सत्यमेव जयते

COMMON/SYSTEM PROCEDURES

(IS/ISO 9001:2015)

भाकृअनुप
ICAR

Department of Agricultural Research and Education
and
Indian Council of Agricultural Research
Ministry of Agriculture & Farmers Welfare
Krishi Bhavan, New Delhi

COMMON/ SYSTEM PROCEDURES

(IS/ISO 9001:2015)

Department of Agricultural Research and Education
Indian Council of Agricultural Research
Ministry of Agriculture & Farmers Welfare,
Krishi Bhavan, New Delhi

Common/ System Procedures

(IS/ISO 9001:2015)

Concept & Guidance: Sh Rajeev Lal, Joint Secretary & Management Representative (MR) of DARE/ ICAR, New Delhi

Compilation and Writing: Dr. Vikram Singh, Senior Scientist. IP&TM Unit; and Shri Ajai Verma, Deputy Secretary, Governance Cell, ICAR, New Delhi

Contributors: Working Group for Regular Maintenance of IS/ISO 9001 Certi f cation Activities at DARE/ICAR Hqrs.

- Dr. K. P. Singh, Principal Scientist, ICT Division
- Ms. Sunita Sharma, Director, Agricultural Extension Division
- Dr. Vikram Singh, Senior Scientist. IP&TM Unit
- Sh. Ajai Verma, Deputy Secretary, Governance Cell
- Sh. Rajesh Kumar Jha, Deputy Secretary, Agricultural Education.
- Sh. Anshul Gupta, Under Secretary, Technical Service
- Sh. N. K. Sarvang, Under Secretary, Governance Cell
- Sh. Himanshu Kumar, Under Secretary, Administration

Layout & design: Directorate of Knowledge Management in Agriculture

Published by: Dr. S. K. Malhotra, Project Director, Directorate of Knowledge Management in Agriculture, Indian Council of Agricultural Research, New Delhi - 110 012 and printed at VIBA Press Pvt. Ltd., C-66/3, Okhla Industrial Area, Phase II, New Delhi - 110 020.

Department of Agricultural Research and Education

and

Indian Council of Agricultural Research

QUALTIY POICY

DARE and ICAR are committed to clientele satisfaction and continual improvement for achieving excellence in agricultural research, education and frontline extension. This is achieved through systematic knowledge management, sense of ownership, responsive approach, human resource development, technological up-gradation, conducive work culture and implementation of e f ective Quality Management System ensuring compliance with applicable requirements.

QUALITY OBJECTIVES

1. Achieving the documented measurable targets timely, qualitatively and with enhanced resource use e f ciency
2. Providing improved service delivery to stakeholders through IT-enabled systems management and human resource development
3. Ensuring continual enhancement of clientele satisfaction

(Himanshu Pathak)
Secretary (DARE) & Director General (ICAR)
Krishi Bhavan, New Delhi

Dated: 09th November, 2023

Department of Agricultural Research and Education
&
Indian Council of Agricultural Research

COMMON/ SYSTEM PROCEDURES

FOR

QUALITY SYSTEM DOCUMENT

(IS/ISO 9001:2015)

Doc No:	:	DARE/ICAR QSD-03
Issue No:	:	05
Copy No:	:	
Reviewed & Approved By:	:	Management Representative
Issued By	:	Management Representative
E f ective Date:	:	9th November, 2023

Signature

(Rajeev Lal)

CONTENTS

List of Divisions/Units Holding the Copy of Common/ System Procedures

Copy Holder	Controlled Copy Number
Secretary DARE and DG, ICAR	1
Additional Secretary DARE and Secretary, ICAR	2
Management Representative (MR) IS/ISO 9001:2015	3 (Master Copy)
Divisional Head (Horticultural Science)	4
Divisional Head (Animal Science)	5
Divisional Head (Natural Resource Management)	6
Divisional Head (Crop Science)	7
Divisional Head (Fisheries Science)	8
Divisional Head (Agricultural Engineering)	9
Divisional Head (Agricultural Extension)	10
Divisional Head (Agricultural Education)	11
Divisional Head (PIM-Plan Implementation and Monitoring Unit)	12
Divisional Head (DKMA-Directorate of Knowledge Management in Agriculture)	13
Divisional Head (NASF-National Agricultural Science Fund)	14
Divisional Head (Legal Cell)	15
Divisional Head (Administration)	16
Divisional Head (Personnel Division)	17
Divisional Head (Technical Services)	18
Divisional Head (Vigilance Division)	19
Divisional Head (GAC-General Administration and Coordination)	20
Divisional Head (Hindi Cell)	21
Divisional Head (Finance Division)	22
Divisional Head (Technical Coordination)	23
Divisional Head (Works Division)	24
Divisional Head (IP&TM-Intellectual Property and Technology Management Unit)	25
Divisional Head (DARE-Department of Agricultural Research and Education)	26
Certifying Body (Bureau of Indian Standards)	27

Control of Documents

1. ***Purpose:*** To ensure that all documents of internal & external origin are controlled with regard to approval, distribution, change, etc.
2. ***Scope:*** All documents relating to Quality Management System (QMS) of ICAR Head O f ce.
3. ***Overall Responsibility:***

a) Management Representative for Quality Manual and Management Systems and documents in DARE/ICAR.

b) Divisional ISO Coordinators for Divisional documents.

4. Procedure:

S. No.	Activity / Description	Responsibility	Ref. Doc./ Record
	DOCUMENTS OF INTERNAL ORIGIN		
4.1	**Need Identi f cation:** Need for documents of internal origin, required to de f ne the Quality Management System at DARE/ ICAR shall be identi f ed and their generation shall be ensured through the concerned Divisions/Units.	a) Concerned Divisional Head at DARE/ICAR with Divisional ISO Coordinator for Documentation related to their respective work areas	
4.2	**Review & approval:** Documents shall be reviewed and approved for adequacy by appropriate authority as indicated below: i) Quality Manual, Quality Policy, Quality Objectives: Review & Approval by Secretary DARE & DG, ICAR	a) Management Representative for System Documentation	
	ii) Procedures, Work Instructions, Format etc. of Divisions: Review & Approval by Concerned Divisional Head for the respective areas of work looked after by him/her. iii) Procedures, Work Instructions, Format for all generic system related activities: Review & Approval by Management Representative (MR)	b) Concerned Divisional Head for Documentation related to their respective work	

S. No.	Activity / Description	Responsibility	Ref. Doc./ Record
	DOCUMENTS OF INTERNAL ORIGIN		
4.3	**Documents Numbering:** **Quality Manual –** Document No. will be DARE/ICAR-QM-5. **Procedures – Each** Procedure will be uniquely numbered as per choice of the Concerned Division/Unit.	MR/Divisional Head/ QMS Coordinator	
4.4	**Master Copies:** Master copies of all approved generic system documents & approved Divisional documents (i.e. Division Introduction, Divisional procedures etc.) under QMS shall be maintained by concerned Division/Unit Master copies of all other Divisional approved documents which are division specific (other than mentioned above) shall be maintained by concerned ISO Coordinators in the division along with the original approval of competent authority.	Concerned QMS Coordinator	Master copy file
4.5	**Master List:** Master lists of all generic system documents including Quality Manual, showing their current revision status, shall be compiled and maintained by MR. Master list of all other documents applicable to the other area of work showing the current revision status shall also be maintained by Divisional officers.	MR Divisional officers/ QMS Coordinator	Master List of documents of internal origin
4.6	**Distribution:** i. Distribution of documents shall be decided on need – to – know basis, ensuring availability of relevant versions of applicable documents, at the points of use. ii. For all documents, their first level distribution shall be indicated in the Master List of Documents of Internal Origin.	MR /Divisional officers/ QMS Coordinator	Master List of documents of internal origin (ICAR/ MR/F/01-01) Documents distribution list

S. No.	Activity / Description	Responsibility	Ref. Doc./ Record
	DOCUMENTS OF INTERNAL ORIGIN		
4.7	**Issue Change Mechanism:** i. A documents shall be amended in part or full, depending on the change proposed and accepted.	MR	
	ii. On change of the document in full, its issue No. shall be incremented by one. One page-wise change, Page Revision No. of the specific page shall be incremented by one. When the number of amendments becomes high (eg.20 no. in case of a Quality Manual, 5 in case of other documents), they may be considered for re-issue.	MR	
4.9	**Maintenance of documents:** All controlled documents shall be properly and suitably maintained so that they remain available at place of use and are also easily legible. No. control copy holder is authorised to make changes in documents which can be made by the MR.	All QMS Coordinators	
4.10	**a) Obsolete documents:** On receipt of a changed/revised document, in full or in part, pages of the previous version would become obsolete & shall be destroyed.	All QMS Coordinators	
	b) One copy of the obsolete Quality Manual or System Procedure will be maintained with MR duly marked 'OBSOLETE' on the documents, in Obsolete Document File for future reference. Other obsolete documents will have maintained by concerned QMS Coordinator.	MR/ All QMS Coordinators	Obsolete Documents File

S. No.	Activity / Description	Responsibility	Ref. Doc./ Record
	DOCUMENTS OF EXTERNAL ORIGIN		
4.11	**Identification of external documents:** Identification of documents of external origin for use within the QMS shall be done for inclusion in the Master List of Documents of External Origin.	Divisional officers for work specific documents	
4.12	**Master list:** Master Lists of documents of external origin shall be compiled & maintained by concerned QMS Coordinator for generic system external documents and concerned Branch officers for documents related to their work areas.	Concerned Divisional Head	Master list of documents of external origin
4.13	**Updation :** i Current revision status of the documents of external origin shall be maintained by appropriate liaison with respective issuing authority for updation. ii. Changes, if any, shall be communicated to all concerned holders of the documents. iii. Obsolete documents shall be destroyed by the respective controlled copy holder; one copy of obsolete document may be retained with the Concerned Divisional Head duly marked 'OBSOLETE' on the document for future reference purpose.	Concerned Divisional Head for external documents related to their work area	Obsolete documents file

5. Abbreviations:

5.1 DARE: Department of Agricultural Research and Education

5.2 MR - Management Representative

5.3 ICAR - Indian Council of Agricultural Research

5.4 DG - Director General

Master List of Documents of Internal Origin

(e.g List of Manuals, Guidelines, Reference Standards etc. which are created/ implemented by ICAR Head O f ce Only)

Division: _____ Section: _____

S. No.	**Document Title**	**Document Details**					**Document amendment Details**			**Remarks**
		Document No.	No. of pages	Issue no.	E f ective date	Doc. Issued to	On Page nos.	Page Rev. No.	E f ective date	

Master List of Documents of External Origin

(e.g List of Manuals, Guidelines, Reference Standards etc. which are created/ implemented by ICAR Head O f ce but made by External Org. and not made by ICAR Head O f ce)

Division: _____ Section: _____

S. No.	Documents Title & Identi f cation no. (if any)	Release/ Edition date & no.	Issued/ Printed by (organization)	Issued to	Remarks

Format For Issue Change Note

No: _____ Date: _____

Following new / amended documents have been prepared and are being issued:

S. No.	Doc. Title	Issue No.	No. of pages	Page No.	Page Rev. No.	Remarks / Nature of change

You are requested to insert these documents in the set of documents issued to you. Any available obsolete copies of these documents, if applicable, may be destroyed by you.

(Management Representative)

Control of Records

1. ***Purpose:*** To control and manage all records required for the operation of quality Management System at DARE/ICAR Head O f ce, with reference to their identi f cation, generation, maintenance, storage use retention & retrieval.
2. ***Scope:*** Applicable to all records relating to implemented quality Management System
3. ***Overall Responsibility:*** MR/Divisional Heads in the ICAR Heads O f ce for documentation & maintenance of Master List of Records relevant to the work area concerned. Concerned executives as per Master List, for control of records under his/her jurisdiction.
4. ***Procedure:***

S. No.	Activity / Description	Responsibility	Ref. Doc. / Record
4.1	**Identi f cation of records** Records required to be maintained at various levels, within the organisation, for implementation of QMS have been identi f ed in relevant procedures/ other documents and shall be accordingly maintained.	MR/ Divisional Heads for the respective work area	
4.2	**Preparation of Master List of Records** a) A Master List of Records shall be generated and maintained with the following information: i) Name of Record ii) No. of records/vol. No. iii) Controlling O f cial as decided by concerned Branch Head. iv) Location of Record (Almirah no./ Rack no.) v) Minimum retention time b) Minimum retention time of these record shall be decided, based on requirements & declared policies of user/ICAR Head O f ce. c) All records, as required under various Quality Management System procedures, other documents shall be generated / maintained / updated under the responsibility of identi f ed controlling o f cers.	Divisional Heads for the respective work area Divisional Heads for the respective work area Controlling O f cers as per Master List	

S. No.	Activity / Description	Responsibility	Ref. Doc. / Record
4.3	**Generation of Quality Records** Identified officers / executives shall ensure generation of necessary records, legibly, in the formats, as specified in their controlling document in registers / files, etc., as per Master List of Records. They shall ensure appropriate Codification of files. It shall be ensured that in case of files / records on hard copies, Serial Numbering of pages is preferably done. Identified officers / officials shall be custodian of files / records allocated to them and shall control their movement. On creation / deletion of a file, changes to the master list records are updated by the controlling officials sent to the concerned officer. On completion of a volume of a file, another volume of file is "sttared"& the "nest" incremental volume is allotted to it.	Officers as per Master List	Master list of Records
4.4	**Storage / Maintenance** a) It shall be ensured that storage area/ facilities for safe keeping of records are provided, records are maintained and stored appropriately with filing, indexing, and labelling, as necessary, for maintenance, easy identification and retrieval, keeping appropriate traceability through date, file no. etc. as required. b) It shall be ensured that records are easily retrievable and kept safely for the minimum retention period. c) Wherever needed, Record Rooms shall be provided for old records. In any case, safe keeping of records shall be ensured.	Controlling Officers as per Master List	Master list of Records
4.5	**Reference of records by outside agencies** Any records required for reference by outside agencies shall be made available under the approval of the concerned controlling officer.	Controlling Officers as per Master List	

S. No.	Activity / Description	Responsibility	Ref. Doc. / Record
4.6	**Disposal of Records** At the end of a year, records shall be examined to identify the once which have crossed their retention time and are not required any further. However, the records may be retained for longer periods, if felt necessary. List of such records which may be disposed of shall be prepared and got approved from concerned Head of Division fnally approves for the disposal (if required) of these records. Files / records “To be shredding” or any other means suitable to the need of concerned Division. Due care shall be ensured before deciding disposal of records, especially in following cases: ❖ Active fle, Records ❖ Records / fle for cases under litigation ❖ Actions are pending	Controlling O f cers as per Master List	Approval note for disposal of records

Format for Master List of Records

Division: _____ Section: _____

S. No.	Name of Records (e.g. files/registers/ reports etc.)	Record no. / vol. no.	Controlling Official/ Custodian of Record	Location of Record (e.g. Almirah/rack no. / room no.)	Min. Retention time (years)	Remarks

Internal Quality Audit

1. ***Purpose:*** To establish and operate a system for internal quality audits of activities covered under Quality Management System of DARE/ICAR Head O f ce.
2. **Scope:** Applicable to all activities / functions covered within the Quality Management System of DARE/ICAR Head O f ce.
3. ***Overall Responsibility:*** Management Representative
4. ***Procedure:***

S. No.	Activity / Description	Responsibility	Ref. Doc. / Record
4.1	**General** Internal audits shall be planned at MR level at a frequency of at least twice in a year. Audits shall cover audits of all Divisional activities of DARE/ICAR, Head O f ce.	MR/QMS Coordinators	
4.2	**Identi f cation of Internal Auditors** A group of personnel of DARE/ICAR Head O f ce who have successfully completed the Lead Auditors Training / Internal Quality Auditors' Training on Quality System have been identi f ed as Internal Quality Auditors of ICAR.	MR/QMS Coordinators	
4.3	**Audit Plans** a. Calendar year wise comprehensive internal audit plan shall be prepared. The frequency of audit shall be at least twicein a calendar year. b. Audit plan shall specify following: i) Activities to be audited ii) Tentative period of the audit iii) Names of Internal Quality Auditors maintaining independence of audits. c. Audit plans shall be issued under the signatures of MR to all internal quality auditors and the Divisional Heads / QMS Coordinators to be audited, for compliance to schedule.	MR/QMS Coordinators	

S. No.	Activity / Description	Responsibility	Ref. Doc. / Record
4.4	**Audit preparation** a) Audit Team/Auditors shall interact with the auditee & finalize the mutually convenient date, time and duration of audit and inform the same to auditee(s) & other co-auditor(s). b) Audit Team shall understand the audit team's responsibilities c) Audit Team shall prepare itself for the audit by activities such as: i) Developing acquaintance with the activity to be audited ii) Examining the relevant documentation, including previous audit results. iii) Preparation of check list as may be needed	Audit Team/ QMS Coordinators	
4.5	**Audit Execution** As per the pre-decided programme, audit team shall carry out internal audit for the activity(s) assigned keeping ISO 19011 as the guidelines. They shall determine: ❖ Whether the system in place meets the requirements of ISO 9001:2015 and applicable statutory / regulatory requirements for the services provide ❖ Whether system documented is implemented effectively ❖ Whether the system implemented is effective in practice. Auditors shall identify non-conformities (NCs), if any. Auditors shall also verify the corrective actions taken on any pending NCs raised during the previous audits and their effectiveness.	Audit Team	ISO 19011 Non-Conformity Report format
4.6	**Audit reporting** a) If any non-conformity is identified by the Auditor(s), a Non Conformity Report (NCR) shall be prepared	Audit Team / QMS Coordinators	Non-Conformity Report format

S. No.	Activity / Description	Responsibility	Ref. Doc. / Record
	giving areas of System non-conformities with respect to the area audited		
	b) Agreement of Auditee shall be taken on NCRs, along with proposed corrective actions & tentative completion dates.		
	c) The original NCRs shall be given to the auditees and copies to MR.		
	d) Audit Team shall submit the Audit Report to MR along with the copies of NCRs		Audit
4.7	Corrective Action & Follow up Audits		
	a) Based on NCRs raised, Divisional Head / QMS Coordinator shall co-ordinate to ensure that auditee takes timely corrective actions and inform auditors on completion of action.	Divisional Head / QMS Coordinator	Non-Conformity Report format
	b) MR shall organize follow up audits, as per need, for verification of the actions taken.	MR	
	c) Corrective action taken shall be verified through an auditor (for this purpose, auditor may be one of the auditors who have done the audit or any other auditor form the list of Internal auditors). Corrective Action taken shall be endorsed on NCR.	Auditor	
	d) Closure of NCRs shall be informed to MR by submitting all closed NCRs in original.	Concerned Auditee / Auditor	
4.8	**Analysis of results & reporting for Management Review** On completion of audit cycle, based on overall assessment of Audit Report & NCRs received, MR shall prepare an Audit Summary Report & put up his report to Management Review Committee during the next Management Review Meeting (MRM) to enable it to decide systemic corrections need, if any.	MR Management Review Committee	Audit Summary Report
4.9	**Any further audits**	MR	
	a) In addition to the audits as planned above, any further audit for any or all		

S. No.	Activity / Description	Responsibility	Ref. Doc. / Record
	activities based on status / importance of any activity as per the need shall be identified by MR/Management Review Committee which shall be recorded in Audit Plan and informed to Auditors/Auditees. These audits may become necessary due to factor such as: i) Change in the Organizational set up; ii) Change in applicable procedure iii) Deficiency observed through internal audit reports/external audits management review customer complaints etc.		
	b) The Audit preparation execution, reporting, corrective action & follow up audits are done as per the procedure given above.	MR	Internal Audit Plan

5. Abbreviations:

5.1 IQA- Internal Quality Audit

5.2 NCR- Non-Conformity Report

Non-Conformity Report

1. Audit No.:	2. ISO Standard: ISO 9001:2015	
3. Division/ Activity:	4. Auditee:	
5. Auditor(s):	6. Date:	
7. Non-Conformity	Relevant Clause	Reference Document

Signature of Auditor: _____

Signature of Team Leader: _____

8. Proposed Correction on Non-Conformity

Signature of Auditor: _____

Proposed Completion Date: _____

9. Root cause: Competency/ Resource/ Management Commitment/ Deficient Document/ Interface bet. Deptt.

10. Proposed Corrective Action on Non-Conformity

Signature of Auditor: _____

Proposed Completion Date: _____

11. Correction & Corrective Action Taken:

Signature of Auditor: _____Completion Date: _____

12. Verification of Actions Taken

Action: Satisfactory/ Not Satisfactory Non conformity: Closed/ Not closed

Remarks if any:

Signature of Auditor: _____

Date of Verification: _____

Audit Report

Division/ Activity Audited _____

Audit Dates _____

Auditors (1) _____

(2) _____

(3) _____

(4) _____

any other (if more than 04 auditors) _____

Audit No. _____ Year _____

Auditee (Name & Designation) _____

Total no. NCRs raised _____

No. of NCRs Closed _____

No. of NCRs Pending _____

Remarks if any

_____

(Signature of any one Auditor)

Date: _____

Encl.:Copies of all NCRs

Management Review

1. ***Purpose:*** To establish & operate a system for periodic Management Review of Quality Management System of DARE/ICAR Head O f ce.
2. ***Scope:*** Applicable to all activities performed by DARE/ICAR Head O f ce that are covered inthe Quality Management System activities.
3. ***Overall Responsibility:*** The overall responsibility of Management Review "at organization level has lies with Management Review Committee". MR is responsible for the coordination of these procedures.
4. ***Procedure:***

S. No.	Activity / Description	Responsibility	Ref. Doc. / Record
1.	**Quality System Review:** The overall review of implemented Quality Management System at the level of Secretary DARE and DG, ICAR o f ce shall be carried out by a Management Review Committee comprising of following decided (the frequency of Management Review Meeting will be twice in a year or decided on the basis of its need as suggested by MR to the Chairman) by Committee Chairman: a) Secretary DARE and DG, ICAR - Chairman b) Additional Secretary DARE and Secretary, ICAR - Deputy Chairman c) All Divisional Heads (i.e. Deputy Director Generals (DDGs)/ Assistant Director Generals (ADGs) - Members d) Management Representative (MR)- Coordinator e) Any other member (s) as desired by Chairman	Management Review Committee	
2.	**Agenda for Management Review:** An agenda for Management Review meeting shall be prepared based on all or the applicable issues as indicated below: a) Overall performance of Quality Management System since last Management Review. This should include Quality Management System performance of divisions also.	MR	Management Review Agenda

S. No.	Activity / Description	Responsibility	Ref. Doc. / Record
	b) Results of internal/ external audits & trends of NCRs based on overall assessment of Audit NCRs, their trends and suggestions for systemic improvements received, MR shall put up his report to Management Review Committee to enable it to decide systemic corrections needed, if any. c) Review of Status of Services based on identified key Performance Indicators. d) Major Corrective & preventive actions/ major policy decisions taken during the period under review and results thereof e) Status of Customer feedback/ complaints, Customer satisfaction on performance of DARE/ICAR Head Office. f) Suitability of Quality Policy and status of achievement of quality objectives. g) Process Performance and Service conformity. h) Effectiveness of implemented Quality Management system. i) Follow-up from previous Management Review. j) Changes that could affect the QMS. k) Improvements needed.		
3.	**Circulation of Agenda** Management Review Agenda shall be circulated to all the members of Management Review Committee one week in advance of the proposed meeting.	MR	Management Review Agenda
4.	**Conduct of Management Review Meeting** Management Review Committee shall review the overall performance of Quality Management System of DARE/ICAR (Head Office) as per Management Review Agenda for its continuing suitability based on	Management Review Committee	

S. No.	Activity / Description	Responsibility	Ref. Doc. / Record
	relevant data and information. It shall decide any actions to be taken based on the above review, identify areas of improvement and give directions for the same.		
5.	**Minutes of Meeting:** MR shall prepare minutes of the meeting, obtain approval of Chairman of Management Review Committee and circulate the Minutes of the Management Review Meeting to the members and all others concerned.	MR	MR Meeting Minutes
6.	**Follow up** MR shall follow up with those responsible for taking action to ensure timely action as per Management Review Minutes.	MR	
7.	**Corrective Actions** Concerned persons responsible for actions based on Minutes of Management Review Meeting shall submit report on actions taken on the minutes of the meeting to MR in a timely manner who shall, as necessary, verify corrective/ preventive actions taken.	Concerned	
8.	**Report on Actions taken to Management** MR shall report on Actions taken to Chairman, Management Review Committee who may like to review the status from time to time and also report the same in the next Management Review Meeting.	MR	Action Taken Report

Customer Satisfaction & Grievance Redressal

1. ***Purpose:*** To establish & operate a system for assessment enhancement of Customer Satisfaction.
2. ***Scope:*** Applicable to all the users of services of ICAR Head O f ce as per scope of QMS.
3. ***Overall Responsibility:*** Management Representative.
4. ***Procedure:***

S. No.	Activity/ Description	Responsibility	Reference Documents
4.1	**CUSTOMER FACILITATION & CONTACTS**		
4.1.1	For providing the latest information to the users of DARE/ICAR, Head o f ce services; the key useful information about the Projects/ schemes/ guidelines, application forms, methodologies, rules/ regulations, contact details - are available on the Website which is regularly updated.	Concerned Branch O f cers	
4.1.2	For customer facilitation, email addresses of the key functionaries are available on the site & the queries of the customers sent through the email.	Concerned O f cers	Web site
4.1.3	Updated status of the applications for approval of proposals/ budget etc. is updated to the concerned customer/ ICAR Institute/ Unit through e-mail/ telephone/ letters etc.	Concerned O f cers	
4.1.4	The clients/ users of services are also free to contact the senior o f cers at DARE/ICAR Head o f ce. The highlighted issues are resolved through interaction with the concerned dealing o f cers.	Concerned O f cers	
4.1.5	Regular meetings/ telephonic contacts are made with the customers for assessment of e f ciency of the services provided & the issues of grievance, if any. When formal meetings are held in a forum with a group, minutes of the meetings are prepared & the nominated o f cers complete the required actions decided.	Concerned O f cers	Minutes of meeting

S. No.	Activity/ Description	Responsibility	Reference Documents
4.1.6	If the decision is relevant to the query raised or immediate concern to the user of services, information on the same is provided to them.	Concerned O f cers	
4.1.7	When top management receives feedback from the client or when it visits them. The feedback issues are forwarded to the concerned o f cials as circulars or through notes for action and information, for identi f cation of & taking actions on enhancement of Customer Satisfaction.	Divisional Head	
4.2	**FORMAL CUSTOMER FEEDBACK**		
4.2.1	The structured Customer Feedback form is forwarded to users of services in each category of activities.	MR	Customer Feedback Form
4.2.2	The feedback is compiled & analysed on receipt to assess the overall rating & the de f cient areas needing attention. The summery is also discussed in the Management Review Meeting.	Divisional Head	
4.2.3	These issues are presented in the Management review meeting & the concerned functionaries take actions as per the decision made.	MR	Minutes of Management Review Meeting
4.3	**GRIEVANCE REDRESSAL**		
4.3.1	Any of the service user/ customer can address its grievances to concerned/ higher o f cer by direct communication through letter/ e-mail etc.	Concerned o f cer	
4.3.2	Grievances of the customers are resolved through the discussion with concerned o f cers/ in a meeting of nominated o f cers.	Concerned/ nominated o f cer	

Customer Feedback Form

Client Feed Back On DARE/ICAR Head O f ce Services

Division - _____

1. Name of Customer/ Institute/ Organization: _____
2. Approx. No. of proposals/ issues/ cases dealt with ICAR HO: _____

Your Valuable Feed Back

Control of Non-Conforming Services

1. ***Purpose:*** To ensure that suitable mechanism for identifying & taking actions on the non-conformities is established & implemented.
2. ***Scope:*** Applicable to all the activities covered under the scope of QMS of DARE/ICAR Head O f ce.
3. ***Overall Responsibility:*** All Divisional Heads for activities under their control. MR for overall implemented QMS.
4. ***Procedure:***

S. No.	Activity/ Description	Responsibility	Reference Documents
	Non conformities identi f ed during routine working within DARE/ICAR Head O f ce		
4.1	The non-conformities are identi f ed during execution of routine activities and actions are identi f ed & taken by the concerned functionaries under the guidance of their Divisional Heads. Actions on such Non conformities are decided during the formal/ informal meetings within the Branch.	Operational Personnel under guidance of Divisional Head	Concerned f les
4.2	After identi f cation of the non-conformities through such routine Checking& recoding of the need for necessary correction, generally these actions are taken by the same personnel who had executed the work originally & the actions taken are recorded in the concerned f le, preferably near the noting made for actions to be taken.	Operational Personnel under guidance of Divisional Head	
4.3	Actions are taken on any observations of internal audits - concerning the individual f le/ scheme/ project, veri f ed by the concerned head & forwarded to Internal Auditors/ MR.	Divisional Head through operation level O f cers	
	Actions on critical non conformities having repercussions on Policies & external customer interaction		
4.4	If any non-conforming letter or communication, having deviations from the agreed requirements or from the internal guidelines, is inadvertently forwarded to the concerned Division (whether noticed with in DARE/ICAR Head O f ce or	Concerned O f cer	

S. No.	Activity/ Description	Responsibility	Reference Documents
	informed by the external source), it is immediately corrected or amended as per the applicable requirements. After such rectification in full or part, the details are checked for completeness & correctness by the Branch Head. Thereafter, the document with correct details is forwarded to the desired destination. Both the documents are filed together for reference & the incorrect letter is positively identified.		
4.5	Deviation from the specified practices If in the interest of DARE/ICAR Head office, deviations from the specified practices/ guidelines is required, a note/ proposal, with justification for deviations, is initiated by the concerned officer & recommended by the Divisional Head. Secretary DARE and DG, ICAR takes final decision. Efforts are made to ensure uniformity of practices while taking such decisions. If such decisions need information to other offices for clarity & uniformity of working, details are forwarded to them as circulars.	Concerned Divisional Head	Circulars/ Decisions in file
4.6	Periodic Review of Long Term Actions The summary of the critical non conformities observed & the corrections done is discussed in the Divisional level review meeting to identify any trends & need for corrective actions for control of the non-conformities. On identification of the improvement areas, targets & responsibilities are assigned & monitored to ensure completion of the work in a time bound manner.	Divisional Head	Minutes of review meeting

Procedure for Corrective & Preventive

1. ***Purpose:*** To ensure that suitable mechanism for identifying & taking corrective and preventive actions is established for eliminating actual or potential non-conformities.
2. ***Scope:*** Applicable to all the activities covered under the scope of QMS.
3. ***Overall Responsibility:*** All Divisional Heads for activities under their control. MR for overall QMS.
4. ***Procedure:***

S. No.	Activity/ Description	Responsibility	Reference Documents
	Corrective/ preventive actions on Routine basis		
4.1	The non-conformities, actual or potential are identified during execution of routine activities and actions are identified & taken by the concerned functionaries under the guidance of their Divisional Heads. Actions on such Non conformities are decided during the formal/ informal meetings within the Division.	Operational Personnel under guidance of Divisional Head	Concerned files
	Corrective/ preventive actions on critical actual/ potential non conformities		
4.2	The Divisional Head conducts review meetings based on their needs and discuss issues such as delays/ deviations in processing, customer dissatisfaction, resource constraints, reasons for shortfall in achievement of targets/ division level efficiency norms, delay in updation of records, incorrect entries, loss of data, non-availability of updated Guidelines. Data is stored as minutes of meeting. It is ensured that the actions are taken in a time bound manner & the corrective & preventive actions are commensurate with the severity & impact of the problem. For problems requiring long term solutions, multidisciplinary approach may be adopted by interfacing with other Deptts./ Divisions	Divisional Head	Minutes of Review Meetings

S. No.	Activity/ Description	Responsibility	Reference Documents
4.3	Internal Quality Audits are regularly conducted by the Internal Auditors, as per the relevant procedure. Corrective & preventive actions are taken on the actual or potential non conformities identified in these audits. If any issues having widespread repercussions are identified, these are brought to the notice of all concerned dealing with such activities, through circulars or guidelines.	Internal Audit Group	Audit Reports/ Audit summary
4.4	To control the potential non conformities because of variation in working, guidelines & Scheme Documents are issued to all concerned.	Concerned Divisional Head	Scheme Document, Guidelines & Circulars
4.5	However, for problems/ non-conformances of repetitive & critical nature, attributable to system, the issues are compiled at Secretary DARE and DG, ICAR level & are discussed in with the Divisional Heads. The actions decided are circulated to all concerned. The issues include major failures/ non conformities/ written complaints by the customers/ users of services. The root-cause analysis is done by the nominated person and necessary corrective & preventive actions are identified & taken. Actions are reviewed at the Divisional Head level & status is discussed in the next MRM.	Secretary DARE and DG, ICAR	
4.6	For any corrective and preventive action having long term implication, quality objective or continual improvement programme may also be prepared and monitored for timely & effective completion.	Divisional Head	Quality Objectives
4.7	The summary of the corrective & preventive actions incorporating important issues is regularly forwarded to MR for discussion/ resolution in the Management Review Meeting.	Divisional Head	Minutes of review meeting
4.8	The efficacy of the Corrective & Preventive Actions is reviewed in the next concerned meeting.	MR/ Divisional Head	

Corrective Actions & Preventive Actions

Record of Corrective & Preventive Action (CAPA)

S. No.	Date	Stage where NC observed	Observed NC	CAPA Identified on NC	Resp. for CAPA	Target Date of completion	Action taken	Review by	Remarks
1									
2									
3									
4									
5									

Abbreviations:

1. CAPA - Corrective & Preventive Action
2. NC - Non-conformity

Notes