



**INTERNAL QUALITY ASSURANCE CELL  
MINUTES OF MEETING**

<b>Department</b>	Internal Quality Assurance Cell ( IQAC)
<b>Date of meeting</b>	20.04.2023
<b>Time</b>	2.30 pm – 4.00pm
<b>Venue</b>	College Council Hall
<b>Chair person</b>	Dr. S. Ratnasamy , Dean
<b>Meeting Agenda</b>	<ol style="list-style-type: none"> <li>1. Short review and action taken of the previous MOM</li> <li>2. NAAC Accreditation status</li> <li>3. Reconstitution of AQAR team</li> <li>4. Discussion on <b>Sensitizing Criteria Wise Awareness Program &amp; Academic and Administrative Audit (AAA)</b></li> <li>5. Discuss the analysis of feedback forms from Parents, faculty (Curriculum, Teaching, Learning, Evaluation &amp; Research, Infrastructure, Library and Governance), Students(Curriculum, Hostel and Library), Employers (outside), Professionals and alumni(Curriculum) for the year (2022-23)</li> <li>6. Discussion on NABH accreditation process</li> <li>7. Discussion on NABL Internal auditor training program</li> <li>8. Discussion on ISO Reaccreditation status</li> <li>9. Discussion on NIRF status</li> <li>10. Any other matter permission with Chair.</li> </ol>

**Minutes of meeting of IQAC on 20.04.2023**

The Dean welcomed the gathering and mentioned the Agenda of meeting.

1. The previous MOM (26.12.2022) was reviewed and action taken was presented by Dr. R. Latha, the IQAC Coordinator.

S.no	POINTS DISCUSSED	ACTION TAKEN	Decision taken in the meeting held on 26th Dec, 2022
1.	Discussion on NAAC Peer Team Visit to our institution	<ul style="list-style-type: none"> <li>• The NAAC Mock audit was conducted on 18<sup>th</sup> and 19<sup>th</sup> of January, 2023 by Dr. Yokesh Kumar Sharma and Dr. Chamundeeswari and provided few suggestions on handling NAAC Peer Team Visit.</li> <li>• The NAAC Peer Team Visit was conducted on 23rd and 24<sup>th</sup> of January, 2023 by Dr. S H Ansari (Chair person), Dr. SrinivasMantha (Member Coordinator) and Dr. VirendraPratap Singh (Member) and submitted a detailed NAAC Peer</li> </ul>	Noted and recorded

		<p>Team Visit Report to the Head of the Institution.</p> <ul style="list-style-type: none"> <li>Our institution has been <b>Accredited</b> with a <b>CGPA</b> of <b>3.32</b> on a four point scale at <b>A+ Grade</b> valid for a period of <b>5 years</b> (upto 30<sup>th</sup> January, 2028)</li> </ul>	
2.	Discussion on Current status of NABH accreditation process	<ul style="list-style-type: none"> <li>NABH inspection was held from 17<sup>th</sup> to 19<sup>th</sup> March, 2023 by five assessors.</li> <li>79 Non- conformities are to be closed within 2-3 weeks time</li> </ul>	Noted and recorded
3.	Discussion on Reaccreditation inspection status of NABL	<ul style="list-style-type: none"> <li>NABL certificate received for 76 parameters</li> <li>The validity is from 20<sup>th</sup> Jan, 2023 to 19<sup>th</sup> Jan, 2025 (2 years)</li> </ul>	Noted and recorded
4.	Discussion on current status of ISO	<ul style="list-style-type: none"> <li>ISO certificate validity extended from 17<sup>th</sup> July, 2020 to 16<sup>th</sup> July, 2023 (3 years)</li> </ul>	Noted and recorded
5.	Discussion on current status of NIRF	<ul style="list-style-type: none"> <li>One day program on “NIRF Overview” was conducted on 12<sup>th</sup> Jan, 2023.</li> <li>NIRF data was uploaded at DCS for NIRF 2023 ranking on 20<sup>th</sup> Jan, 2023.</li> </ul>	Noted and recorded

## 2. NAAC Accreditation status

- The Peer team visit report of our Institution was approved by the Standing Committee constituted by the Executive Committee of NAAC and declared the accreditation results on 31<sup>st</sup> January, 2023.
- Our institution has been **Accredited** with a **CGPA** of **3.32** on a four point scale at **A+ Grade** valid for a period of **5 years** (upto January 30, 2028)
- The original certificate of NAAC accreditation was despatched to the Head of our Institution on 03 April, 2023.
- The Assessment Outcome Document (AOD) of our institution is downloaded and displayed on our institutional website.
- As per the guidelines of NAAC, the Self-Study Report (SSR) uploaded on our institutional website and accessible to all the stakeholders.

## 3. Reconstitution of AQAR team

The AQAR team has been reconstituted.

## 4. Discussion on Sensitizing Criteria Wise Awareness Program & Academic and Administrative Audit (AAA)

- The point was raised that sensitizing the Heads of all departments and the members of AQAR team is of paramount importance to ensure that they are fully aware of their responsibilities and can effectively contribute to the overall success of the NAAC accreditation process.
- It was noted that gaining a comprehensive understanding of the NAAC requirements is necessary to facilitate an effective academic and administrative audit, which is a critical aspect of the accreditation process.
- Therefore, it was emphasized that all faculties should receive appropriate training and guidance to ensure that they are well-equipped to fulfill their responsibilities and actively participate in the accreditation process.
- And also sharing A<sup>++</sup> Benchmarks, reference documents and samples.

5. Discuss the analysis of feedback forms from Parents, faculty (Teaching, Learning, Evaluation & Research, Infrastructure and Governance), Students (Curriculum, Hostel and Library), Employers (outside), Professionals and alumni (Curriculum) for the year (2022-23) was presented by Dr. P. Suresh, the IQAC Member Secretary.

**Feedback analysis**

**I. Parents feedback: Overall positive feedback percentage from 70 % to 88.3%**

S. No	Points discussed	Action proposed
	Discussion with Dr. K. Tamilselvan, VP (Acad) regarding Academic improvements	Case based bed side teaching will be implemented effectively
2.	Discussed about CAMU	Incorporate CAMU and SMS message will be implemented
3.	Breaktime of 10 min after 2 hours of theory class in the morning to be given	It will be given
4.	Change of food menu in the mess (discussed with Dr. E. Suganya, Girls Hostel Deputy warden and Mr. Kumaravel, Canteen Manager)	Few changes are done.
5.	Provide lunch for needed day scholars from Monday to Friday on monthly bases charges.	It will be given
6.	Improve sports activities	Sports activities will be improved as per suggestion
7.	Remedial classes – (5- 7pm) transport provision for both faculty and students	It will be provided
8.	Avoid giving assignment. It takes away students study time.	Its decided not to give assignments anymore

**II. Faculty feedback – Curriculum, Overall Positive feedback percentage from 70 % to 90%**

S. No	Points discussed	Action proposed
1.	Case based learning to be done – Dr. Suresh, DMS	Case based learning for difficult chapter on the bedside teaching will be done. Student attendance and IA marks will be strictly monitored as per CBME pattern.

2.	Absentees list must be sent to parents through CAMU/SMS	Digital Biometric for students and bulk SMS through TRAI will be initiated Spare DEO's (3NO's) will be recruited within one month time and they will be kept in the DEAN office academic works.
3.	Increase the Patient Load – Insurance / Concession to be given	Marketing department and Insurance department asked to plan for the improvement of the patient strength in our hospital
4.	On how to admit Camp Patients (without Attender)	Camp patients will be admitted as per our policy
5.	ECE Integration – how to proceed further	Integration schedule is implemented and ECE to be done effectively and schedule to be made.

**II. Faculty feedback on governance: Overall Positive feedback percentage from 82 % to 96.3%**

S. No	Points discussed	Action proposed
1.	Regular maintenance is required	Periodical cleaning and maintenance will be provided
2.	Fixation of slab to be fixed	It will be provided
3.	Sick leave for doctors is required	It will be considered
4.	WIFI facility needs to be strengthened	Works has been initiated and it will be provided shortly

**II. Faculty feedback on Infrastructure: Overall Positive feedback percentage from 75 % to 89%**

S. No	Points discussed	Action proposed
1.	Demo rooms to be improved	Demo rooms will be provided in new block
2.	LCD required in all demo halls	It will be provided
3.	AC rooms are required in JR quarters	It will be considered

**II. Faculty feedback on Library: Overall Positive feedback percentage from 70 % to 82%**

<b>S. No</b>	<b>Points discussed</b>	<b>Action proposed</b>
1.	Shifting of Central library to new block	Central library will be shifted to new block within two months time

**II. Faculty feedback on Teaching, Learning, Evaluation & Research: Overall Positive feedback percentage from 63 % to 92%**

<b>S. No</b>	<b>Points discussed</b>	<b>Action proposed</b>
1.	LCD projector is required for 2 AC demo hall in college (18 Halls)	It will be provided
2.	Each ward should have a demo room	It will be provided
3.	Teaching Learning CME's can be conducted	It will be initiated
4.	Microscope service required	It will be provided
5.	Research Cell to be formed	It will be initiated
6.	Skill lab – simulators required	It will be purchased
7.	Project screening team required	It will be initiated for all MOU's
8.	Policy for seed money (faculty) for intramural fund	It will be framed

**III. Students feedback on Hostel : Overall Positive feedback percentage from 75 % to 89%**

S. No	Points discussed	Action proposed
1.	Daily cleaning and mopping required in hostel	It will be provided and monitored
2.	Hot water facility required throughout day	It will be provided
3.	Change the food menu	Food menu will be changed
4.	Provide Fruits	It will be provided
5.	Laundry took too long	It will be rectified
6.	Fishes to be added in NV food	It will be included

**III. Students feedback on Library : Overall Positive feedback percentage from 49.9 % to 90%**

S. No	Points discussed	Action proposed
1.	Library Hours can be extended till midnight to help the clinical PG Students	During Exam time library hours will be extended
2.	WIFI is needed	It will be provided

**6. Discussion on NABH accreditation process– Dr. N.Muthukumaravel presented the status**

- The NABH Application for the final NABH Accreditation was submitted on November, 25<sup>th</sup>, 2022.
- The Application was accepted and the NABH Final assessment was conducted by 5 Assessors on 17<sup>th</sup>, 18<sup>th</sup> and 19<sup>th</sup> of March, 2023.
- There was Opening meeting on 17<sup>th</sup>, March, 2023 at 8.30 am. The Principal Assessor conveyed his plan of Assessment.
- Accordingly, the Assessment was conducted by 5 Assessors in their allotted areas in cordial way.
- On 19<sup>th</sup>, March, 2023 at 12 noon, there was closing meeting when the Principal Assessor conveyed that all the non-compliances to be closed as soon as possible.

- Now, we are working on the non-compliances and in the final stage of collecting proofs to submit to the NABH next week so that we are able to get the NABH Final Accreditation Certificate at the earliest.

**7. Discussion on NABL Internal auditor training program - Dr. P. Suresh presented the status**

- NABL accreditation for medical laboratory has been upgraded from ISO 15189:2012 to ISO 15189:2022
- Regarding the up gradation Quality Management System & Internal audit (QMS&IA) training need for the as per ISO 15189:2022
- As per request of Central laboratory services faculties of SVMCHRC, we have made MOU with 360 Diagnostic & Health Service Pvt, Ltd to provide the training.
- NABL ISO 15189:2022 QMS&IA training has been organized in SVMCHRC and scheduled the training date from 24<sup>th</sup> April 2023 to 25<sup>th</sup> April 2023 for refresher and 24<sup>th</sup> -27<sup>th</sup> April 2023 for newly attend the program.
- Totally 27 participant attended the training including 22 faculty and 5 technicians from SMVCHRC
- Our management provide 50% concession for faculty members and 100% concession for technician as per Quality related workshop policy.
- All completed trainers are eligible to conduct internal audit as internal auditor per NABL ISO 15189:2022

**8. Discussion on ISO Reaccreditation status - Dr. A.K. Jayamala presented the status**

- Reaccreditation audit is planned in June, 2023.

**9. Discussion on NIRF status - Dr. E. Suganya presented the status**

- Our Institution is competing in NIRF since 2021.
- The major criteria such as student strength, student to faculty ratio, library, patients and infrastructure facilities have been upgraded constantly.
- The support to the research in the Institution is done in the form of seed money provision, publication grants and conducting multiple research methodology workshops for students and faculty.
- Currently we are waiting for the NIRF ranking, 2023.

**10. Any other matter permission with Chair - Nil**

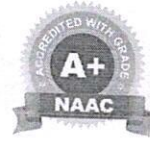
Meeting ended with vote of thanks by Dr.R. Latha, IQAC Coordinator.

*R. Latha*

**IQAC Co-ordinator**

*S. V. S.*

**DEAN**



**Internal Quality Assurance Cell (IQAC) Meeting Attendance on 20-04-2023 (2.30 – 4.00 PM)**

Name	Department	Signature
Dr. B. Vidhya	Chief Operating Officer	
Dr. S. Ratnasamy	Dean of SVMCH&RC	
Dr. S. Mahadevan	Dean (Research & PG Studies)	 S.M. 20/04/23
Dr. M. Loganathan	Medical Superintendent	-
Dr. K. Suresh	Deputy Medical Superintendent	-
Dr. N. Muthukumaravel	Assoc. Dean (Admin) & (NABH)	
Dr. R. Vinod	Vice Principal (Admin)	
Dr. K. Tamilselvan	Vice Principal (Acad)	
Dr. V. Prabu	Prof and Head of ENT	
Dr. P. Muraliswaran	Prof and Head of Biochemistry (NABL)	
Dr. R. Latha	IQAC Coordinator Professor of Physiology	
Dr. P. Suresh	Member Secretary- IQAC Associate Prof of Biochemistry	
Dr. R. Surendar	Prof of Community Medicine	
Dr. K. Mathan	Asso. Prof of Psychiatry	
Dr. A.K. Jayamala	Asso. Prof of Physiology (ISO)	 Jayamala 20/4/23
Dr. E. Suganya	Asso. Prof of Community Medicine (NIRF)	
Mr. A. Soundarajan	General Manager	
Mr. N.R. Pukazenti	Deputy General Manager	
Mr. James Teranace Sekar	Administrative Officer	
Mr. Ramprasanth	Managing Director	
Dr. N. Balaji	HOD of Homeopathy & Nodal Officer DISM&H,	
Mr. M. Arunkumar	Senior Manager – HR (Caplin)	-

T. RAMESH.

Special officer  
(mgt)

T. J.





Mr. B Prabeese	Lead Auditor, EOMS PS Quality, Chennai	-
Dr. A. Arvinth	Associate Prof of Pharmacology	-
Dr. S. Subhashri	Asst. Prof of Physiology	Relieved
Dr. S. Madhumadhi	Asst. Prof of Community Medicine	Madhi
Mr. S.T. Akileswaran	Final MBBS (Part – II) SVMCHRC	-
Ms. Keerthana	Final MBBS (Part – II) SVMCHRC	-
Dr. A.K. Jayamala	Prof of Physiology	Jan 20/4/23
Dr. M. Sakthibalan	Prof of Pharmacology	-
Dr. R. Surendar	Prof of Community Medicine	5/20/4/23
Dr. Margert Therasa	Asst. Prof of Pathology	-
Dr. A.P. Jonathan Arnold	Prof of Pathology	20/4/23
Dr. M. Priyadharshini	Assoc. Prof of Biochemistry	20/4/23
Dr. S. Geethalakshmi	Asst. Prof of Microbiology	Geethalakshmi

Mr. N. Srikrishnan

K. KUMARAVEL

Ms. S. ANNAPRABHU

HR Manager (Faculty)

CANTEEN MANAGER

IT.

John

K. V.

S. Gayathri