

	Master format	Doc. No: UPHDB/MR/FOR/08	Prepared By:	TA <i>Smoli</i>
	Title Internal Quality Audit Calendar	Rev. No: 00	Reviewed By :	AMR <i>Ballar</i>
Eff. Date: 08.01.2013		Approved By :	HC <i>Rudra</i>	
Page: 1 of 1		Issued by :	MR <i>Rudra</i>	
Ref.Clause 8.3				

S.NO.	DESIGNATED OFFICE	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEP	OCT	NOV	DEC

	Master format	Doc. No: UPHDB/MR/FOR/09	Prepared By:	TA <i>Amoli</i>
	Title Internal Quality Audit Schedule	Rev. No: 00	Reviewed By :	AMR <i>[Signature]</i>
Eff. Date: 08.01.2013		Approved By :	HC <i>[Signature]</i>	
Page: 1 of 1		Issued by :	MR <i>[Signature]</i>	
Ref.Clause 8.3				

This is to inform you that Internal Quality Audit No.:.....shall be held fromto.....
Management Representative in consent with HC has selected following HODs as Internal Auditors. Please sign against your name to confirm the intimation and ensure your presence.

S.NO.	DESIGNATED OFFICE	AUDITEE	AUDITOR	DATE	SCOPE OF AUDIT	SIGN. (INTIMATION)	SIGN. (PRESENCE)


	Master format	Doc. No: UPHDB/MR/FOR/10	Prepared By:	TA <i>Anjali</i>
	Title:	Rev. No: 00	Reviewed By :	AMR <i>Rudra</i>
Ref.Clause 8.3	INTERNAL AUDIT CHECKLIST	Eff. Date: 08.01.2013	Approved By :	HC <i>Rudra</i>
		Page: 1 of 2	Issued by :	MR <i>Rudra</i>

SECTION/OFFICE.....LOCATION:.....

IQA NO. :.....DATE :.....


TEAM LEADER :.....

APPLICABLE REQUIREMENT	STATUS	OBJECTIVE EVIDENCE	CATEGORY
List of Applicable Processes			
Any outsourced service & its control			
Availability of quality policy, objectives and mandatory procedures			
CONTROL OF DOCUMENTS <ul style="list-style-type: none"> ➤ Listing of internal documents & control changes . ➤ List of external origin document & up gradation . ➤ Distribution control ➤ Approval status of document 			
CONTROL OF RECORDS <ul style="list-style-type: none"> ➤ Identification, ➤ Storage, ➤ Protection, ➤ Retrieval, ➤ Retention time ➤ Disposition of records 			

	Master format	Doc. No: UPHDB/MR/FOR/10	Prepared By: TA <i>Shahi</i>
	Title:	Rev. No: 00	Reviewed By : AMR <i>Alta</i>
Ref.Clause 8.3	INTERNAL AUDIT CHECKLIST	Eff. Date: 08.01.2013	Approved By : HC <i>Ruebra</i>
		Page: 2 of 2	Issued by : MR <i>Ruebra</i>

APPLICABLE REQUIREMENT	STATUS	OBJECTIVE EVIDENCE	CATEGORY
Awareness of Quality Policy and Quality Objective			
Control of NCP			
Corrective/ Preventive Actions			
Customer Feedback			
Complaint Handling			
HR ADEQUACY <ul style="list-style-type: none"> • Administrative • Supervisory • Clerical staff • Supporting staff 			
Training Needs Identification			
Training Records			
Adequacy of Work Environment			
Review of Process manual (.....to.....)			
Availability of Respective Result Sheets			
Analysis of Result Sheets			
To be verified at next audit: (ANY OTHER OBSERVATION)			

Status : Compliance/Not compliance:
Objective Evidence : Supporting documents
Category : major/minor/Opportunity for improvement

	Master format	Doc. No: UPHDB/MR/FOR/11	Prepared By:	TA <i>Amoli</i>
	Ref.Cl. 8.3 Title- INTERNAL QUALITY AUDIT – NON CONFORMING REPORT	Rev. No: 00	Reviewed By :	AMR <i>Amoli</i>
Eff. Date: 08.01.2013		Approved By :	HC <i>Rudra</i>	
Page: 1 of 1		Issued by :	MR <i>Rudra</i>	

Date:	Auditee Dept.:	Audit Ref:	NCR No.:	Auditor:
Major	Minor	Standard & Clause:		Auditee Rep.:

Non conformance with objective evidence :

Disposition/Correction :


Responsibility :

Root Cause:

Proposed Corrective Action:	Responsibility	Action Taken
Proposed Completion Date:	Actual Completion Date:	Representative (Auditee):

Clearance Report (to be completed by Auditor:)

Accepted	YES	NO	Auditor	Date	LEAD(IF ANY)
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	MASTER FORMAT	Doc. No: UPHDB/MR/FOR/12	Prepared By : TA <i>Amol</i>
	Title:	Rev. No: 00	Reviewed By : AMR <i>Amol</i>
Ref. Clause 8.3	Internal Quality Audit Summary	Eff. Date: 08.01.2013	Approved By : HC <i>Rudra</i>
		Page: 1 of 1	Issued by : MR <i>Rudra</i>

IQA No.:


DATE:

INTERNAL AUDITORS:


Sl No.	Designated office	4							5							6			7			8				
		4.1	4.2	4.3	4.3.1	4.3.2	4.3.3	4.4	5.1	5.2	5.3	5.4	5.5	5.6	5.7	6.1	6.2	6.3	7.1	7.2	7.3	8.1	8.2	8.3	8.4	8.5

NOTE: Please tick in the column of respective clause no. as per your found Non -Conformance in the table given below :

SIGNATURE OF INTERNAL AUDITORS:

	Master format	Doc. No: UPHDB/MR/FOR/13	Prepared By:	TA <i>Amoli</i>
	Title	Rev. No: 00	Reviewed By :	AMR <i>Abhinav</i>
Ref.Cl. 8.5.1	CONTROL OF NON CONFORMING PRODUCT	Eff. Date: 08.01.2013	Approved By :	HC <i>Rudra</i>
		Page: 1 of 1	Issued by :	MR <i>Rudra</i>

S.No:	Date:	Section :	Process Manual:
Observed non conformity :			
Disposition/ Correction :			
Responsibility :			
Verified by:			
Root cause of Non conformity:			
Corrective & Preventive action			
Effective date:			
Concerned departmental Head		Effectiveness Verified by:	
		(Dated)	

	Master format	Doc. No: UPHDB/MR/FOR/14	Prepared By:	TA <i>Anoli</i>
	Title AGENDA FOR MANAGEMENT REVIEW MEETING	Rev. No: 00	Reviewed By :	AMR <i>Amoli</i>
Eff. Date: 08.01.2013		Approved By :	HC <i>Reeha</i>	
Page: 1 of 2		Issued by :	MR <i>Reeha</i>	
Ref. Clause 5.7				


The agenda for the Management Review Meeting

REVIEW IN PUT

- Follow up action from previous reviews.
- Results of Internal/External Audits and actions taken.
- Preventive and corrective actions taken.
- Review of Process performance
- Customer feedback:
 - Customer's feedback including result of customer satisfaction surveys.
 - Changing customer requirement.
- Feedback from other stakeholders.
- Extent to which objectives are achieved.
- Recommendation for improvement


REVIEW OUT PUT

- Improvement in Service Quality Standards.
- Improvement in Customer Satisfaction.
- Improvement in the management system for Service Quality, Citizen Charter & Complaint Handling.
- Resource needs.

 Master format	Doc. No: UPHDB/MR/FOR/14	Prepared By:	TA <i>Amr</i>
	Rev. No: 00	Reviewed By :	AMR <i>Amr</i>
Ref.Clause 5.7	Title AGENDA FOR MANAGEMENT REVIEW MEETING	Eff. Date: 08.01.2013	Approved By : HC <i>Rudra</i>
	Page: 2 of 2	Issued by :	MR <i>Rudra</i>


ATTENDENCE LIST

S.No	Name	Designation	Sign. (Intimation) Dated:	Sign.(Presence) Dated:
1.				
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22.				
23.				
24.				

	MASTER FORMAT	Doc. No: UPHDB/MR/FOR/15	Prepared By : TA <i>Amoli</i>
	Title:	Rev. No: 00	Reviewed By : AMR <i>[Signature]</i>
Ref.Clause 5.7	Minutes Of Management Review Meeting	Eff. Date: 08.01.2013	Approved By : HC <i>[Signature]</i>
		Page: 1 of 1	Issued by : MR <i>[Signature]</i>

Agenda Point:

S.NO.	ACTION PLAN	RESPONSIBILITY	TARGET DATE	PRESENT STATUS

	Master format	Doc. No: UPHDB/MR/FOR/17	Prepared By:	TA <i>Amol's</i>
	Title	Rev. No: 00	Reviewed By :	AMR <i>Ketan</i>
Ref.Cl. 6.2.1	TRAINING EFFECTIVENESS RECORD	Eff. Date: 08.01.2013	Approved By :	HC <i>Rudra</i>
		Page: 1 of 1	Issued by :	MR <i>Rudra</i>

SL NO.....

TRAINING SUBJECT

TRAINING FACULTY

TIME PERIOD: TO.....DATE OF EVALUATION.....


S.No	TRAINEE NAME	Designation	FEEDBACK				REMARKS IN SUPPORT OF FEEDBACK
			1	2	3	4	
1.							
2.							
3.							
4.							
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12							
13							
14							
15							

TRAINING FEED BACK TO MDC :

.....

Signature


LEGEND: 1-Needs Improvement, 2- Satisfactory, 3-Good, 4-Excellent

	Master format	Doc. No: UPHDB/MR/FOR/18	Prepared By:	TA <i>[Signature]</i>
	Title COMPLAINT RECORD ANALYSIS	Rev. No: 00	Reviewed By :	AMR <i>[Signature]</i>
Ref. Clause 8.4		Eff. Date: 08.01.2013	Approved By :	HC <i>[Signature]</i>
		Page: 1 of 1	Issued by :	MR <i>[Signature]</i>

S/NO.


DATE:

Name of Person :	Submitted To Dated:	Forwarded To Concerned Section : Dated:
Nature of complaint:		
Disposition:		
Responsibility:		
Verified at customer's end:		
Root Cause :		
Corrective / Preventive Action		
Responsibility :		Effective date:
Effectiveness Verified by:		
Information for Management Review Representative		Management


	Master format	Doc. No: UPHDB/MR/FOR/19	Prepared By:	TA <i>S.Moti</i>
	Title	Rev. No: 00	Reviewed By :	AMR <i>Rudra</i>
Ref.Cl. 8.2.2	CUSTOMER FEEDBACK SURVEY	Eff. Date: 08.01.2013	Approved By :	HC <i>Rudra</i>
		Page: 1 of 1	Issued by :	MR <i>Rudra</i>

आवंटी से अनुरोध है कि वह अपने भवन/भूखण्ड का साईट प्लान लेने के समय अनिवार्य रूप से यह फार्म भरें तथा संबंधित अधिशासी अभियन्ता को उपलब्ध करा दें। परिषद को अपनी सेवाओं को सुधारने में सुविधा हो।

योजना का नाम		आवंटी का नाम			
भवन/भूखण्ड संख्या:		हस्ताक्षर			
क्र०सं०	Category	अतिउत्तम	उत्तम	अच्छा	खराब
पंजीकरण					
1-	वॉछित सूचना की उपलब्धता				
2-	पंजीकरण फार्म की प्राप्ति में आसानी				
3-	बैंक में फार्म जमा करने में सरलता				
4-	पंजीकरण संख्या की समय से प्राप्ति				
5-	पात्रता ड्रा के पश्चात् Unsuccessful होने पर पंजीकरण धनराशि की समय से वापसी एवं उसकी प्राप्ति में सरलता				
आवंटन					
6-	आवंटन ड्रा में सम्मिलित करने में सरलता				
7-	आवंटन-पत्र की समय से प्राप्ति में सरलता				
8-	आवंटन पत्र जारी करने की प्रक्रिया				
कब्जा-पत्र					
9-	देय धनराशि की सूचना की उपलब्धता				
10-	देय धनराशि की सूचना प्राप्त करने में सरलता				
11-	देय धनराशि जमा करने में सरलता				
12-	कब्जा पत्र प्राप्त करने में सरलता				
13-	उपरोक्त कार्य करते समय कर्मचारी का व्यवहार				
म्यूटेशन/नामान्तरण					
14-	म्यूटेशन/नामान्तरण संबंधी सूचना प्राप्त करने में सरलता				
15-	म्यूटेशन/नामान्तरण संबंधी कागजात जमा करने में सरलता				
16-	म्यूटेशन/नामान्तरण की समय से सूचना की प्राप्ति				
17-	उपरोक्त कार्य करते समय कर्मचारी का व्यवहार				
पंजियन/रजिस्ट्री					
18-	रजिस्ट्री संबंधी जानकारी की उपलब्धता				
19-	रजिस्ट्री संबंधी कागजात जमा करने में सरलता				
20-	रजिस्ट्री करते समय कर्मचारियों का व्यवहार				
21-	रजिस्ट्री की प्रक्रिया में लगा समय				
परिषद की अन्य सेवाएँ					
22-	कार्यालय में अधिकारी/कर्मचारी की उपलब्धता				
23-	अधिकारी से मिलने में सरलता				
24-	समस्या की सुनवाई एवं उसका समय से समाधान				
25-	कार्यालय का रख-रखाव एवं बैठने की जगह में पानी की उपलब्धता				
अन्य कोई सुझाव :-					

	MASTER FORMAT	Doc. No: UPHDB/MR/FOR/21	Prepared By:	AMR <i>Amol</i>
	Title	Rev. No: 00	Reviewed By :	MR <i>Rudra</i>
Ref.Cl. 4.4	EQUIPMENT BREAKDOWN FORM	Eff. Date: 08.01.2013	Approved By :	HC <i>Rudra</i>
		Page: 1 of 1	Issued by :	MR <i>Rudra</i>

S.no.	Date	Section / office	Equipment name/number	Problem detail	Reported by	Attended on	Completed on	Service Report no.

	Master format	Doc. No: UPHDB/MR/FOR/22	Prepared By:	TA <i>SMoti</i>
	Title PROPOSE CHANGE NOTE	Rev. No: 00	Reviewed By :	AMR <i>[Signature]</i>
Ref. Clause 4.2		Eff. Date: 08.01.2013	Approved By :	HC <i>[Signature]</i>
		Page: 1 of 1	Issued by :	MR <i>[Signature]</i>

S.NO(For office use only):

DATE:

TO. : MR		DOCUMENT NAME:
FROM :		DOCUMENT NO. :
DESIGNATION/ SECTION :		REVISION NO. :
CHANGES REQUIRED :		
REASON FOR CHANGE:		
DISCUSSED WITH:	REMARKS (Enclosed minutes if any)	SIGN
NEW REVISION NO.		
CHANGES DONE ON	Effective from	uploaded on website
	date:	Date:
Effectiveness implementation	Designation	designation
	check date:	verify Date:

