for each NCR using IQAC NCR template, and close them with auditor sign-off. b) Persistent NCRs to be escalated to Principal and Management Representative.	All Process Owners, Internal Auditors, Principal	Root Cause Analysis/ATR within 1 week; closure within 4 weeks
7	Monitoring and measurement results	Audit Reports is the main monitoring exercise; it covers teaching-learning, examinations, Research, Student support, Governance, Infrastructure and support services. However, periodic intra-semester monitoring by Departments/sections is not yet uniformly practiced	a) Introduce mid-semester AAA micro-reviews at Department/section level using the same checklists used in Internal Audit. b) Summary of these micro-reviews has to be submitted to IQAC once per semester.	HODs, Section Heads, IQAC	From current semester onwards

S.No	Input (as per ISO 21001 / MRM agenda)	Current status / observations	Decisions / actions	Responsibility	Target Outline
8	Audit results	**External Audit**: NBA Peer Team Visit is happened during March 2025 for 5 UG Programmes and for PG, In May 2025. **Internal Audit** AAA was conducted from 27-02-2025 to 03-03-2025 for all departments and key support units; observations include documentation issues, pending class committee minutes, and varying levels of compliance with ISO 21001 checklists.	a) IQAC is about to prepare an "AAA dashboard" (Department/Section vs compliant/partially compliant/non-compliant) and monitor improvements. b) This AAA dashboard has to be a standing input in all subsequent MRMs.	IQAC Coordinator	Dashboard within 1 month
9	Performance of external providers	Internal Audit touches support functions relying on external providers (IT, maintenance, calibration, transport, etc.); overall functioning is satisfactory, but documentation maintenance records must be uniformly available.	a) All sections using external vendors (IT, GM, Labs, Transport, etc.) have to be updated periodically. b) Section heads has to confirm readiness for any external audit/inspection in next MRM.	Section Heads & HODs	Within current semester

S.No	Input (as per ISO 21001 / MRM agenda)	Current status / observations	Decisions / actions	Responsibility	Target Outline
10	Formative and summative assessment outcomes	Course file and other department audits show that while internal and end-semester assessments are being conducted, analyses, CO mapping and closures (course closure report, course exit survey) are pending in several cases.	a) Department Coordinators to ensure all courses complete CO attainment (CIE + ESE + CES) and course closure reports using the latest templates. b) Institution-level attainment summary has to be presented during next Audit	Department Coordinators, HODs, IQAC	Before next MRM
11	Adequacy of resources	Internal Audit indicates that most resource gaps are related to Process/Time/Training rather than basic infrastructure; however, some labs/sections need better document support and clarity on roles for AAA preparation.	a) Dedicated IQAC/Documentation hours have to be utilized for faculty and Staff. b) Where required, additional documentation/office assistance to be considered for heavily loaded Departments/sections.	Principal, Vice-Principals, HODs, Section Heads	From next Timetable cycle

S.No	Input (as per ISO 21001 / MRM agenda)	Current status / observations	Decisions / actions	Responsibility	Target Outline
12	Effectiveness of actions on Risks & opportunities	Internal AAA stresses closing previous audit findings and ensuring that Departmental SMART objectives and risk mitigation actions are active, not just documented; some previous issues reappear, indicating limited effectiveness of earlier actions.	a) Each Department/section link its risk register with specific NCRs and SMART objectives, and show evidence in AAA follow-up. b) Risk and opportunity status has to be a mandatory slide in all Departmental presentations in next MRM.	HoDs, Section Heads, IQAC	Risk-linked plans within 2 weeks; review in next MRM
13	Opportunities for continual improvement	Internal AAA highlights improvement opportunities: stricter use of common course-file templates, systematic conduct of class committee meetings, Improved Administration file structuring and better integration of research, consultancy and training data into Departmental files.	a) IQAC has to recirculate the updated course file, Lab file, Department file and section file templates (including AAA requirements). b) Quarterly internal awareness sessions has to be conducted on "AAA and continual improvement".	IQAC, HoDs, Section Heads	Sessions quarterly

S.No	Input (as per ISO 21001 / MRM agenda)	Current status / observations (from Internal Academic Audit 2024-25 Semester II & Risk Register)	Decisions / actions	Responsibility	Target date
14	Staff feedback & competence enhancement	Audit and interactions indicate need for more focused training on ISO 21001-based AAA, documentation for NBA/NAAC/NIRF, and integration of academic and Administrative metrics; Demand exists for Department/section-specific hand-holding.	a) Plan and conduct FDPs/workshops on integrated Academic & Administrative Audit, ISO 21001 implementation and documentation best practices b) Fix a minimum participation target per Department/Section and monitor compliance.	FDP Coordinator, IQAC, HODs, Section Heads	FDPs within current semester; participation monitored annually
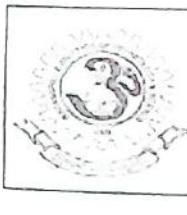
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Minutes of Review Meeting

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The 1ˢᵗ Management Review Meeting (MRM) minutes for MITS highlight ongoing challenges in EOMS performance under ISO 21001:2018, particularly in documentation, OBE implementation and accreditation readiness, while outlining actionable decisions for improvement.

Key Conclusions

The 1st Management Review Meeting confirms that the EOMS is functionally in place but its effectiveness is constrained by recurring gaps in documentation, CO/PO attainment analysis, and closure of NCRs across several departments and sections. Internal and external audit outcomes, including AAA and recent NBA visits, show that institutional objectives such as syllabus coverage and examination conduct are largely on track, while evidence for SMART objectives, risk registers, and action taken reports remains inconsistent in many files. Overall, the Institution is progressing towards outcome-based and evidence-based governance, but must strengthen implementation Discipline, Intra-semester monitoring and cross-department standardization to demonstrate sustained conformity with ISO 21001:2018 and accreditation requirements.

Remarks and Recommendations

❖ Establish a time-bound EOMS improvement plan focusing on complete closure of all NCRs with documented Root Cause Analysis and ATR and make the AAA dashboard a standing agenda item in all future MRMs.

❖ Standardize and enforce model templates for course files, Lab manuals, Departmental files and Risk registers and mandate mid-semester micro-reviews by Departments/sections using the approved AAA checklists.

❖ Prioritize targeted capacity-building through FDPs and workshops on ISO 21001-based AAA, OBE documentation, and accreditation readiness, with minimum participation requirements and periodic review of effectiveness in subsequent MRMs.

Prepared by

IQAC COORDINATOR

IQAC Co-ordinator
Madanapalle Institute of
Technology & Science
MADANAPALLE- 517325.

Reviewed & Approved by

EOMS TEAM LEADER