



GURU NANAK EDUCATION TRUST



GURU NANAK INSTITUTE OF PHARMACEUTICAL SCIENCE AND TECHNOLOGY

(GNIPST)

*A JIS Group Institution | Approved by PCI | Accredited by NAAC & NBA | Affiliated to
Maulana Abul Kalam Azad University of Technology, West Bengal (MAKAUT)
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INSTITUTIONAL POLICY DOCUMENT INTERNAL QUALITY ASSURANCE POLICY

Document Control

Document Title	Internal Quality Assurance Policy
Applicable To	All faculty, staff, students, departments, cells and committees of GNIPST
Custodian	Internal Quality Assurance Cell (IQAC)
Approving Authority	Governing Body, GNIPST
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1. Preamble

Guru Nanak Institute of Pharmaceutical Science and Technology (GNIPST), established in 2005 under the aegis of the Guru Nanak Education Trust and nurtured within the JIS Group, is committed to excellence in pharmaceutical education, research and service to society. The Institute recognises that quality is not the outcome of periodic inspection alone, but of a continuous, participative and data-driven culture of planning, review and improvement across all its academic and administrative functions.

This Internal Quality Assurance Policy has been framed in line with the guidelines of the National Assessment and Accreditation Council (NAAC) for the creation and functioning of the Internal Quality Assurance Cell (IQAC), the outcome-based accreditation framework of the National Board of Accreditation (NBA), the norms of the Pharmacy Council of India (PCI) and the regulations of the affiliating University (MAKAUT), so as to provide a structured and transparent framework for sustaining and enhancing quality at GNIPST.

2. Objectives of the Policy

The specific objectives of this policy are to:

- Develop a system for conscious, consistent and catalytic action to improve the academic and administrative performance of the Institute.
- Institutionalise quality culture through the internalisation and dissemination of best practices.
- Establish clear benchmarks, processes and responsibilities for quality assurance across departments, cells and committees.
- Implement outcome-based education and ensure measurable attainment of programme and course outcomes.
- Obtain structured feedback from all stakeholders and ensure time-bound action on it.
- Coordinate and sustain accreditation, ranking and regulatory compliance with NAAC, NBA, NIRF, PCI, and the University.
- Promote transparency, accountability and evidence-based decision-making throughout the Institute.

3. Definitions

"Institute" means Guru Nanak Institute of Pharmaceutical Science and Technology (GNIPST).

"IQAC" means the Internal Quality Assurance Cell of the Institute constituted under Section 5 of this policy.

"IQAC Coordinator" means the senior faculty member nominated by the Director to coordinate the functioning of the IQAC.

"Departmental Quality Coordinator" means the faculty member nominated in each department to coordinate quality assurance activities at the department level.

"AQAR" means the Annual Quality Assurance Report submitted by the Institute to NAAC.

"SSR / SAR" means the Self-Study Report submitted to NAAC and the Self-Assessment Report submitted to NBA, respectively.

"Stakeholders" means students, parents, faculty, staff, alumni, employers, industry partners, the management and society at large.

"POs, PSOs and COs" mean Programme Outcomes, Programme Specific Outcomes and Course Outcomes, respectively, as defined under outcome-based education.

"Competent Authority" means the Director/Principal of the Institute, or the Governing Body where specified.

4. Scope and Applicability

This policy applies to all academic departments, programmes (B.Pharm, M.Pharm, Ph.D and others), administrative sections, cells and committees of GNIPST, and to all faculty, staff and students. It covers quality assurance in curriculum delivery, teaching-learning and evaluation, research, innovation and extension, infrastructure and learning resources, student support and progression, governance and administration, and institutional values and best practices, corresponding to the criteria of NAAC and NBA.

5. Institutional Mechanism – Constitution of the IQAC

The IQAC shall be constituted by the Director, in line with the prevailing NAAC guidelines, with the following indicative composition:

Member	Role in IQAC
Director / Principal, GNIPST	Chairperson
A few senior administrative officers (e.g., Registrar/Administrative Officer, Accounts Officer)	Members
Senior faculty members, including representatives of each department	Members
One or two members from the management / Governing Body	Members
One or two nominees from local society, students and alumni	Members
One or two nominees from employers, industry and other stakeholders	Members
A senior faculty member nominated by the Director	Coordinator / Member Secretary

Note: Composition shall be revised as per the latest NAAC guidelines. The nominated members shall ordinarily hold office for a term of two (2) years.

- The IQAC shall meet at least once in every quarter. The agenda, minutes and Action Taken Reports of every meeting shall be documented and uploaded on the Institute website.
- The quorum for IQAC meetings shall be as prescribed in the NAAC guidelines, and in any case not less than half of the total membership.
- The IQAC may constitute sub-committees for specific criteria, audits or activities, and may co-opt experts as required.

6. Functions of the IQAC

The IQAC shall perform the following functions:

- Develop and apply quality benchmarks and parameters for the various academic and administrative activities of the Institute.
- Facilitate a learner-centric environment conducive to quality education and the use of ICT-enabled teaching-learning.
- Arrange for structured feedback from all stakeholders on quality-related processes, and ensure analysis and action on the feedback.
- Disseminate information on quality parameters of higher education and organise workshops and seminars on quality-related themes.
- Prepare the annual quality plan and calendar of the Institute and monitor its implementation.

- Document the various programmes and activities leading to quality improvement, and maintain an institutional database for quality assurance.
- Prepare and submit the AQAR to NAAC within the prescribed time, and coordinate the preparation of the SSR, SAR and other accreditation and ranking submissions.
- Coordinate quality-related activities, including the adoption and dissemination of best practices.
- Conduct Academic and Administrative Audits and follow up on their recommendations.
- Promote the development of a quality culture through faculty and staff development, and recognition of good practices.

7. Role of the IQAC Coordinator

The IQAC Coordinator shall be a senior faculty member with good academic standing and familiarity with quality assurance processes, and shall preferably devote substantial time to IQAC work, with appropriate adjustment of workload by the Director. The coordinator shall:

- Convene IQAC meetings in consultation with the Chairperson, and prepare the agenda, minutes and Action Taken Reports.
- Coordinate with Departmental Quality Coordinators, cells and committees for the collection, verification and consolidation of data.
- Lead the preparation of the AQAR, SSR, SAR, NIRF data and other quality-related submissions.
- Maintain the IQAC records, documentation and the IQAC section of the Institute website.
- Report the progress of quality initiatives to the Chairperson and the Governing Body.

8. Departmental Quality Mechanism

Each department shall have a Departmental Quality Coordinator, nominated by the Head of Department with the approval of the Director, who shall:

- Implement IQAC decisions and the quality calendar at the department level.
- Maintain department records, including course files, attendance, results, CO-PO attainment, feedback, research output, events and student progression.
- Coordinate internal department audits and prepare the department's inputs for the AQAR, SSR and SAR.
- Place quality-related matters for review at each department meeting and report to the IQAC.

Other cells and committees of the Institute (such as the Training & Placement Cell, IIPC, R&D Cell, Library, Examination Cell, Anti-Ragging, Grievance Redressal and Internal Complaints Committees) shall submit periodic activity reports with supporting evidence to the IQAC in the prescribed formats.

9. Quality Assurance Processes

9.1 Academic Planning

An academic calendar, teaching plans (lesson plans) and course files shall be prepared for every course before the start of each semester, in line with the University calendar. Timely completion of the syllabus, continuous internal evaluation and remedial measures shall be monitored by the Heads of Departments and reviewed by the IQAC.

9.2 Teaching-Learning and Evaluation

The IQAC shall promote student-centric methods such as experiential learning, participative learning, problem-solving, case-based learning, and the use of ICT tools and learning management systems. Slow and advanced learners shall be identified after assessment, and suitable remedial or enrichment programmes provided. Transparency and timeliness in internal assessment and the redressal of evaluation-related grievances shall be ensured.

9.3 Faculty and Staff Development

The IQAC shall encourage and track participation of faculty and staff in faculty development programmes, refresher and orientation courses, workshops, conferences, industrial training and professional certifications, and shall organise in-house development programmes on pedagogy, research, outcome-based education and quality assurance.

9.4 Research, Innovation and Extension

The IQAC shall monitor research publications, patents, funded projects, consultancy, MoUs, innovation and entrepreneurship activities, and extension and outreach programmes, in coordination with the R&D Cell and the IIPC.

9.5 Infrastructure and Learning Resources

The adequacy, maintenance and utilisation of classrooms, laboratories, equipment, the library, ICT facilities and other infrastructure shall be reviewed periodically, and gaps shall be addressed through the annual budget.

9.6 Environment and Institutional Values

Green, energy, environment and gender audits shall be conducted periodically, and initiatives relating to sustainability, gender equity, inclusiveness, professional ethics and constitutional values shall be promoted and documented.

10. Stakeholder Feedback System

A structured feedback system shall be maintained as follows:

Stakeholder	Feedback On	Indicative Frequency
Students	Curriculum, teaching-learning, facilities, overall satisfaction (including the Student Satisfaction Survey)	Every semester / annually
Faculty	Curriculum, facilities and institutional processes	Annually
Alumni	Curriculum relevance and institutional development	Annually
Employers / Industry	Curriculum relevance and preparedness of graduates	Annually
Parents	Student progress and institutional support	Annually

Note: Frequencies are indicative and may be revised by the IQAC.

Feedback shall be collected through standard questionnaires (online or offline), analysed, and discussed at department and IQAC meetings. An Action Taken Report (Annexure II) shall be prepared for each feedback cycle, communicated to the relevant authorities, and uploaded on the Institute website. The outcome of curriculum feedback shall be communicated to the University where relevant.

11. Outcome-Based Education and Attainment

- Each department shall define and publish its Vision, Mission, Programme Educational Objectives (PEOs), Programme Outcomes (POs) and Programme Specific Outcomes (PSOs), and display them on the website and in the department.
- Course Outcomes (COs) shall be defined for every course and mapped to POs and PSOs through a CO-PO/PSO articulation matrix.
- CO attainment shall be measured through direct methods (internal and University assessments) and indirect methods (course exit surveys), using target levels fixed by the department.

4. PO and PSO attainment shall be computed annually from CO attainment and indirect assessment tools such as programme exit, alumni and employer surveys.
5. Where attainment falls below the target, the department shall identify gaps and plan corrective actions, which shall be reviewed by the IQAC.

12. Academic and Administrative Audit

An internal Academic and Administrative Audit (AAA) of each department and section shall be conducted at least once every academic year by a committee constituted by the IQAC, which may include external experts. The audit shall review teaching-learning, evaluation, research, student support, records, infrastructure utilisation and administrative efficiency using the format in Annexure I. The audit report and recommendations shall be placed before the IQAC, and compliance by the department or section shall be reviewed in the subsequent audit. An external academic audit may be conducted periodically with the approval of the Competent Authority.

13. Accreditation, Ranking and Regulatory Compliance

- **NAAC:** Timely submission of the AQAR every year, and of the Institutional Information for Quality Assessment (IIQA) and SSR for each cycle of assessment and accreditation, together with preparation for Data Validation and Verification (DVV) and peer team visits.
- **NBA:** Preparation of the SAR and supporting documents for accreditation of eligible programmes, and maintenance of compliance with NBA criteria.
- **NIRF and other rankings:** Timely and accurate submission of data for NIRF and any other rankings in which the Institute participates.
- **Regulatory and statutory bodies:** Coordination with the relevant cells for compliance and data submission to PCI, AICTE, MAKAUT, AISHE and other bodies, as applicable.

All data submitted to external bodies shall be verified by the concerned department or section, validated by the IQAC and approved by the Competent Authority before submission, and shall be consistent across all submissions.

14. Documentation and Data Management

- The IQAC shall maintain a central repository (physical and digital) of quality-related records, including minutes, reports, feedback, audit reports, AQARs, SSRs, SARs and supporting evidence, organised criterion-wise.
- Departments, sections, cells and committees shall submit data and evidence to the IQAC in the prescribed formats and within the timelines set by the IQAC calendar.
- Every activity or event shall be documented with a notice/circular, attendance, photographs, report and outcome, as applicable.
- Records shall be retained for at least one full accreditation cycle, or longer where required by regulation, and backed up securely.
- Personal data of students and employees shall be handled with due confidentiality and in accordance with applicable law.

15. Best Practices and Institutional Distinctiveness

The IQAC shall identify, document and disseminate best practices of the Institute using the format in Annexure III (Title, Objectives, Context, Practice, Evidence of Success, Problems Encountered and Resources Required). It shall also identify and document an area of institutional distinctiveness in line with the Institute's vision. Departments and individuals shall be encouraged to propose innovative practices, which, once proven, shall be adopted across the Institute. Good performance may be recognised through institutional awards or appreciation, as decided by the Competent Authority.

16. Financial Provisions

An annual budget for IQAC activities, including quality-related workshops and seminars, feedback and audit processes, external experts, accreditation and ranking fees, documentation and software, shall be proposed by the IQAC and approved by the Competent Authority. Expenditure shall be accounted for through the Finance & Accounts Office as per the Institute's financial rules.

17. Non-Compliance and Accountability

All departments, sections, cells, committees and individuals are responsible for implementing this policy within their areas. Persistent failure to submit data or reports within the prescribed timelines, submission of inaccurate or unverifiable data, or non-compliance with audit recommendations shall be reported by the IQAC to the Competent Authority, who may take appropriate administrative action. Deliberate falsification of data submitted to any accreditation, ranking or regulatory body shall be treated as serious misconduct under the Institute's service rules.

18. Amendment and Review of Policy

This policy shall be reviewed once every three years, or earlier if required by changes in NAAC/NBA/PCI/AICTE/MAKAUT guidelines, applicable law, or Institute needs. Operational matters such as the quality calendar, feedback formats and audit formats may be revised by the IQAC with the approval of the Competent Authority. Any other amendment shall require the approval of the Governing Body of GNIPST and shall be communicated to all faculty, staff and students through official circulars.

19. Approval

This Internal Quality Assurance Policy has been recommended by the Internal Quality Assurance Cell (IQAC) and is placed for approval before the Governing Body of Guru Nanak Institute of Pharmaceutical Science and Technology.

Prepared by
(IQAC Coordinator)

Date:

Recommended by
(Director / Principal)

Date:

Approved by
(Chairperson, Governing Body)

Date:

Annexure I – Departmental Academic and Administrative Audit Format

1. Name of Department / Section & Academic Year	
2. Programmes Offered and Student Strength	
3. Faculty and Staff Position (Sanctioned / In Position)	
4. Status of Syllabus Completion, Lesson Plans and Course Files	
5. Results and Pass Percentage (Programme-wise)	
6. CO-PO Attainment Status and Actions Taken	
7. Research Output (Publications, Patents, Projects, Consultancy)	
8. Faculty Development Programmes Attended / Organised	
9. Student Support, Progression and Achievements	
10. Infrastructure, Laboratory and Equipment Status	
11. Status of Previous Audit Recommendations	
12. Observations and Recommendations of Audit Committee	
13. Signatures of Audit Committee Members, Head of Department & Date	

Annexure II – Feedback Analysis and Action Taken Report

1. Stakeholder Category & Feedback Cycle (Academic Year / Semester)	
2. Mode of Collection & Number of Respondents	
3. Department(s) / Programme(s) Covered	
4. Summary of Feedback Analysis (Key Strengths)	
5. Summary of Feedback Analysis (Areas for Improvement)	
6. Actions Proposed	
7. Responsible Person / Section and Timeline	
8. Actions Taken and Status	
9. Date of Discussion at Department / IQAC Meeting	
10. Signature of Departmental Quality Coordinator & Head of Department	
11. Signature of IQAC Coordinator & Date	

Annexure III – Best Practice Documentation Format

1. Title of the Practice	
2. Objectives of the Practice	
3. The Context (issues addressed and challenges faced)	
4. The Practice (how it is implemented)	
5. Evidence of Success (outcomes, data, recognition)	
6. Problems Encountered and Resources Required	
7. Department(s) / Cell(s) Responsible	
8. Period of Implementation	
9. Notes (scope for adoption elsewhere)	
10. Signature of Coordinator of the Practice & Date	
11. Remarks of IQAC Coordinator	