



MADANAPALLE INSTITUTE OF TECHNOLOGY & SCIENCE

Minutes of Review Meeting

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2nd MANAGEMENT REVIEW MEETING CIRCULAR-CUM-AGENDA

Date: 27th December, 2025

To
All HODs & Staff

Dear Sir/Mam,

Kindly be informed that the 2nd Management Review Meeting (MRM) is scheduled for 29th December, 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.



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The following members were present:

S.No.	Name of the Participant	Designation
01	Dr. D. Pradeep Kumar	Registrar I/c & EOMS Coordinator
02	Mrs. M. Prathibha	Additional Registrar
03	Dr. P. Ramanathan	Principal
04	Dr. Sremmant Basu	Dean, International Relations & Administration
05	Dr. C. Kamal Basha	Vice Principal (Administration)
06	Dr. K. Sathesh	IQAC Coordinator
07	Dr. S. Padma	HOD of CSE- AI & ML
08	Dr. V. Maruthi Prasad	Senior Assistant Director-Admissions

Dr. D. Pradeep Kumar, Registrar I/c & EOMS Coordinator, warmly welcomed all attendees and emphasized the importance of conducting the meeting effectively. He reiterated the purpose of convening the second Management Review Meeting in accordance with ISO 21001:2018 EOMS, which is to address the agenda items outlined in the circular dated 27th December, 2025, previously shared with all members.



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S.No	Input (as per ISO 21001 / MRM agenda)	Current status / observations	Decisions / actions	Responsibility	Target Outline
1	Status of actions from previous MRMs	<ul style="list-style-type: none">➤ EOMS Coordinator presented the status of previous MRM actions. EOMS objectives achieved for syllabus coverage, faculty training participation, placements/higher studies, MoUs, and research publications.➤ Current Internal audit (2024-25 Sem II) reveals persistent NCRs in course files, lesson plan vs. delivery mismatches, incomplete CO-PO attainment analysis, and NBA/Programme Specific Files documentation, with continued Extreme/High risks across departments.	<ul style="list-style-type: none">➤ a) All HODs are informed to ensure 100% closure of pending NCRs related to course files, CO attainment, P-Files for AY 2024-25.➤ b) IQAC is about to track closure in monthly reviews and present Department-wise status in next MRM.	All HODs, IQAC Coordinator	Within 4 weeks



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2	Changes in internal and external issues relevant to EOMS	<ul style="list-style-type: none">➤ Internal issue: Weak documentation discipline and OBE implementation (course files, attainment, NBA evidence).➤ External issue: Increased expectations of NAAC/NBA/NIRF and ISO 21001 on documented evidence and risk-based audits.	<ul style="list-style-type: none">➤ a) Departmental context (internal/external issues, needs/expectations of interested parties) and risk register sections in process manuals are to be updated based on latest academic audit.➤ b) Revised context is to be tabled in next MRM.	All HODs, Process Owners	Before next MRM



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3	Learner and other beneficiary satisfaction & feedback	<ul style="list-style-type: none">➤ Learner and stakeholder feedback during the academic year 2024–25 was systematically collected from students, parents, alumni, and employers and effectively translated into measurable actions.➤ Student feedback led to significant enhancements in academic support, infrastructure, skill development and global exposure, including GATE coaching, high-end AIML laboratories, upgraded computing facilities, foreign language training, hackathons, Professional society activities, Internships and International collaborations.	<ul style="list-style-type: none">➤ These initiatives resulted in tangible outcomes such as GATE qualifications, National-level hackathon achievements, improved Placement statistics, International Internships and admissions to foreign universities➤ Overall, stakeholder satisfaction is reflected through improved academic outcomes, enhanced employability, increased research exposure, and sustained student progression at national and international levels.	HODs	End of Semester



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4	Extent to which objectives have been met	Institution-level objectives on schedule adherence and FDP participation are largely met, but departmental SMART objectives on documentation quality and OBE practice are not fully achieved due to NCRs and high-risk items.	<ul style="list-style-type: none">➤ a) Each Department should revise SMART objectives to include measurable targets.➤ b) Progress to be reviewed in next MRM.	HODs	Before next MRM
5	Process performance and conformity of products and services	Academic Audit Reports significant non-conformities: Incomplete course files, Lesson Plan vs actual delivery mismatches, log book gaps and missing analyses.	<ul style="list-style-type: none">➤ Department should conduct a mid-semester documentation “health check” using the same checklist as academic audit through DAB.➤ b) Consolidated conformity report are to be submitted to IQAC & Principal and reviewed in next MRM	IQAC Coordinator, Audit Panel Members, HODs	Mid-semester of current term



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6	Non-conformities and corrective actions	Multiple NCRs and Extreme/High risks exist in areas such as NBA compliance reports, Programme Specific Files, CO attainment, Training Records, Placement and co-curricular documentation.	<ul style="list-style-type: none">➤ Departments are informed to submit Root Cause Analysis & Action Plan for all Extreme/High risks using IQAC NCR template within 2 weeks➤ b) Auditors will verify implementation and sign-off closure; unresolved cases are to be escalated to Principal.	HODs, Department Coordinators, Internal Auditors, Principal	Root Cause Analysis /Action Plan within 1 week; closure within 4 weeks
7	Monitoring and measurement results	Internal Academic Audit (22–25 Sep 2025) reveals incomplete recording of internal marks, analysis and remedial actions in several departments.	<ul style="list-style-type: none">➤ HODs ensure that all internal assessment data (marks, analysis, remedial actions) are updated in course files before end-semester exams.➤ b) Departmental summary indicators will be presented in next MRM	HODs, Department Exam Coordinators, Course Coordinators	Before End-semester exams



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8	Audit results	Internal Academic Audit 2024-25 (Semester II) completed for all departments; NCRs and Risk Register are prepared by showing systemic documentation and OBE gaps affecting accreditation readiness.	<ul style="list-style-type: none">➢ IQAC is about to monitor weekly NCR closure status until all Extreme/High risks are reduced to Moderate/Low.➢ b) Status is to be reported monthly to Principal and tabled in subsequent MRM.	IQAC Coordinator, HODs	Weekly Review; report every month
9	Performance of external providers	No major non-conformities with external academic service providers; however, expectations of NBA/NAAC/NIRF treated as critical external requirements for EOMS.	<ul style="list-style-type: none">➢ NBA/NAAC/NIRF Coordinators are informed to align departmental documentation (course files, P-Files, KPIs) with respective accreditation formats.➢ b) Pre-audit checks have to be scheduled before external visits.	NBA, NAAC, NIRF Coordinators; HODs	Before scheduled External Reviews



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10	Formative and summative assessment outcomes	Formative and summative assessments are conducted, but in several courses analysis and CO attainment are not documented, weakening the feedback loop.	<ul style="list-style-type: none">➤ Department Assessment Coordinators are informed to prepare programme-wise attainment reports combining internal and end-semester data.➤ b) IQAC will perform institutional-level analysis and present key findings in next MRM.	Department Coordinators, IQAC Coordinator	Before next MRM
11	Adequacy of resources	Resources (academic, infrastructural, human, technological, and financial) are adequate and effectively supporting EOMS implementation and institutional objectives.	<ul style="list-style-type: none">➤ It is remarked to Continue optimal utilization and conduct periodic review for need-based enhancement to ensure continual improvement..	Principal, Vice-Principals, HODs, Management Representative	Ongoing



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12	Effectiveness of actions on Risks & opportunities	Risk Register shows recurring Extreme/High risks in NBA compliance, P-Files, course files and attainment; mitigation framework is defined but needs strict execution.	<ul style="list-style-type: none">➤ Departments are informed to integrate identified risks into their annual action plans with clear owners and timelines.➤ b) Risk score trends (L, S, LS) are to be reviewed in every MRM until all are at Moderate/Low	HODs, IQAC Coordinator	Action plans within 2 weeks; review every MRM
13	Opportunities for continual improvement	Opportunities are identified in Audit: standardization of formats, Digital templates, Periodic micro-audits and improved Faculty training on OBE/NBA documentation.	<ul style="list-style-type: none">➤ Introduce common Digital templates (Excel/LMS) for course files, Assessments and CO-PO calculations across all departments.➤ b) Schedule quarterly mini-audits at Department level to sustain continual improvement.	IQAC Coordinator, LMS, HODs	Templates before next semester; mini-audits quarterly



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14	Staff feedback & competence enhancement	Faculty feedback was proactively addressed through structured capacity-building, research support, and professional development initiatives. Based on faculty inputs, the institution organized targeted programs on IPR, funded projects, NEP 2020, AR/VR technologies, and interdisciplinary research. Research motivation was strengthened through the introduction of publication incentives, Best Research Awards, and enhanced research infrastructure, including MATLAB licenses, VLSI Cadence software, and high-end research workstations.	<ul style="list-style-type: none">➤ Departments ensure that minimum participation target (e.g., $\geq 70\%$ faculty per year). These interventions resulted in a notable increase in faculty publications, patents, interdisciplinary collaboration, and student co-authored research outputs.➤ Faculty competence was further enhanced through exposure to emerging technologies, modern pedagogical frameworks, and national-level FDPs conducted in collaboration with reputed institutions such as NITTTR.	Event Coordinator, IQAC, HODs	FDPs within current semester; participation monitored annually

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The 2nd 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 meeting reviewed internal audit results revealing multiple extreme/high risks and NCRs in course files, CO/PO attainment, NBA/PSF documentation, and process conformity across departments. Institutional objectives like schedule adherence show progress, but departmental SMART goals lag due to incomplete analyses and weak risk mitigation. Overall, EOMS effectiveness requires stricter execution of corrective actions to reduce risks to moderate/low levels before the next MRM.

Remarks and Recommendations

- Ensure 100% closure of pending NCRs on course files, CO attainment, PSFs, and P-files within 4 weeks, with IQAC tracking via monthly reviews.
- Update departmental contexts, risk registers, and process manuals based on audit findings, tabling revisions in the next MRM. Introduce digital templates (Excel/LMS) for course files and assessments, alongside quarterly micro-audits and FDPs on OBE/NBA documentation.
- Allocate dedicated timetable hours for documentation and monitor NCR closures weekly, escalating unresolved issues to the Principal.



Prepared by

IQAC COORDINATOR

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



Reviewed & Approved by

EOMS TEAM LEADER