STANDARD OPERATING PROCEDURE (SOP)
INTERNAL QUALITY ASSURANCE CELL (IQAC)
ST. BEDE'S COLLEGE, SHIMLA

SOP No.: IQAC/SOP/01/2026
Effective From: Academic Session 2026–27
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Approved By: Principal
Responsible Unit: Internal Quality Assurance Cell (IQAC)
Version: 1.0

1. PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to establish a systematic, participative and evidence-based framework for planning, implementing, monitoring, documenting and continuously improving the academic, administrative and support functions of St. Bede's College, Shimla.

The SOP defines the roles, responsibilities, procedures and accountability mechanisms associated with the functioning of the Internal Quality Assurance Cell (IQAC). It seeks to institutionalise a culture of quality, transparency, shared responsibility, stakeholder participation and continuous improvement beyond the requirements of accreditation.

2. VISION

To develop and sustain an integrated system of internal quality assurance that promotes academic and administrative excellence, institutional effectiveness and continuous quality enhancement through systematic evaluation, innovation and stakeholder participation.

3. MISSION

The mission of IQAC is:

1. To promote a learner-centric environment that enhances the quality of teaching, learning and evaluation through regular review, effective utilisation of infrastructure and optimal use of ICT resources.
2. To facilitate the planning, implementation and periodic review of institutional quality initiatives in consultation with departments, committees, societies and administrative units.
3. To promote professional development of faculty through inter-institutional and intra-institutional workshops, seminars, conferences and training programmes.
4. To facilitate academic and administrative audits for assessing institutional performance and identifying areas for improvement.
5. To encourage entrepreneurship, skill development, value-added learning, experiential learning and community outreach.

6. To promote innovation, institutional best practices and initiatives aligned with the vision and mission of the College.
7. To strengthen communication with students, faculty, alumni, parents, employers and other stakeholders regarding quality-related institutional processes.
8. To periodically evaluate decentralised institutional processes and strengthen participative decision-making through effective feedback mechanisms.
9. To develop and maintain an institutional database and facilitate the preparation and submission of the Annual Quality Assurance Report (AQAR), Self-Study Report (SSR) and other quality-assurance documents, as applicable.
10. To facilitate continuous improvement in all aspects of institutional functioning through systematic monitoring, evaluation and corrective action.

4. SCOPE

This SOP applies to all academic, administrative and support units of the College, including departments, committees, societies and other institutional bodies.

It covers the following areas:

1. Teaching, learning and evaluation.
2. Curriculum implementation and enrichment.
3. Student support, progression and development.
4. Research, innovation and extension activities.
5. Faculty development and capacity building.
6. Skill development, entrepreneurship and employability.
7. ICT-enabled teaching and digital initiatives.
8. Infrastructure, library and learning resources.
9. Governance, administration and institutional planning.
10. Stakeholder feedback and satisfaction.
11. Academic and administrative audits.
12. Documentation, data verification and evidence management.
13. Quality initiatives, institutional best practices and corrective action.
14. AQAR, SSR and other applicable quality-assurance and accreditation requirements.

All concerned departments, committees, societies and administrative units shall follow the procedures and timelines communicated by IQAC.

5. QUALITY POLICY

St. Bede's College, Shimla, is committed to continuous quality improvement through learner-centric education, participative governance, evidence-based decision-making, innovation, inclusivity, transparency and accountability.

The College shall endeavour to integrate quality practices into its academic, administrative and support functions and encourage all stakeholders to contribute to institutional development.

IQAC shall facilitate the implementation, monitoring and review of quality initiatives in collaboration with the concerned departments, committees, societies and administrative units. Quality assurance shall be treated as a continuous institutional responsibility rather than an activity undertaken solely for accreditation.

6. OBJECTIVES OF IQAC

IQAC shall pursue the following objectives:

1. To promote a sustained culture of quality consciousness throughout the institution.
2. To strengthen teaching-learning practices, evaluation and outcome-based education.
3. To encourage research, innovation, experiential learning and skill-based education.
4. To facilitate periodic academic and administrative audits.
5. To monitor institutional plans, quality initiatives and progress against identified targets.
6. To strengthen stakeholder participation and feedback mechanisms.
7. To ensure systematic documentation, verification and preservation of institutional evidence.
8. To identify quality gaps and recommend appropriate corrective and preventive measures.
9. To coordinate the preparation and verification of AQAR, SSR and other accreditation-related documents.
10. To identify, document and promote institutional best practices.
11. To facilitate faculty development and institutional capacity building.
12. To strengthen institutional preparedness for quality assessment and accreditation.

7. ORGANISATIONAL STRUCTURE

IQAC shall function under the leadership of the Principal/Chairperson, in accordance with the approved composition and applicable guidelines.

The organisational framework shall include, as applicable:

1. Principal/Chairperson, IQAC.
2. IQAC Coordinator.
3. Deputy Coordinator(s).
4. External experts and stakeholder representatives, including industry, alumni and the local community.
5. Management representative and administrative officer.
6. IQAC members.
7. NAAC criterion in-charges.
8. Heads of Departments, faculty members, committees, societies and administrative units.
9. Student representatives, designated as Admiral and Vice Admiral by the College.

The structure shall facilitate coordination, communication, monitoring and accountability across the institution. Each member and participating unit shall discharge responsibilities according to the approved composition and assigned role.

The organisational structure shall be reviewed whenever required due to changes in institutional requirements or applicable guidelines.

8. ROLES AND RESPONSIBILITIES

8.1 Principal/Chairperson, IQAC

The Principal/Chairperson shall:

1. Provide overall leadership and direction to IQAC.
2. Approve the Annual Quality Calendar, quality plans and major initiatives.
3. Review the progress and outcomes of quality-enhancement activities.
4. Examine significant quality gaps and approve appropriate corrective measures.
5. Facilitate the institutional support and resources required for quality initiatives.
6. Review the implementation of IQAC decisions and action-taken reports.
7. Approve institutional quality documents and reports wherever required.

8.2 IQAC Coordinator

The IQAC Coordinator shall be responsible for the overall coordination, planning, monitoring and consolidation of IQAC activities.

The Coordinator shall:

1. Coordinate the overall functioning of IQAC.
2. Prepare the Annual Quality Calendar and Annual Quality Action Plan in consultation with the Principal and IQAC members.
3. Convene IQAC meetings and coordinate the implementation of decisions.
4. Coordinate the preparation of AQAR, SSR and other applicable quality-assurance documents.
5. Monitor quality indicators, feedback mechanisms and audit activities.
6. Coordinate the collection, verification and consolidation of institutional data.
7. Identify quality gaps and recommend appropriate corrective measures.
8. Maintain the central IQAC evidence repository and ensure systematic documentation.
9. Facilitate quality-enhancement programmes and the identification of institutional best practices.
10. Monitor progress against the Annual Quality Calendar.
11. Present progress reports and significant issues to the Principal.
12. Coordinate with departments, committees, societies, administrative units and criterion in-charges to ensure timely submission of information.

The Coordinator shall facilitate and consolidate institutional information; responsibility for the accuracy and authenticity of data shall remain with the designated submitting and verifying authorities.

8.3 Deputy Coordinator(s)

The Deputy Coordinator(s) shall assist the IQAC Coordinator in implementing, monitoring and documenting IQAC activities.

Their responsibilities shall include:

1. Assisting in the implementation of IQAC decisions.
2. Coordinating the preparation and documentation of meeting minutes, as assigned.
3. Following up with departments, committees, societies and administrative units regarding assigned tasks.
4. Maintaining the Action Tracker and monitoring deadlines.
5. Coordinating the collection and organisation of supporting evidence.
6. Checking submitted documents for completeness and consistency.
7. Identifying pending reports, missing information and delayed corrective actions.
8. Supporting audits, feedback analysis, AQAR/NAAC documentation and quality-enhancement programmes.
9. Facilitating communication between IQAC and criterion in-charges.
10. Reporting progress and pending matters to the IQAC Coordinator.

Specific responsibilities may be allocated by the Coordinator to ensure equitable distribution of work and timely completion of assigned tasks.

8.4 External Experts, Industry, Alumni and Local Community Representatives

These representatives shall:

1. Provide external perspectives and expert advice on academic quality, employability, research, curriculum relevance and institutional development.
2. Offer suggestions for strengthening industry linkages, community engagement and stakeholder participation.
3. Provide feedback on institutional initiatives within their areas of expertise.
4. Contribute to quality-enhancement discussions and recommend appropriate improvements.

Their inputs shall be considered by IQAC while planning and reviewing quality initiatives.

8.5 Management Representative and Administrative Officer

The Management Representative and Administrative Officer shall:

1. Facilitate coordination between IQAC, institutional management and administrative units.
2. Support the implementation of approved institutional policies and administrative procedures.
3. Facilitate the provision of administrative data, records and supporting documents.
4. Assist in matters relating to resources, compliance and institutional documentation.

5. Coordinate with the concerned offices to ensure the timely availability of information required for quality assurance.

8.6 IQAC Members

IQAC members shall contribute to quality planning, review and institutional improvement.

Their responsibilities shall include:

1. Participating in IQAC meetings and quality-planning activities.
2. Reviewing the progress and outcomes of quality initiatives.
3. Supporting the implementation of the Annual Quality Calendar.
4. Contributing to academic and administrative audits.
5. Identifying quality gaps and recommending improvements.
6. Promoting innovative, inclusive, learner-centric and outcome-based practices.
7. Supporting the collection and review of institutional evidence.
8. Recommending effective practices for wider adoption within the institution.
9. Assisting in monitoring the implementation of decisions relevant to their assigned responsibilities.

8.7 NAAC Criterion In-charges

Each criterion in-charge shall act as the nodal person for the assigned criterion and coordinate the collection, verification and submission of relevant information.

Responsibilities shall include:

1. Coordinating criterion-wise data collection and documentation.
2. Obtaining required information from the concerned departments, committees and administrative units.
3. Checking documents for completeness, consistency and authenticity.
4. Maintaining an organised criterion-wise evidence repository.
5. Submitting verified data and reports to the IQAC Coordinator within the prescribed deadlines.
6. Monitoring criterion-specific indicators and identifying gaps.
7. Following up on missing information with the concerned units.
8. Preparing criterion-wise summaries for AQAR, SSR and other applicable reports.
9. Supporting cross-verification, audits and accreditation-related reviews.

The criterion in-charge shall not alter source data without verification or appropriate authorisation. Any discrepancy shall be referred to the concerned submitting unit for clarification.

9. STUDENT REPRESENTATION IN IQAC

Student representation shall provide a structured mechanism for incorporating student perspectives into institutional quality enhancement.

Student representatives shall communicate student feedback, suggestions and concerns to IQAC and encourage participation in appropriate quality-related activities.

9.1 Student Council – Admiral

The Admiral shall serve as the principal student representative and liaison with IQAC.

Responsibilities shall include:

1. Representing student views, concerns and suggestions before IQAC.
2. Collecting and communicating significant student feedback through appropriate channels.
3. Facilitating student participation in surveys, feedback exercises and quality initiatives.
4. Disseminating approved IQAC-related information through the Student Council.
5. Communicating student perspectives on academic processes, support services and campus facilities.
6. Promoting student responsibility, inclusivity and a positive campus environment.
7. Assisting IQAC in obtaining student inputs on proposed quality-enhancement measures.

9.2 Student Council – Vice Admiral

The Vice Admiral shall support the Admiral and act as an alternate student liaison.

Responsibilities shall include:

1. Assisting the Admiral in student representation before IQAC.
2. Supporting the collection and communication of student feedback.
3. Coordinating with class representatives to identify common concerns and suggestions.
4. Disseminating approved information among students.
5. Encouraging participation in feedback exercises and quality initiatives.
6. Assisting in recording student suggestions and communicating follow-up matters.
7. Representing students in the absence of the Admiral.

Limitations of student representation: Student representatives shall provide feedback, suggestions and student perspectives. They shall not be responsible for institutional data verification, administrative decisions, approval of official reports or access to confidential IQAC records unless specifically authorised under applicable institutional procedures.

10. RESPONSIBILITIES OF OTHER STAKEHOLDERS

The successful implementation of this SOP requires the participation of all institutional units.

Stakeholder	Primary responsibility
Heads of Departments	Coordinate departmental quality initiatives, ensure timely reporting and verify departmental submissions.
Faculty members	Implement academic plans, maintain course-related records, document assessment and contribute to quality initiatives.
Administrative staff	Maintain official records and provide accurate administrative data within prescribed timelines.
Committees and societies	Implement approved activities, maintain supporting evidence and submit activity reports.
Students	Participate in learning, feedback exercises and quality-enhancement initiatives.
Admiral and Vice Admiral	Facilitate student representation and communicate student feedback.
Alumni and employers	Provide relevant feedback on graduate progression, employability and institutional development.
Library and other support units	Maintain relevant records and provide verified information concerning their functions.
Criterion in-charges	Coordinate criterion-wise data collection, verification and reporting.

Every unit shall designate or identify the person responsible for compiling and submitting information, wherever required. The concerned Head or authorised officer shall ensure that submissions are accurate and complete.

11. IQAC QUALITY-ASSURANCE CYCLE

All major quality initiatives shall follow a continuous improvement cycle:

PLAN → IMPLEMENT → MONITOR → COLLECT EVIDENCE → ANALYSE → IDENTIFY GAPS → TAKE CORRECTIVE ACTION → REVIEW → DOCUMENT → IMPROVE

The cycle shall be applied to academic activities, administrative processes, institutional planning, feedback mechanisms, audits and quality-enhancement initiatives.

The findings of each review shall inform subsequent planning and decision-making.

12. ANNUAL IQAC OPERATIONAL PROCESS

IQAC shall coordinate its annual activities through the following stages:

Stage	Key activity	Responsibility
1. Planning	Identify priorities and prepare the Annual Quality Calendar and Action Plan.	IQAC Coordinator, in consultation with the Principal and IQAC

2. Communication	Communicate approved activities, responsibilities and timelines.	IQAC
3. Implementation	Conduct approved activities and implement assigned tasks.	Concerned departments, committees, societies and units
4. Monitoring	Review progress, deadlines and supporting evidence.	IQAC and concerned criterion in-charges
5. Review	Analyse achievements, outcomes and quality gaps.	IQAC and concerned units
6. Corrective action	Recommend and implement corrective or preventive measures, as appropriate.	Concerned unit, IQAC and Principal, according to the nature of the action
7. Documentation	Compile and organise records and supporting evidence.	Concerned units and IQAC
8. Evaluation	Review feedback, audit findings and quality indicators.	IQAC and designated review teams
9. Reporting	Prepare and coordinate the submission of applicable institutional quality reports.	IQAC and concerned data providers
10. Improvement	Incorporate review findings into the next planning cycle.	IQAC and concerned institutional units

The IQAC Coordinator shall maintain an Action Tracker indicating the activity or decision, responsible person or unit, target date, status and follow-up required.

Pending actions shall be reviewed periodically and significant delays or unresolved issues shall be brought to the notice of the Principal.

13. PLANNING AND APPROVAL OF QUALITY ACTIVITIES

All major quality-enhancement activities proposed by departments, committees, societies and other institutional units shall be planned in accordance with the approved institutional procedures.

Each proposal shall include, as applicable:

1. Title and objectives of the activity.
2. Target group and expected participation.
3. Proposed date and duration.
4. Resource persons and collaborating institutions.
5. Expected learning outcomes or institutional benefits.
6. Budget and resource requirements, where applicable.
7. Proposed method of evaluation.
8. Evidence and documentation to be maintained.



Procedure

Proposal → Scrutiny → Approval → Implementation → Documentation → Review

The concerned authority shall examine the proposal in accordance with the applicable approval process. IQAC shall review its relevance to institutional priorities, quality-enhancement potential, feasibility and expected outcomes.

Activities requiring financial sanction, external collaboration or other administrative permissions shall be undertaken only after obtaining the necessary approvals.

The concerned unit shall submit the required report and evidence within the timeline communicated by IQAC.

14. DOCUMENTATION AND EVIDENCE MANAGEMENT

All major institutional activities and quality initiatives shall be supported by authentic and verifiable documentary evidence, as applicable.

The evidence may include:

1. Notice, circular or invitation.
2. Programme schedule or agenda.
3. Attendance records.
4. Photographs or other appropriate records of implementation.
5. Resource-person details and credentials, where relevant.
6. Feedback forms and analysis.
7. Activity or completion report.
8. Learning outcomes, achievements or impact assessment.
9. Certificates, where applicable.
10. Financial records and supporting documents, where applicable.

The concerned department, committee, society or administrative unit shall be responsible for maintaining the primary records of its activities and submitting the required evidence to IQAC.

IQAC shall coordinate the indexing, consolidation and preservation of institutional evidence. Records shall be complete, authentic, consistent, accessible to authorised personnel and securely maintained.

Evidence shall not be altered, duplicated misleadingly or presented in a manner that misrepresents the activity or its outcomes.

15. FEEDBACK MECHANISM

IQAC shall facilitate systematic feedback from relevant stakeholders, including:

- Students.
- Teachers.
- Alumni.
- Parents.
- Employers.
- Other stakeholders, wherever relevant.

Feedback shall be collected using appropriate tools and procedures, with due regard to confidentiality and the purpose of the exercise.

Feedback cycle

Collection → Analysis → Identification of Issues → Action Taken → Review → Documentation

The concerned unit and IQAC shall analyse feedback to identify recurring concerns, areas of satisfaction and opportunities for improvement.

Where action is required, the matter shall be referred to the appropriate authority or unit. The action taken shall be documented, and its effectiveness shall be reviewed wherever feasible.

Student representatives may facilitate communication of student perspectives but shall not be responsible for analysing confidential institutional records or taking administrative decisions.

16. ACADEMIC AND ADMINISTRATIVE AUDIT

IQAC shall facilitate periodic academic and administrative audits to review institutional processes, identify quality gaps and recommend improvements.

16.1 Academic audit

The academic audit may cover:

1. Teaching-learning processes.
2. Course files, teaching plans and academic records.
3. Assessment and evaluation practices.
4. Student performance and progression.
5. Course Outcomes (COs) and Programme Outcomes (POs), where applicable.
6. Experiential learning and other innovative teaching practices.
7. Faculty development activities.
8. Research, innovation and extension activities.

16.2 Administrative audit

The administrative audit may cover:

1. Office procedures and administrative processes.
2. Maintenance of official records.
3. Student services and support mechanisms.
4. Infrastructure and learning resources.
5. Financial procedures and related documentation.
6. ICT facilities and systems.
7. Library services and records.
8. Human resource practices.
9. Grievance-redressal mechanisms.
10. Compliance with applicable institutional procedures.

Audit procedure

The audit shall be conducted according to the approved scope and schedule. The concerned units shall provide relevant records and clarifications.

Findings shall be documented and communicated to the appropriate authority. Where gaps are identified, corrective and preventive action shall be initiated, with responsibility and timelines clearly assigned.

Audits shall be conducted with the objective of strengthening institutional performance and improving processes rather than merely identifying individual shortcomings.

17. QUALITY GAPS AND CORRECTIVE ACTION

Whenever a quality gap, procedural deficiency or recurring problem is identified through monitoring, feedback, audits or institutional review, the concerned unit shall take appropriate action.

The process shall follow:

Identify Gap → Analyse Cause → Assign Responsibility → Fix Timeline → Implement Action → Monitor → Verify → Document

The concerned unit shall examine the underlying cause and propose an appropriate corrective measure. Where necessary, preventive measures shall also be introduced to reduce the likelihood of recurrence.

IQAC shall monitor the progress of corrective actions through the Action Tracker and review the evidence of completion.

Matters requiring policy decisions, additional resources or administrative approval shall be referred to the Principal or the competent authority.

The purpose of corrective action shall be institutional strengthening, accountability and continuous quality improvement.

18. AQAR/NAAC DOCUMENTATION

IQAC shall coordinate the preparation, verification, consolidation and submission of AQAR, SSR and other applicable quality-assurance documents in accordance with the relevant official requirements.

The process shall follow:

Data Collection → Verification → Departmental Validation → Consolidation → Cross-Verification → Approval → Submission → Archiving

The following procedure shall be observed:

1. IQAC shall communicate the data requirements, prescribed formats and submission deadlines.
2. Departments, committees, societies and administrative units shall submit information with the necessary supporting evidence.
3. The concerned submitting unit and authorised departmental or administrative officer shall verify the accuracy and completeness of the information.
4. Criterion in-charges shall coordinate criterion-wise scrutiny and identify discrepancies or missing evidence.
5. The IQAC Coordinator shall coordinate consolidation and cross-verification.
6. Inconsistencies shall be referred to the concerned unit for clarification and correction.
7. Final reports shall be placed before the appropriate authority for approval wherever required.
8. Submission shall be completed within the prescribed deadlines and through the applicable official procedure.
9. Final versions and supporting records shall be archived systematically.

All institutional data submitted for quality assurance and accreditation shall be supported by authentic documentary evidence. Responsibilities for data preparation, verification, consolidation and approval shall remain clearly defined.

19. IQAC MEETINGS AND ACTION-TAKEN REPORTS

IQAC meetings shall be conducted as required by institutional needs and applicable guidelines. Meetings shall facilitate review, decision-making, monitoring and continuous quality enhancement.

19.1 Before the meeting

The Coordinator and designated supporting personnel shall:

1. Prepare the proposed agenda in consultation with the Principal, where required.
2. Collect agenda items from relevant members and institutional units.
3. Circulate the agenda and supporting documents to members.

4. Review the status of decisions taken in previous meetings.
5. Identify pending actions and matters requiring discussion.

19.2 During the meeting

The Chairperson and members shall:

1. Confirm the minutes of the previous meeting, as applicable.
2. Review the Action-Taken Report (ATR).
3. Discuss the agenda items.
4. Review progress against quality indicators and planned initiatives.
5. Identify significant quality gaps and areas requiring intervention.
6. Record decisions, recommendations and responsibilities.
7. Assign timelines for the implementation of approved actions.

19.3 After the meeting

The designated personnel shall:

1. Prepare the minutes of the meeting.
2. Submit the minutes for authentication or approval according to institutional procedure.
3. Communicate decisions to the concerned members and units.
4. Update the Action Tracker.
5. Monitor the implementation of decisions and record progress.
6. Place pending or delayed actions before the appropriate authority, where necessary.

The minutes, ATRs and supporting records shall be maintained systematically and made accessible only to authorised persons where confidentiality applies.

20. KEY QUALITY INDICATORS

IQAC shall monitor appropriate quality indicators to assess institutional performance, identify trends and support evidence-based planning.

The indicators may relate to:

1. Teaching-learning and evaluation.
2. Student support, progression and achievement.
3. Research, innovation and publications.
4. Faculty development and capacity building.
5. Skill development, entrepreneurship and employability.
6. Extension, outreach and community engagement.
7. Placement and progression to higher education.
8. Institutional collaborations, internships and partnerships.
9. Stakeholder feedback and satisfaction.
10. Infrastructure, library and learning resources.

11. Governance, administration and institutional planning.
12. Academic and administrative audits.
13. Implementation of decisions and ATRs.
14. Institutional best practices and quality initiatives.

Where appropriate, indicators shall be accompanied by measurable targets, baseline information, reporting frequency and identified sources of evidence.

The results shall be reviewed periodically and used to guide institutional planning, corrective action and quality enhancement. Indicators shall be selected in accordance with the institution's priorities and applicable reporting requirements.

21. DATA INTEGRITY AND CONFIDENTIALITY

All information submitted to IQAC shall meet the following standards:

- Accuracy: Information shall correctly represent the underlying facts and records.
- Verifiability: Claims shall be supported by appropriate documentary evidence.
- Consistency: Data shall be consistent across relevant institutional records.
- Currency: Information shall relate to the appropriate reporting period and be updated as required.
- Authentication: Records shall be verified by the designated responsible persons.
- Security: Information shall be protected against unauthorised access, alteration, loss or disclosure.

The concerned department, committee, society or administrative unit shall be responsible for the authenticity of the information it submits.

IQAC shall coordinate verification and consolidation and refer discrepancies to the concerned unit for resolution.

Confidential institutional information, personal data, individual feedback and restricted records shall be accessible only to authorised personnel. Such information shall not be uploaded to public platforms or circulated beyond authorised recipients unless permitted under applicable rules and institutional procedures.

22. RECORDS TO BE MAINTAINED

IQAC shall maintain a central repository of institutional quality-assurance records, supported by records maintained by the concerned departments, committees, societies and administrative units.

The records shall include, as applicable:

1. IQAC constitution and relevant approval documents.
2. NAAC accreditation certificate and related records.

3. IQAC meeting minutes.
4. Action-Taken Reports.
5. Annual Quality Calendar and Action Plan.
6. Departmental quality reports.
7. Academic and administrative audit reports.
8. Stakeholder feedback and analysis.
9. Quality-initiative records.
10. Institutional best-practice records.
11. Faculty development and workshop records.
12. Research and innovation records.
13. Extension and outreach records.
14. AQAR and related supporting documents.
15. SSR and other accreditation-related documentation.
16. Evidence and photograph repository.
17. Corrective-action records and monitoring reports.
18. Relevant correspondence, approvals and supporting documents.

Records shall be properly indexed, dated, organised by reporting period and maintained in a format that facilitates retrieval and verification.

Website publication and access

Only documents approved for public disclosure shall be uploaded to the College website in accordance with institutional policy and applicable requirements.

Confidential feedback, personal information, internal working documents and restricted evidence shall be maintained in secure repositories with access limited to authorised personnel.

The concerned unit shall retain its original records, while IQAC shall maintain the central consolidated evidence required for institutional quality assurance.

Record-retention periods, archival arrangements and disposal procedures shall follow applicable rules and institutional policy.

23. REVIEW AND REVISION

This SOP shall be reviewed annually and may be revised whenever required due to:

1. Changes in applicable UGC, NAAC or other regulatory requirements.
2. Changes in institutional policies or procedures.
3. Significant academic or administrative restructuring.
4. Introduction of new quality-assurance or accreditation requirements.
5. Identification of operational gaps during implementation.
6. Other significant institutional requirements.

Suggestions for revision may be submitted by the Principal, IQAC members, departments, committees, societies or administrative units.

The IQAC Coordinator shall coordinate the review and place proposed revisions before the appropriate authority. All revisions shall be approved by the competent authority before implementation.

Each revised version shall carry an updated version number, effective date and record of the principal changes. Superseded versions shall be archived according to institutional procedure.

24. EXPECTED OUTCOMES

Effective implementation of this SOP is expected to result in:

1. Institutionalisation of systematic quality-assurance practices.
2. Continuous improvement in teaching-learning and evaluation.
3. Stronger institutional documentation and evidence management.
4. Enhanced stakeholder participation and feedback.
5. Improved student support, progression and employability.
6. Strengthened research, innovation and extension activities.
7. Improved governance, accountability and administrative effectiveness.
8. More effective implementation and monitoring of institutional plans.
9. Timely completion of quality-related reporting and documentation.
10. Greater institutional preparedness for assessment and accreditation.
11. Identification and adoption of effective institutional practices.
12. Sustained commitment to continuous quality improvement.

APPROVAL AND IMPLEMENTATION

This SOP shall come into effect from the academic session 2026–27 upon approval by the Principal. All concerned departments, committees, societies, administrative units and IQAC members shall follow the procedures and responsibilities specified herein.

ANNEXURES TO BE PREPARED

1. Annexure I: Annual IQAC Quality Calendar and Action Plan.
2. Annexure II: Departmental/Committee Activity Report and Evidence Checklist.
3. Annexure III: IQAC Meeting Minutes and Action-Taken Report.
4. Annexure IV: Criterion-wise Data Submission and Verification Form.
5. Annexure V: Academic and Administrative Audit Format and Report.
6. Annexure VI: Feedback Analysis and Action-Taken Format and Report.

Approved by: Principal, St. Bede's College, Shimla

Signature: Sr. Rosily Tm

Officiating Principal
St. Bede's College
Shimla - 2

Date: 24/10/2026

IQAC Coordinator: Dr. Shweta Thakur

Signature: Shweta