



# SRI RAMAKRISHNA Dental College and Hospital

## Quality Manual

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**Revision History**

Issue / Revision No.	Date	Amendment Details	Reason	Prepared By	Approved By
01 / 00		First Implementation of ISO 9001:2015	None	IQAC	Principal

Prepared By:

Approved By:

**Principal**

**Sri Ramakrishna Dental College & Hospital**  
S.N.R. College Road, COIMBATORE - 641 006

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**1.0 General**

**Name and Address** : Sri Ramakrishna Dental College and Hospital,  
Nava India Bus Stop, Avinashi Road,  
Coimbatore - 641006,  
TamilNadu, India

**Title** : Quality Manual

**Ref. to Standard** : Quality Management System ISO 9001: 2015

**Scope of Certification** :

Sr. No.	Standard	Scope of Certification
1.	ISO 9001: 2015	Providing educational services leading to Under Graduation program, post-Graduation program and Providing training courses in Oral Health Care

## **2.0 Foreword**

This manual describes the Quality Management System of Sri Ramakrishna Dental College and Hospital, Coimbatore. The requirements specified in the manual are aimed at achieving its commitment to Quality Policy & Quality Objectives; by preventing non-conformity at all stages and is to be used for guidance by all personnel who are part of the Institution.

As committed towards protection of Quality Management System, Sri Ramakrishna Dental College and Hospital, Coimbatore, has been practicing Quality Management System in accordance with ISO – 9001: 2015.

To demonstrate its commitment to Quality Management System, Sri Ramakrishna Dental College and Hospital, Coimbatore, has established Quality policy. The subsequent section describes the Institution structure, responsibilities and authorities to implement the Quality Management System. These sections are organized as per the content list and provide overall guidance about various activities and requirements.

This Manual also serves as a Reference to the Students, Patients, Suppliers, Auditors and all interested stakeholders for the purpose of understanding the Quality Management System followed by Sri Ramakrishna Dental College and Hospital, Coimbatore.



## **2.1 Revision Procedure**

1. All revisions to this manual are authorized by Principal.
2. Changes are not implemented until revisions have been formally issued.
3. Document Rev. Number shall be incremented if any change is made. Rev. No will be incremented by 1, 2, 3 .... &so on.
4. The whole manual is controlled through assigning Issue No. The first issue will be identified as Issue No.01. In case of any major modification to the manual, the Issue no. will be changed to 02, and so on. Revision no. will be reset to 00.
5. Details of each change are recorded on Amendment sheet and Current Status of Revision, which will be reissued with each change.
6. IQAC ensures that revisions are incorporated in each copy of the manual.



### **3.0 Terms & Definitions**

#### **Terms**

The intended meanings of the following terms as used in the manual of **Sri Ramakrishna Dental College and Hospital, Coimbatore** are as under:

- a) Applicable: related to this Quality Management System or any referenced standard.
- b) Appropriate: reasonable
- c) Documented: written and stored in electronic media and/or as hard copies wherever required.
- d) Learning: end result of a process
- e) Shall: must
- f) Suitable: reasonable for intended purpose.
- g) Institution: Sri Ramakrishna Dental College and Hospital, Coimbatore.
- h) Top Management: Principaland above.
- i) Quality Management systems: Management system ensuring the quality of processes of Sri Ramakrishna Dental College and Hospital, Coimbatore.



**Abbreviations:**

<b>SRDCH</b>	<b>Sri Ramakrishna Dental College and Hospital</b>
<b>QMS</b>	<b>Quality Management System</b>
<b>CAR</b>	<b>Corrective Action Request</b>
<b>IQAC</b>	<b>Internal Quality Assurance Cell</b>
<b>CA</b>	<b>Corrective Action</b>
<b>PA</b>	<b>Preventive Action</b>
<b>IA</b>	<b>Internal Audit</b>

**Reference:**

- a) Clauses 3.0 - ISO9001: 2015

### **3.1 Institution Profile and Preamble**

- ❖ S.N.R Sons Charitable Trust was founded in 1970 by the illustrious sons of Sri S.N. Rangasamy Naidu; being an ardent devotee of Sri Ramakrishna Paramahansa, all the institutions started by the Trust, bear the name of the holy sage, Sri RamakrishnaParamahansa.
- ❖ The Trust runs various Hospitals and Institutions namely Sri Ramakrishna Hospital, Sri Ramakrishna Dental College and Hospital, Sri Ramakrishna College of Nursing, Sri Ramakrishna College of Physiotherapy, Sri Ramakrishna College of Pharmacy, S.N.R. Sons College, Sri Ramakrishna College of Arts and Science for Women, Sri Ramakrishna Engineering College, Sri Ramakrishna Institute of Technology, Sri Ramakrishna Polytechnic College, Sri Ramakrishna Advanced Training Institute, Sri Ramakrishna Matriculation Higher Secondary School - Avarampalayam, Sri Ramakrishna Matriculation Higher Secondary School – Vattamalaipalayam, Sri Ramakrishna Vridhasramam, Sri Ramakrishna Rural Health Centre, Vattamalaipalayam, Sri Ramakrishna Rural Health Centre, Pachapalayam, Sri Ramakrishna hospital urban health centre, Community Halls in Coimbatore Sri Ramakrishna Central School (CBSE)- Avarampalayam and Sri Ramakrishna Hospital Institute of Allied Health Science.
- ❖ The vision of this Trust is to offer social service in a selfless manner, to give relief to the needy and the poor. To provide efficient health services and to facilitate the development of professionals who will demonstrate excellence in the respective disciplines. "Enlightenment through Education" is the credo for our Institutions to produce graduates in different field's viz. General, Technical and Professional Education including Dental, Paramedical Sciences and Engineering imparting a competitive spirit and competence, to serve the society and the country. It was not just growth but "Growth with Innovation" is the epitome of this Institution.
- ❖ Sri Ramakrishna Dental College and Hospital has a quality policy and it implements quality systems to become a world class Institution. SRDC&H was started in 2000 with BDS course with an intake of 60 students and got recognized by Dental Council of India, New Delhi & the Ministry of Health and Family Welfare, Government of India, for BDS course from 2005 onwards and affiliated to The TamilNadu Dr. MGR Medical University from 2001 onwards till date. From 2011, the affiliating University and DentalCouncil of India have increased the intake for BDS course to 100 students. Post Graduate courses in 5 departments were started in 2009 and recognized from 2012 onwards by the above statutory authorities.

**Courses Offered:**
Undergraduate Program

B.D.S 5-year course (including internship program)

(Recognized by Dental Council of India & Affiliated to The Tamil Nadu Dr. MGR Medical University, Chennai)

Postgraduate Program

(Recognized by Dental Council of India & Affiliated to The Tamil Nadu Dr. MGR Medical University, Chennai)

Prosthodontics - 3

Periodontics - 3

Conservative Dentistry & Endodontics - 3

Oral & Maxillofacial Surgery - 2

Orthodontics – 2

**3.2 Non-Applicability**

Sl. No.	Standard Ref	Reference	Reason for Non-Applicability
1	ISO 9001-2015	Clause: 8.3 Design and Development of products and services	<ul style="list-style-type: none"> <li>❖ The Institution is affiliated to The Tamil Nadu Dr MGR Medical University, Chennai and the design and development of all the programs are under the responsibility of the university.</li> <li>❖ All the treatment services are provided following the approved practices of Dental Council of India.</li> <li>❖ Hence Design and Development is not applicable.</li> </ul>



### **3.3 Process Approach**

SRDC&H adopts a process approach in implementing and improving the effectiveness of a Quality Management System to enhance Students and Patients satisfaction.

Understanding and managing interrelated process as a system, contributes to the institution's effectiveness and efficiency in achieving its intended results.

This approach enables the Institution to control the interrelationships and interdependencies among the processes of the system, so that the overall performance of the Institution can be enhanced.

Management of the processes and the system as a whole can be achieved using the PDCA cycle with an overall focus on risk-based thinking aimed at taking advantage of opportunities to prevent undesirable results.

#### **PDCA:**

The PDCA cycle denotes:

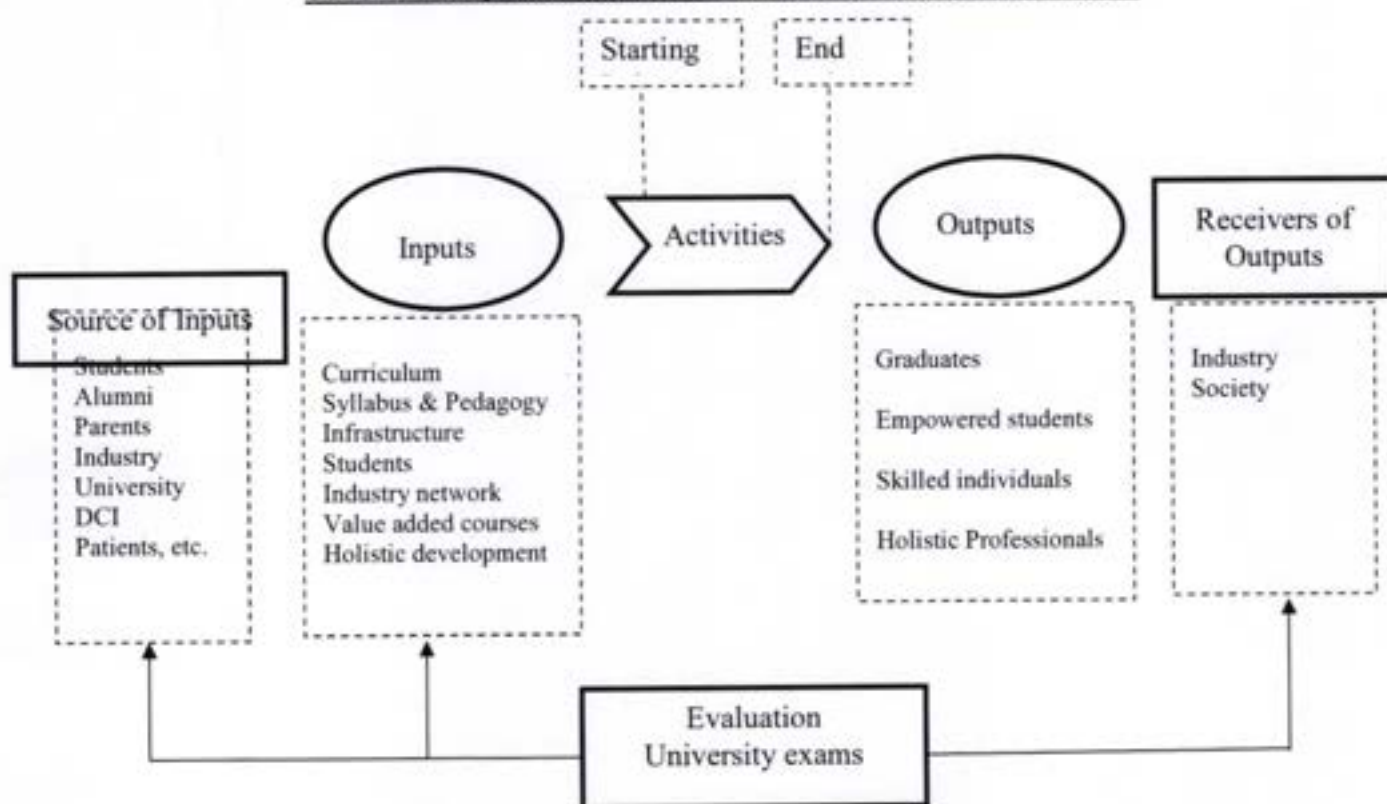
- ❖ **Plan:** Establish the objectives of the system and its processes, and the resources needed to deliver results in accordance with Students and Patients requirements and the Institution's policies;
- ❖ **Do:** Implement what was planned;
- ❖ **Check:** Monitor and measure processes and the resulting products and services against policies, objectives and requirements and report the results;
- ❖ **Act:** Take actions to improve performance, as necessary



**Schematic representation of process and its interactions:**

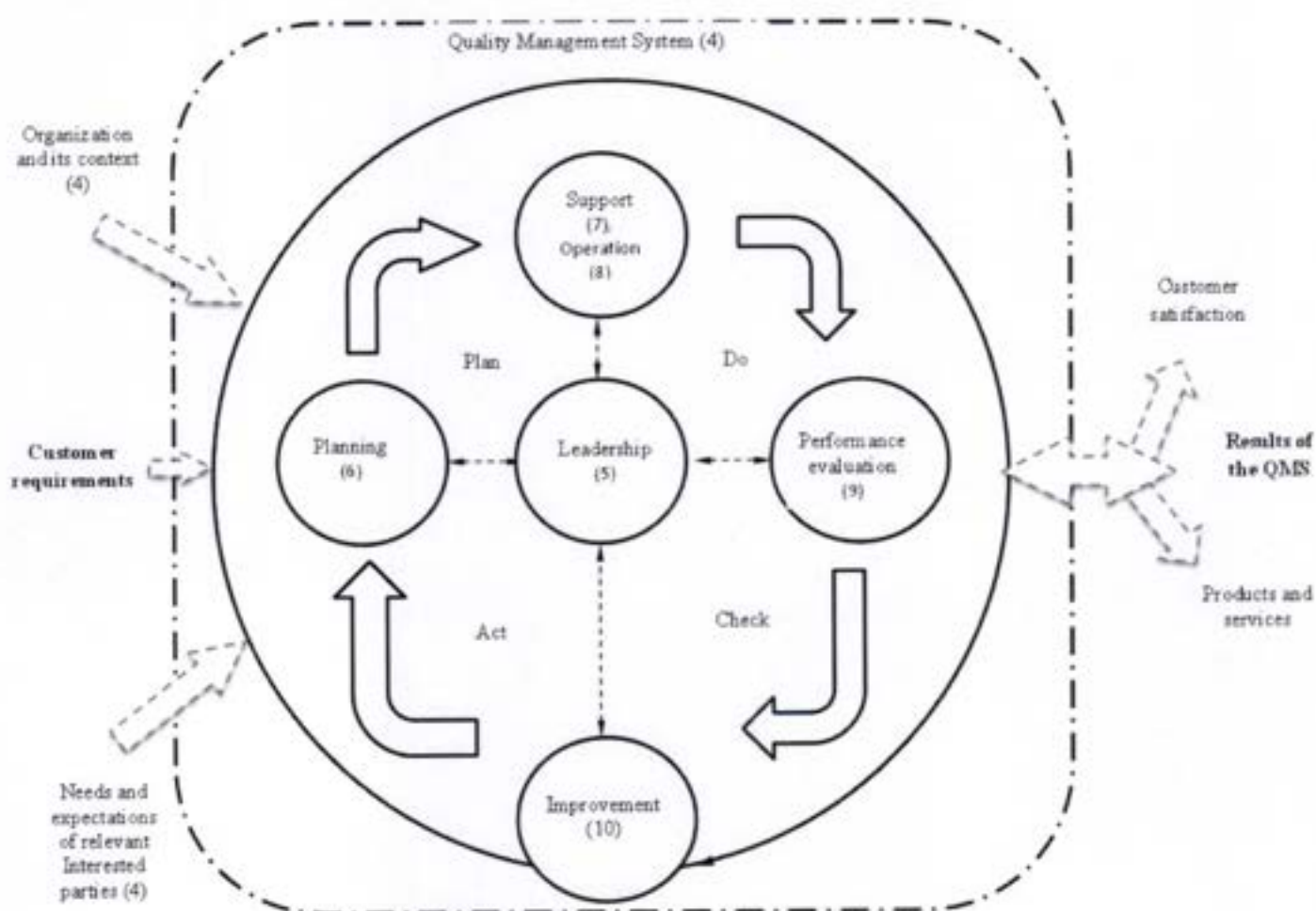
Process flow chart given below is a representation of process and shows the interaction of its elements and its controls.

**Schematic representation of the elements of a single process**





**Representation of the structure of this International Standard in the PDCA cycle**



#### **4.0 Quality Management System**

##### **4.1 Understanding the Organization and its context.**

SRDC&H, has established, implemented, documented and maintained a Quality Management System to ensure that the context of the Institution is understood through identification of internal and external issues by the IQAC. The status of these issues is reviewed periodically and based on the changes in the context, necessary changes are made in the strategic plan. Changes made in the strategic plan are reviewed by the management and also by the principal, for the final approval and implementation. The issues identified to understand the context are also used as a basis for risk assessment, in conjunction with needs and expectations. An appropriate control is exercised on this process, as the outcome having significant amount of an impact on quality. Opportunities for continually improving the Institutional performance in terms of the quality parameters as per the requirements of the ISO 9001:2015 international standards are also identified to monitor the effectiveness of the strategic plan implementation. Details are provided in Annexure III–Risk & Opportunity Register.

##### **4.2 Understanding the Needs and Expectations of interested stakeholders**

The IQAC is responsible for the identification of interested stakeholders and understanding their needs and expectations and the same is detailed in Annexure II. This exercise is carried out by the IQAC understanding the importance of finding out the needs and expectations of the interested stakeholders based on which the Institution's strategic focus and priorities are to be set. The QMS will be upgraded in 2023 with a plan to review on an annual basis for updating if any. Any changes identified is presented in the management review to make decisions and implement necessary actions to address these changes in the form of making appropriate changes in the Annexure IV - Strategic Plan and Annexure III – Risk & Opportunity Register.

##### **4.3 Determining the Scope of Quality Management System**

Scope of this QMS covers all the courses / programs offered in Sri Ramakrishna Dental College and Hospital, located at Nava India Bus Stop, Avinashi Road, Coimbatore - 641006, Tamilnadu, India. All the requirements of ISO 9001:2015 are applicable as all the programs offered are under affiliation to the University.



#### **4.4 Quality Management System and its processes**

To implement the Quality Management Systems, SRDC&Hhas

- a) Determined the processes in the Institution to ensure appropriate control on these activities so that Students and Patients, statutory and regulatory requirements are met and the Institution is also able to control the quality aspects & risks of its activities. These processes are identified as below:
  - ❖ Admission
  - ❖ Recruitment
  - ❖ Training
  - ❖ Diagnosis and treatment
  - ❖ Teaching and learning
  - ❖ Students and Patients feedback, complaints / management
  - ❖ IT and Administration
  - ❖ Library
  - ❖ Purchase & Stores
  - ❖ Placement
  - ❖ Hostel
  - ❖ Accounts
- b) Determined the criteria and methods required to ensure the effective operation and control of these processes as defined in the Quality Management System.
- c) Ensured the availability of information necessary to support the operation and monitoring of these processes as per Quality Management System. All the information necessary to support the operation and monitoring of the processes is captured in the form of this management system documentation and is made available to all users as required. Resources required such as equipment, manpower and appropriate work environment have also been provided.
- d) Ensured that monitoring, measurement and analysis of these processes is carried out so as to make sure that planned results are achieved and steps are taken to continually improve these processes.

Outsourced activities at SRDC&H are clearly identified and documented as part of the documentation and the controls exercised are captured in the documentation pertaining to the specific departments who are interacting with the external resources or agencies. The degree of control shared is decided considering the potential impact of the outsourced process activities on college and purchasing activities. The controls exercised are clearly to the extent of the quality requirements of the specific activities and verification of conformity to requirements. The management system manual provides necessary procedures and documentation so that employees/members are able to understand and implement the Quality Management System. In preparation of the Quality Management System, due consideration is given to methods used, skills needed and the training required by personnel involved in carrying out the various activities. It is also ensured that the management system is effectively implemented and reviewed for continual improvement.

## **5. Leadership**

### **5.1 LEADERSHIP AND COMMITMENT:**

SRDC&H focuses on Students and Patients requirements, along with continuous efforts to improve quality for the success of the Institution. Above all, SRDC&H believes that being ethical and socially responsible along with a concern for the environment would take the Institution to greater heights in Higher Education.

Quality has been the key to the Institution's success, harmonized by a network that ensures their services to the Students and Patients as and when they require. Sophisticated Equipment, trained faculties and an unrelenting commitment to quality have played an important role in developing SRDC&H services as a choice for quality conscious Students and Patients.

### **5.2 QMS POLICY**

Quality policy for the Institution has been derived from the vision and mission of the Institution depicting its commitment to exceed the expectations of interested stakeholders and continual improvement in all possible ways, with every one's participation. This policy is reviewed and revised as necessary with an approval of the authorized management personnel, regularly, to ensure that it meets the expectations of all the interested stakeholders at anytime.

#### **5.2.1 Developing the QMS policy**

Top management has established, implemented and maintaining a quality policy that:

- a) is appropriate to the purpose and context of the Institution and supports its strategic direction
- b) provides a framework for setting quality objectives;
- c) includes a commitment to satisfy applicable requirements;

- d) includes a commitment to continual improvement of the Quality Management System

### **5.2.2 Communicating the QMS policy**

The QMS policy:

- a) Available, displayed and maintained as documented information;
- b) Communicated, understood and applied within the Institution;
- c) Available to relevant interested stakeholders, as appropriate with authorization

To achieve the policy, SRDC&H is committed to:

- Comply with applicable legal and other requirements relevant to the QMS.
- Ensure that the Processes and Services are focused to deliver high quality services.
- Periodically review the Adequacy and Effectiveness of systems and practices in respect of Quality.
- Demonstrate Continual Improvement in ensuring a Quality driven culture, by harnessing resources.
- Educate our members (and Outsourced personnel / Service providers) through Training to ensure that Best Practices are adopted in their respective areas.
- Satisfy Students and Patients & other interested stakeholders by understanding and meeting their needs and expectations consistently

### **5.3 Roles, Responsibility and Authorities**

Management assures that the responsibilities and authorities for relevant roles are assigned, communicated and understood within the Institution.

Management assigns the responsibility and authority for:

- a) Ensuring that the Quality Management System conforms to the requirements
- b) Ensuring that the processes are delivering their intended outputs
- c) Reporting on the performance of the Quality System's and on opportunities for improvement
- d) Ensuring the promotion of Students and Patients focus throughout the Institution
- e) Ensuring that the integrity of the Quality Management System is maintained when changes to the Quality Management System are planned and implemented.

**IQAC:** The IQAC members, irrespective of other responsibilities shall have the responsibilities & authorities as given below.

#### **Responsibilities**

- Ensuring the QMS is established, implemented, maintained and continually improved.

- Ensuring promotion of awareness of Students and Patients requirement across the Institution.
- Liaison with external agencies on matters relating to QMS.
  
- Organizing Internal Audits.
- Controlling all documents related to QMS.
- Feedback to Management on the performance and effective functioning of the QMS.
- Organizing Management Review.
- Responsible to follow up on the timely completion of corrective actions.
- Ensure compliance to standard requirements.
- Maintaining control on documented information.
- To get the training needs from the employees and plan for the trainings related to QMS.
- To arrange and impart training.
- Ensure that the planning of QMS activities is designed to support the Institution's policies
- Define and communicate responsibilities and authorities in order to facilitate effective QMS
- Determine criteria and methods needed to ensure both the operation and control of the QMS
- Promote awareness of the Policies and Objectives at all levels of the Institution.
- Identify persons to work with the IQAC to support for QMS

**Authority**

- IQAC has Institutional freedom and authority to stop a non-conforming service from being offered further and a non-conforming process from being followed if deemed necessary.
- The IQAC has the Institutional freedom to resolve matters pertaining to QMS.

**References:**

- i. Cl. 5.1 ISO 9001: 2015 Leadership and commitment
- ii. Cl. 5.2 ISO 9001: 2015 Policy
- iii. Cl. 5.3 ISO 9001: 2015 Organization roles, Responsibilities and Authorities

**6. Planning****6.1 Actions to address risks and opportunities**

When planning for the Quality Management System, SRDC&H considers Institution's context, needs and expectations of interested stakeholders, while determining the risks, and opportunities that need to be addressed to:

- a) Assure that the QMS can achieve its intended results
- b) Enhance desirable effects



- c) Prevent or reduce, undesired effects including the potential for external Environmental conditions to affect the Institution

- d) Achieve continual improvement.

The Institution plans:

- a) Actions to address the risks and opportunities
- b) Integration and implementation of the actions into its QMS Processes and evaluate the effectiveness of these actions.
- c) Actions taken to address risks and opportunities shall be proportionate to the potential impact on the conformity of products and services.
- d) Related to quality aspects the Institution will determine and address the compliance obligations.
- e) Take these compliance obligations into account while establishing, maintaining and continually improving its Quality Management System

Actions will be reviewed in Management review meetings.

The risk and opportunities identified are enclosed as Annex II.

## **6.2 QMS objectives and actions to achieve them**

The Institution establishes quality objectives required for the Institution

The QMS objectives are:

- a) Consistent with the QMS policy
- b) Measurable
- c) Quality requirements
- d) Relevant to conformity of services offered and to enhancement of Students and Patients satisfaction

The objectives will be documented, communicated to all levels, monitored and updated as appropriate in a planned manner.

To achieve the Objectives, the Institution plans the resources, responsibilities and targets. The results are reviewed in Management review meetings.

### **References:**

- i) CL 6.2 - ISO 9001:2015 Objectives and planning to achieve them.

## **7. Support**

### **7.1 Resources**

SRDC&H determines and provides the resources needed for the establishment, implementation, maintenance and continual improvement of the Quality Management System.

The institution considers the following resources:

- a) Persons, capabilities required for effective implementation of QMS.
- b) Infrastructure necessary for the operation of its processes and to achieve conformity of products and services.
- c) Environment (social, psychological & physical) required for the effective implementation of Quality Management System.
- d) Monitoring and Measuring resources required to verify the conformity of services to requirements
- e) Knowledge necessary for the operation of its processes and to achieve conformity of services.

## **7.2 Competence**

The Institution Considers:

- a) Identifies and provides the required competency to persons for doing work under its control that affects the performance and effectiveness of the Quality Management System.
- b) Ensure that these persons are competent on the basis of appropriate education, training, experience and skill.
- c) Appropriate documented information as evidence of competence is retained.

## **7.3 Awareness**

The Institution ensures that persons doing work under the Institution's control are aware of:

- a) Quality policy
- b) Quality objectives
- c) Their contribution to the effectiveness of the Quality Management System, including the benefits of improved performance
- d) Implications of not conforming with the requirements

## **7.4 Communication**

The Institution determines the internal and external communications relevant to the Quality Management System, including:

- a) What is to be communicated;
- b) When to communicate;
- c) Whom to communicate;



- d) How to communicate;
- e) Who communicates.

## **7.5 Documented information**

The Institution's QMSsystem Contains:

- a) Documented information required by the Standards.
- b) Documented information necessary for the effectiveness of the QMS.

### **7.5.2 Creating and updating**

When creating and updating documented information, the Institution shall ensure:

- a) Identification and description(e.g. a title,date,author, reference no.)
- b) Format (e.g. language, software version, graphics) and media(e.g. paper, electronic)
- c) Review and approval for suitability and adequacy.

### **7.5.3 Control of documented information**

Documented information required by the Quality Management System iscontrolled to ensure:

- a) Adequate protection (e.g. from loss of confidentiality, improper use, or loss of integrity).
- b) Availability and suitability of use when and where it is needed;
- c) Distribution, access, retrieval and use;
- d) Storage and preservation, including preservation of legibility;
- e) Control of changes (e.g. version control);
- f) Retention and disposition.

The procedure on document / record control, details the control of documents generated at SRDC&H, storage and usage of documents of external origin and documents maintained on electronic media, for adequacy, approval, issue and to ensure that pertinent documents are accessible to users.

## **8. Operations**

### **8.1 Operational planning and control**

SRDC&Hplans, implements and controls the processes needed to meet the requirements ofthe Quality Management Systems by:

- a) Determining the requirements for the services
- b) Establishing operating criteria for processes, acceptance of services.
- c) Determining the resources needed to achieve them.
- d) Implementing control of the processes in accordance with the criteria



- e) Establishing controls and determining its quality requirements for the procurement of products and services, consistent with life cycle perspective.
- f) Determining and keeping documented information to the extent necessary.
- g) Any other applicable statutory and regulatory requirements.

## **8.2 Requirements for services**

### **A) Students and Patients communication**

Communication with Students and Patients includes:

- a) Providing information relating to services
- b) Handling enquiries, regulations or admissions / enrolments, including changes
- c) Obtaining Students and Patients feedback relating to services, including Students and Patients complaints
- d) Handling or controlling Students and Patients property
- e) Establishing specific requirements for contingency actions, when relevant
- f) Communicating its relevant requirements to External providers

### **B) Determine and review the requirements related to services**

When determining the requirements for the services to be offered to Students and Patients, the Institution shall ensure that:

- a) the requirements for the services are defined, including:
  - i. any applicable statutory and regulatory requirements;
  - ii. those considered necessary by the Institution for upgradation;

### **C) The Institution retains documented information,**

- a) Results of the review;
- b) Any new requirements for the services offered

## **8.3 Design and development of products and services**

### **8.3.1 General:**

SRDC&H is an affiliated Institution offering the undergraduate, post graduate programs in 5 specialties. All the diagnosis and treatment services provided in the hospital facility attached to the Institution are following the approved practices of Dental Council of India (DCI). Hence there is no design and development activities involved in any of the services offered and this complete section of this standard is not applicable.



#### **8.4 Control of externally provided processes and services**

- a) SRDC&H ensures that externally provided processes and services conform to requirements.
- b) The Institution determines the controls to be applied to externally provided processes and services
- c) Monitors the effectiveness of the controls applied by the external provider

The different activities related to purchasing of products/ services of various natures are detailed as below;

Sl. No.	Activity	Person / Dept Responsible
01	Notification to each department in the month of March to submit their annual budget requirement for the subsequent financial year, on or before first week of April	Principal
02	The receipt of annual budgetary requirement from each department and consolidation of annual requirement	Principal
03	Allocation of budget under different accounts & heads to the concerned departments.	Principal/ Management
04	Drawing up of requirements of capital goods and consumables in each department and preparing a priority list to suit budget allotment.	Store Manager Administrative Officer Principal
05	Maintenance of master list of approved suppliers. All those whose supply performance is satisfactory with effect by 01/04/2001 are deemed to be an approved supplier and included in the approved suppliers list.	Store Manager Administrative Officer Principal
06	Sending Enquiry letter or collecting price lists and calling for quotation from all the appropriate agencies listed in the approved supplier's list and preparing the comparative statement of quote.	Store Manager
07	Submission of comparative statement to the principal for scrutiny & approval with reasons for selecting the respective supplier.	Store Manager Administrative Officer
08	The decisions based on the above point 7 are recorded and to authenticate the same by appending the signatures of the purchase in- charge/committee members and Principal	Principal
09	Placing the orders	Principal



10	Receipt of items & verification	Store Manager
11	Passing of bills	Management

If an item is required urgently, the HOD gets the purchase indent approved by the Principal and the order is placed following the same procedure.

The common reasons of justification for the purchase of capital goods are;

- The existing one is out of order, irreparable or obsolete
- Essential for the new approved project taken by the concerned department.
- Statutory requirement not yet complied with or due to modification in the curriculum.
- Increase in student strength or practical's/ clinicals procedures.

This also forms part of the terms and conditions of the purchase order.

- ❖ A new supplier is included in the master list of approved suppliers on the basis of his evaluation as regards his market standing, credibility, reference received, recommendation of concerned HOD and the availability of facilities as necessary.
- ❖ The purchase in-charge prepares a report on such supplies which will be the basis for the purchase committee to decide to include the concerned supplier in the master list or not.
- ❖ The basis of evaluation of an approved supplier for continuance or otherwise in the master list is detailed as under;
- Whenever the items are rejected / accepted on the deviation, the concerned department intimates the purchase in-charge, who in turn takes up the matter with supplier for correction as also informing him of non- recurrence of such instances.
- Evaluation is done on continuous basis by the purchase in-charge. The purchase committee takes cognizance of this while placing the annual purchase order.

#### RECORDS

1. Quotations/Price lists from various suppliers
2. Comparative statements duly signed by member of the dept, HOD & Principal
3. Order copy file
4. Delivery note & Duplicate bill

#### CROSS REFERENCE

1. List of Purchase Committee Members : WD/ADM/14

### 8.5 Production and service provision

#### 8.5.1 Control of service provision

- a) The Institution implements service provision under controlled conditions which includes the availability of documented information that defines the characteristics of the services to be provided, the activities to be performed or the results to be achieved;
- b) Availability and use of suitable monitoring and measuring resources;



- c) Implementation of monitoring and measurement activities.
- d) Use of suitable infrastructure and environment for the operation of processes and appointment of competent resource personnel.

#### **8.5.2 Identification and traceability**

SRDC&H controls the unique identification of the outputs for traceability requirement, and retains the documented information necessary for traceability

#### **8.5.3 Property belonging to Students and Patients or external providers**

SRDC&H exercises care with property belonging to Students and Patients or external providers while it is under the Institution's control or being used by the Institution.

When the property of a Students and Patients or external provider is lost, damaged or otherwise found to be unsuitable for use, the Institution will report this to the Students and Patients or external provider and retain documented information.

#### **8.5.4 Preservation**

SRDC&H preserves the outputs during course delivery, to the extent necessary to ensure conformity to requirements.

#### **8.5.5 Post-delivery activities**

SRDC&H meets the requirements for post-delivery activities associated with the services considering:

- a) Statutory and regulatory requirements
- b) Potential undesired consequences associated with its products and services
- c) Nature, use and intended lifetime of its products and services
- d) Students and Patients requirements
- e) Students and Patients feedback.

#### **8.5.6 Control of changes**

SRDC&H reviews and controls changes for production or service provision, to the extent necessary to ensure continuing conformity with requirements. The Institution retains documented information Describing the results of the review of changes, the persons authorizing the change, and any actions necessary arising from the review.

#### **8.6 Release of services**

The release of products and services to the Students and Patients will not proceed until the planned arrangements have been satisfactorily completed and unless otherwise approved by a relevant authority



of the Students and Patients. The Institution shall retain documented information on the release of products and services.

### **8.7 Control of nonconforming outputs**

- ❖ SRDC&H ensures that outputs that do not conform to their requirements are identified and controlled to prevent their unintended use or delivery.

- ❖ The Institution takes appropriate action based on the nature of the nonconformity and its effect on the conformity of services. This is also applicable to nonconforming outputs services detected after delivery of services, during or after the provision of services.

The Institution deals with nonconforming outputs in one or more of the following ways:

- a) Correction
- b) Segregation, containment, return or suspension of provision of services
- c) Informing the Students and Patients or relevant interested party
- d) Obtaining authorization for acceptance under concession.

Conformity to the requirements shall be verified when nonconforming outputs are corrected.

- ❖ SRDC&H retains documented information on the nonconformity, actions taken, any concessions obtained and identify the authority deciding the action in respect of the nonconformity.
- ❖ The various nonconforming situations during the various stages of service realization, source of the nonconformance, and responsibility for identification and the authority for review and taking correction / disposition action are defined in the following Table:

The details of the nonconformance and the Disposition (Correction) action taken are recorded in the

<b>S. NO.</b>	<b>Situation leading to Non-Conformance</b>	<b>Responsibility</b>	<b>Record Ref./ Source</b>	<b>Authority for Review and Disposition action</b>
1.	Student Feedback form	HOD Concerned	Feedback summary	CC/HOD/Principal for student feedback
2.	Academic Performance (Model and Board exam)	HOD Concerned	Result Analysis	CC/HOD/Principal

Corrective/Preventive action report.



	HOD and	Status of	Faculty Concerned/
3.	objectives/Process measure	Faculty Concerned	Objectives and Process measures
			HOD in consultation With Principal

**Reference:**

- i) CL 8 - ISO 9001:2015 Operation
- ii) Regulations of University, DCI and any other relevant legal authorities

**9. Performance Evaluation****9.1 Monitoring, Measurement, analysis and evaluation**

The Institution defines

- i. What needs to be monitored and measured
- ii. Methods for monitoring, measurement, analysis and evaluation.
- iii. The criteria against which the Institution will evaluate its performance and appropriate indicators

The Institution evaluates the performance and the effectiveness of the quality management system and retains appropriate documented information as evidence of the results.

**9.1.2 Students and Patients satisfaction**

Students and Patients satisfaction with the Institution shall be monitored through continual evaluation of performance of the realization processes, Performance indicators shall be based on objective data and include, but not be limited to:

- Performance
- Students and Patients Disruptions
- Course Delivery
- Students and Patients notification related to quality issues

Students and Patients feedback is obtained from students, parents, employers, adjunct faculty and alumni in the defined periodicity and the same is analyzed for identifying the areas of improvement and also to align the strategy & policy accordingly.

**9.2 Internal audit**

SRDC&H conducts internal audits at planned intervals to provide information on whether the Institution's conformity to Quality Management Systems as per the procedure defined in QPM.

**9.3 Management review**

Management reviews the institution's quality management system, once in six months, to ensure its continuing suitability, adequacy, effectiveness and alignment with the strategic direction of the Institution. Process followed for the management review is given below.

- ❖ The Management Review is conducted to review the effectiveness, suitability and adequacy of the established Quality Management System
- ❖ IQAC plans and organizes the Management Review meeting once in 6 months
- ❖ Principal chairs the meeting and all the HODs and section in-charges are the members of the meeting
- ❖ IQAC communicates to the personnel concerned in advance for preparing and submitting their performance in the review meeting
- ❖ The agenda for the meeting and the person responsible for presenting the data presents:
  - Status of actions from previous management reviews
  - Changes in external and internal issues that are relevant to the Quality Management System
  - Information on the performance and effectiveness of the QMS. Including trends in Students and Patients satisfaction and the extent to which quality objectives have been met
  - Process performance and conformity of products and services;
  - Nonconformities and corrective actions
  - monitoring and measurement results
  - audit results
  - the performance of external providers
  - Risk and opportunities
- ❖ The conclusions from the Management Review shall be focused on:
  - opportunities for improvement
  - Need for changes to the quality management system
  - Resource needs.
- ❖ Minutes of meeting is prepared by IQAC in SRDC&Hand circulated to all the members
- ❖ IQAC tracks the status of the actions taken during the meeting.
- ❖ The Institution retains documented information as evidence of the results of management reviews

**Reference:**

- i) CL 9 - ISO 9001:2015 Operation
- ii) Regulations of University, DCI and any other relevant legal authorities

**10. Improvements**

The Institution determines and selects opportunities for improvement and implements any necessary actions to meet:

- a) Students and Patients requirements and enhance Students and Patients satisfaction.
- b) Achieve the intended outcomes of its Quality Management System

These include:

- a) Improving services to meet requirements as well as to address future needs and expectations
- b) Correcting, preventing or reducing undesired effects
- c) Improving the performance and effectiveness of the Quality Management System.

**10.1 Nonconformity, Corrective action and Preventive action**

Necessary procedures are established for Corrective action planning and implementation as given below.

- Appropriate Corrective actions are taken to eliminate causes of existing and potential non-conformances effectively.
- The causes for non-conformances are thoroughly investigated in-depth to identify the root cause and develop / implement appropriate Corrective Action.
- To review / amend and implement the changes in respective procedures resulting out of such Corrective action.

**CORRECTIVE ACTION**

- The procedure for Corrective Actions consists the following points
- The method of handling Students and Patients complaints and report on non-conformances including the procedure of registration, trend and root cause analysis and follow-up of corrective actions on Students and Patients complaints as defined in Quality System Procedure for handling the Students and Patients complaints, through the appropriate committees.
- To record the result of investigations in relation to the product, process and Quality System with regard to causes of non-conformances.
- To ensure that application of controls is made and action taken is effective.

**PREVENTIVE ACTION**

The procedure for preventive actions consists of following:



- To detect, analyze and eliminate the causes of nonconformity by using appropriate sources of information such as processes and work operation, which affect the product quality, audit results, quality records and Students and Patients complaints.
- To determine the actual steps needed to deal with any problems requiring preventive actions.
- To ensure the preventive actions are taken and monitor their effectiveness.
- To ensure the relevant information and action taken, including procedural corrections, are submitted for the Management Review.

### **10.2 Continual improvement**

The Institution plans continually to improve the suitability, adequacy and effectiveness of the Quality Management System and to enhance quality performance.

The Institution shall consider the results of analysis and evaluation, and the outputs from management review, to determine if there are needs or opportunities that shall be addressed as part of continual improvement.

#### **Reference:**

- i) CL 10 - ISO 9001:2015 Operation
- ii) Regulations of University, DCI and any other relevant legal authorities



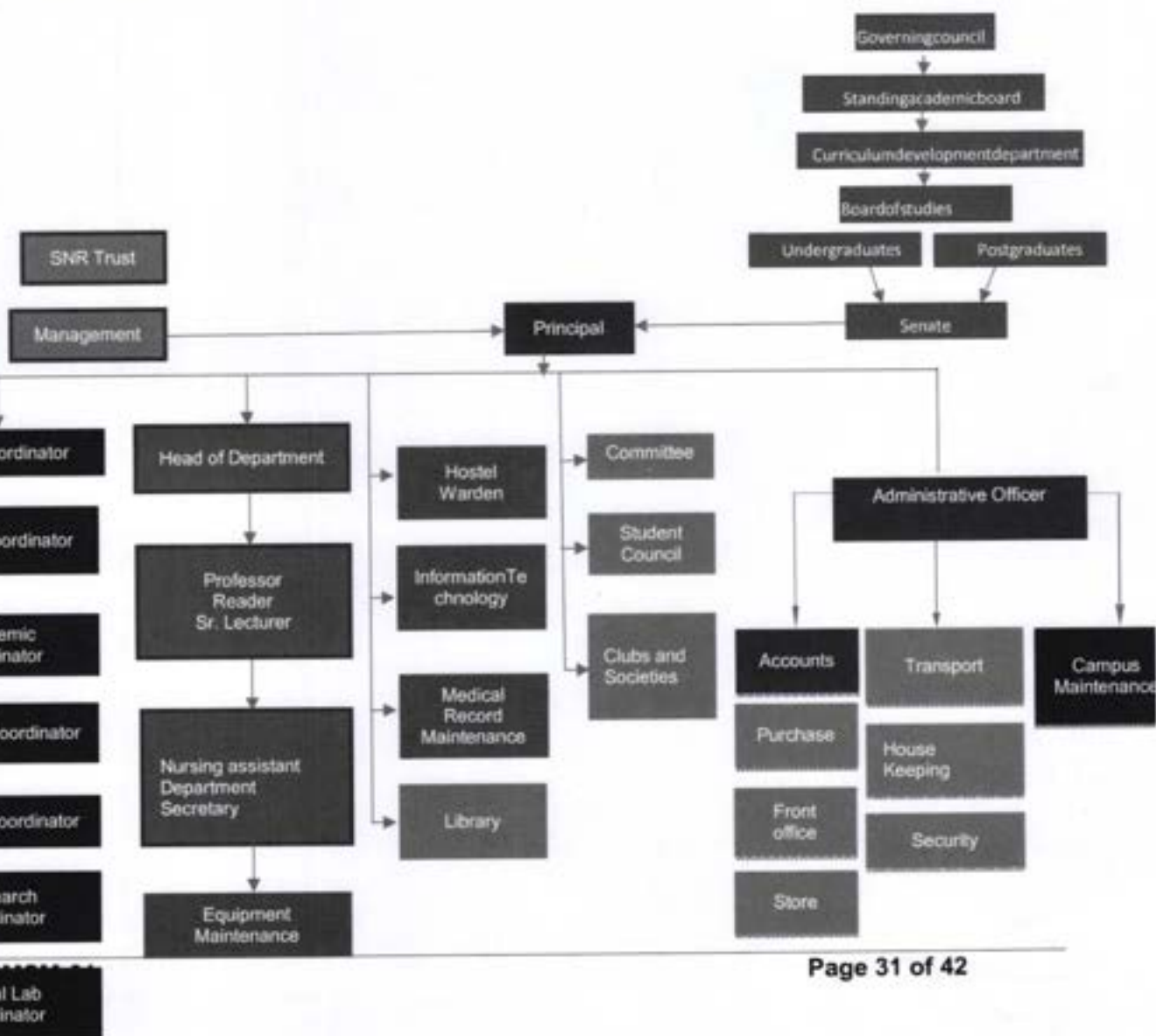
## ORGANIZATION CHART



भारतीय दन्त परिषद  
Dental Council of India



தமிழ்நாடு டி. எம். ஜி. எஸ். மருத்துவப் பல்கலைக்கழகம்  
The Tamil Nadu Dr. M.G.R. Medical University





Revision No.: 02 Approved by:

Date:

### Needs and Expectations Register

Sl. No.	Interested Party	Needs	Level of fulfilment, actions required for improvement, time required in months and Responsibility	Expectations	Level of fulfilment, actions required for improvement, time required in months and Responsibility
1	Dental Council of India and MGR University	Review syllabi of existing courses/Programmes - Restructure and redesign delivery plans	Full filled	Periodic up gradation	Level 4
		Evolve methods of assessment of student's performance, conduct of examinations and notification of results	Full filled	Outcome Based Education (OBE) On-line- Automation	Level 3
		Prescribe rules for admission in consonance with the reservation policy of the state government/national policy	Full filled	To adhere to the admission rules of the State Government	Level 4
		Constitution of Governing Body, Academic Council, Board of Studies and Finance Committee	Full filled	Periodic assessment of academic quality improvement and maintenance of standards	Level 4
		IQAC established in the college for regular monitoring	Full filled	To maintain quality	Level 4
		Uploading information about the creation of Committees/Cells as mandated in the various DCI / University Regulations notified from time to time in institutions website	Full filled	Regular updating of website as per UGC /NAAC guidelines	Level 4
		Constitution of statutory bodies (E.g.: Anti-ragging committee.)	Full filled	Monitoring and follow up of discussions and decisions made in Statutory committee Meetings	Level 4
2	Students	Induction Program /Orientation	Full filled	Campus Update	Level 4
		Soft skill program	Full filled	Smart class room / (CSC) Communication Skill Center	Level 2



		Communication of exam schedule, Hall ticket issue, Seating arrangement	Full filled	Automation	Level 2
		Infrastructure - Drinking water, Rest room, etc.	Full filled	Up gradation	Level 4
		Facilities for differently abled	Full filled	Technical skill training	Level 4
		Parking facilities for students	Full filled	Organized parking / school of commerce basement to be opened	Level 4
		Value education and yoga	Full filled	Yoga Forum	Level 1

		Placement information	Full filled	Placement training and follow-up	Level 1
		Special program for slow learners	Partially Full filled	Guidance and Counselling	Level 2
		Scholarship - Government, Institution, Sports, Free education and Industry sponsors	Full filled	Should be known to all students and should be published in college website	Level 4
		Extension work	Partially Full filled	Focused outreach Programme with significant impact on the wellbeing of the needy people	Level 3
		Curriculum delivery and pedagogy	Full filled	OBE	Level 4
		Sports / Gym	Full filled	Installed	Level 2
		Cafeteria	Full filled	Canteen reformed	Level 3
		Recreational facilities	Not Full filled	Room allotted	Level 1
		Medical Facilities	Full filled	Medical OPD functional	Level 2
		Collaborations and partnerships - Foreign universities for academic and research exchange programs	Not fulfilled	To be documented uniformly	Level 4
		Library - Speaking library	Full filled	Digitalized	Level 4
		Staff appraisal - feedback	Full filled	Implemented	Level 3
		Add on courses and Training courses	Full filled	Organized	Level 3
		Academic flexibility	Full filled	Consistent improvement	Level 4
		Teacher punctuality	Full filled	Biometric attendance	Level 4
		Project / internship / Seminar / Industrial training	Full filled	To be considered for placement	Level 4
		Students staff ratio	Full filled	To be maintained at 5:1 for UG and 1:3 for PG	Level 4
		Online examination	Full filled	Flexible Examination schedule	Level 3
		Interaction / Discussion	Full filled	Participative and Active Learning	Level 2
		ICT mode of teaching and learning	Not Full filled	ILTS implemented	Level 3
		Conducive ambience in classroom	Full filled	Smart and digitization	Level 4
		Health checkup of the students	Full filled	Records to be maintained for follow-up	Level 3
3	Alumni	Alumni feedback	Full filled	online feedback to be collected on a regular basis	Level 4
		Provision for reunion	Full filled	Alumni association	Level 4



				reactivated	
		Contribution of alumni for the departments / College - Job support / Scholarships / Academics / Endowment etc.	Full filled	To be documented uniformly	Level 2
4	Parents	Updating of information about the students via digital mode	Full filled	Online attendance and marks Parents meeting	Level 2
		Placement support	Partially Full filled	Placement coordinator to be placed	Level 2

		Placement training	Partially Full filled	Training to be given to make the students role ready	Level 2
		Industry collaboration	Partially Full filled	Identify the needs of the industry	Level 2
		Good communication skills	Partially Full filled	More soft skill training to be given	Level 3
		Exam schedule and result communication	Full filled	To be made online	Level 3
		Career counselling	Partially Full filled	Programs organized	Level 2
		Value education	Full filled	Workbook	Level 4
		Nominal fee structure	Full filled		Level 4
		Coaching class for competitive exams	Partially Full filled	Must be known to every student	Level 3
		Scholarship for the wards	Partially Full filled	Information and details should be known to all students and be published	Level 3
		Medical Insurance	Full filled	Full coverage	Level 3
5	Management / Governing Council	Governing Body	Full filled	Recommendations to be made known and	Level 4
		Academic Council	Full filled	Attendance Teacher Reserve (ATR) has to be prepared periodically	
		Board of Studies	Full filled		
		Finance Committee	Full filled		
6	Job/ Recruiters / Employers	Role ready students	Partially Full filled	Soft skill and Communication skill training required for students	Level 3
		Good communication skills	Full filled	CSC to be effectively utilized	Level 3
		Good technical knowledge	Full filled	To be included in BOS	Level 3
		Adaptability of the students to the changing environment	Full filled	To be included in BOS	Level 3
		Professional ethics	Full filled	To be included in BOS	Level 3
		Knowledge and skill beyond text book	Partially Full filled	Seminar / Workshop / Guest lectures / Orientation Programme	Level 2
		Training to face the interview / dental practice	Partially Full filled	To conduct subjective evaluation	Level 2
7	Staff	Staff appraisal – Academic Performance Indicator(API)	Full filled	Transparent and Prompt appraisal system	Level 3
		Faculty Development Program	Full filled	To be regularized and made mandatory periodically for all staff	Level 4
		Seed money for research	Partially nullified	Proactive management	Level 1
		Awards and Recognition	Partially nullified		



	Staff Recreation facilities	Partially Full filled		
	Medical benefits (health checkup)	Partially fulfilled		
	Training	Partially full filled	Career Advancement	Level 3
	Participation in National / International conferences and seminars	Partially full filled	On duty leave and financial assistance	Level 3



a. Curricular Aspects	Curriculum Design and Development	Full filled	Constant updating	Level 4
	Academic Flexibility	Full filled	System should be evolved	Level 3
	Curriculum Enrichment	Full filled	Board of studies	Level 4
b. Teaching-Learning and Evaluation	Student Enrolment and Profile	Full filled	Digitization	Level 3
	Teaching-Learning Process	Full filled	Progressive usage of ICT	Level 4
	Teacher Profile and Quality	Full filled	To increase PhD enrollment and incentivize publication of articles and research projects	Level 2
	Evaluation Process and Reforms	Partially full filled		Level 3
	Student Performance and Learning Outcomes	Partially full filled	Skill Map to be made for each batch	Level 3
c. Research, Innovations and Extension	Promotion of Research and Facilities	Partially full filled	Financial assistance should be increased	Level 3
	Resource Mobilization for Research	Partially full filled	Funding agencies need to be identified	Level 3
	Innovation Ecosystem	Partially full filled	Innovation exhibition	Level 1
	Research Publications and Awards	Partially full filled	To be recognized and incentivized	Level 2
	Consultancy	Partially full filled	Steps needed	Level 1
	Extension Activities	Partially full filled	Concerted schemes	Level 2
	Collaboration	Partially full filled	Leadership and proactive management	Level 2
d. Infrastructure and Learning Resources	Physical Facilities	Full filled	Improvement	Level 4
	Library as a Learning Resource	Full filled	Student utilization	Level 3
	IT Infrastructure	Full filled	All areas to be covered	Level 3
	Maintenance of Campus Infrastructure	Full filled	Improvement	Level 4
e. Student, Support and Progression Record	Student Support	Full filled	Further improvement	Level 3
	Student Progression	Full filled	Monitoring and evaluation	Level 3
	Student Participation and Activities	Full filled	Vibrant functioning of clubs and associations	Level 3
	Alumni Engagement	Full filled	Management has to take steps	Level 3
f. Governance,	Institutional Vision and Leadership	Full filled		Level 3




Leadership and Management	Strategy Development and Deployment	Full filled	Committee to be formed	Level 2
	Faculty Empowerment Strategies	Full filled	Financial support from management	Level 1
	Financial Management and Resource Mobilization	Full filled		Level 3
	Internal Quality Assurance System	Full filled	Automation	Level 3
g. Institutional, Values and Best Practices	Institutional Values and Social Responsibilities	Full filled	To be maintained	Level 4
	Best Practices			
	Institutional Distinctiveness	Full filled	Integrated approach and establishment of higher goals	Level 2

Level 1 – Idea level, Level II – In progress, Level III- Implemented, Level IV – Output revied and analyzed

Revision No:

Date:

  
 Approved by  
**Principal**  
 Sri Ramakrishna Dental College & Hospital  
 S.N.R. College Road, COIMBATORE - 641 006.

**Risk / Opportunities Register for QMS - Sri Ramakrishna Dental College and Hospital**
**Process:**

Sl. N o.	Risk / Opportunity Description	Type of eliminability / capitalization			Action(s) to be implemented	Support required			Estimated Time of completion in weeks	Responsibility
		Full	Partial	Nil		Budget in INR	Resources	Others		
External - Legal:										
1	Procedural risk	+			Professional indemnity				3 months	Individual clinical faculty
Sl. N o.	Risk / Opportunity Description	Type of eliminability / capitalization			Action(s) to be implemented	Support required			Estimated Time of completion in weeks	Responsibility
		Full	Partial	Nil		Budget in INR	Resources	Others		
External - Technological:										
1	Faculty Up skilling	+			Faculty Development Program–Core Competency programs with additional Competency programmes					
2	Need continuous student skill enhancement	+			clinical training model to be rearranged		Equipment's for the same			
Sl. N o.	Risk / Opportunity Description	Type of eliminability / capitalization			Action(s) to be implemented	Support required			Estimated Time of completion in weeks	Responsibility
		Full	Partial	Nil		Budget in INR	Resources	Others		
External - Competition:										
1	Geography / location	+								
Sl. N o.	Risk / Opportunity Description	Type of eliminability / capitalization			Action(s) to be implemented	Support required			Estimated Time of completion in weeks	Responsibility
		Full	Partial	Nil		Budget in INR	Resources	Others		
External - Market:										
1	Lack of awareness of resource and competence available				To create awareness/ sensitisation to public for treatment, have to communicate with patients		IT marketing			
Sl. N o.	Risk / Opportunity Description	Type of eliminability / capitalization			Action(s) to be implemented	Support required			Estimated Time of completion in weeks	Responsibility
		Full	Partial	Nil		Budget in INR	Resources	Others		
External - Cultural:										
1	No student staff exchange	+			To have student exchange program to be initiated		Institutions with open mind			
2										



Sl. No.	Risk / Opportunity Description	Type of eliminability / capitalization			Action(s) to be implemented	Support required			Estimated Time of completion in weeks	Responsibility
		Full	Partial	Nil		Budget in INR	Resources	Others		
External - Social Environment:										
1	Interpersonal relationship				Team building	150,000	Organise one day program			
External - Cultural Environment:										
1	Geriatric care	+				Nil	Students Guidance system			
2										
Internal - Values:										
1	Faculty Appraisal	+								
Internal - Culture:										
1	Adaptation to new teaching methodologies	+								
2		+								
Internal - Knowledge:										
1	Student Performance	+					University result			
Internal - Performance:										
1	Students' outcome	+					Outcome analysis			

Revision No.:

Approved by

**Principal**

**Sri Ramakrishna Dental College & Hospital**  
S.N.R. College Road, Page 39 of 42



Date:

Principal

## VISION

**To be the best educational and service unit in dentistry imparting knowledge, clinical skills, patient care, and social responsibilities with ethical practice on par with global standards.**

## MISSION

1. To develop and improve student's educational environment that fulfils knowledge and skill to apply and adapt to future needs.
2. To provide excellent academic, patient-centred health care with utmost utilization of facilities prescribed and impart quality value for life.
3. To continuously implement the prescribed program objectives and goals recommended by the regulatory/ statutory bodies.
4. To evolve as leaders in teaching learning process, research, innovation, clinical care facilities and infrastructure continually with global standards.
5. To apply ethical and humanitarian practices in all the programs and articulate human morals and values in the young minds to serve the community.

Revision No.: 01

Date:  
Principal

Approved by:

**Principal**

**Sri Ramakrishna Dental College & Hospital**  
S.N.R. College Road, COIMBATORE - 641 006.

## QUALITY POLICY

We at Sri Ramakrishna Dental College and Hospital, are committed to be the most preferred domicile for education and patient care in Dentistry, development of holistic and scholarly attitude of students who can contribute to achieve excellence in oral health care for upliftment of society, through

- ❖ Providing quality education and patient care, suitable for the contemporary and changing needs of the Dental practice.
- 1. Transforming individuals to be holistic adhering to ethics and values.
- 2. Promoting and contributing to research and innovation in dentistry creating an impact.
- 3. Carrying out extension activities for the welfare of society and needy.
- 4. Fulfilling all applicable regulatory, legal and other requirements related to Quality.
- 5. Continually improving Quality management system through creating awareness to the persons/ stakeholders in interest.

Revision No.: 01

Date:

Approved by:



Principal

**Principal**  
Sri Ramakrishna Dental College & Hospital  
S.N.R. College Road, COIMBATORE - 641 006.



**Strategic Plan:**

To be one among the best affiliated teaching top 25 institutions in the country and achieve A+ accreditation on the next NAAC accreditation process 2027

