

MAR DIOSCORUS COLLEGE OF PHARMACY

(Affiliated to Kerala University of Health Sciences | Approved by PCI)
Thiruvananthapuram, Kerala-17

QUALITY POLICY MANUAL

Prepared By

Approved By

IQAC

Principal

Mar Dioscorus College of Pharmacy

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INTERNAL QUALITY ASSURANCE CELL (IQAC) POLICY

Preamble

The Internal Quality Assurance Cell (IQAC) of Mar Dioscorus College of Pharmacy is established to ensure continuous improvement in academic, research, administrative, and institutional performance.

The IQAC works in alignment with NAAC, PCI, University, and other regulatory bodies to promote quality culture in the institution.

Vision

To develop a culture of quality, excellence, accountability, and innovation in pharmacy education and research.

Mission of IQAC

1. To develop and implement quality benchmarks in academics, research, and institutional governance.
2. To promote Outcome-Based Education (OBE) and ensure effective CO-PO-PSO attainment.
3. To encourage research culture, innovation, and translational research in pharmaceutical sciences.
4. To strengthen student support systems, mentoring, and career advancement initiatives.
5. To enhance infrastructure, digital learning, and office automation for effective institutional functioning.
6. To promote faculty development, professional ethics, and continuous training.
7. To ensure documentation, transparency, and accountability in all quality-related activities.
8. To prepare the institution for accreditation, ranking, and regulatory compliance .

Objectives

The IQAC shall:

- Ensure continuous academic improvement through Outcome Based Education (OBE).
- Promote research, innovation, and translational research.
- Strengthen student support and progression.
- Improve governance and administrative efficiency.
- Ensure regulatory and accreditation compliance.
- Encourage faculty development and staff empowerment.
- Promote community engagement and extension activities.

Functions of IQAC

The IQAC will:

- Prepare annual quality assurance action plans.
- Conduct periodic academic and administrative audits.
- Monitor teaching-learning processes.
- Collect and analyze stakeholder feedback.
- Prepare and submit AQAR (Annual Quality Assurance Report).
- Promote research publications, patents, and funded projects.
- Ensure proper documentation and record maintenance.
- Support green campus and sustainable practices.

Composition of IQAC

The IQAC shall consist of:

- Chairperson – Head of the Institution
- IQAC Coordinator
- Senior Faculty Members
- Administrative Officer
- Management Representative
- External Expert
- Alumni Representative
- Student Representative
- Industry Representative (if applicable)

Meetings

- The Internal Quality Assurance Cell (IQAC) shall meet **at least once in every quarter** during an academic year.
- The Internal Quality Assurance Cell (IQAC) meeting shall be conducted **quarterly on the first Friday of the respective quarter month** (April, July, October, and January).
- Additional meetings may be convened by the Chairperson as and when required.
- Minutes of meetings shall be recorded and documented.
- Action Taken Reports (ATR) shall be prepared and reviewed.

Monitoring & Review

- Quarterly review of academic and research performance.
- Internal Academic & Administrative Audit.
- KPI-based performance monitoring.
- Annual review of institutional quality benchmarks.

Documentation

IQAC shall maintain records of:

- Meeting minutes
- Audit reports
- Feedback analysis reports
- AQAR
- Academic and research performance data
- Action Taken Reports

Policy Review

This policy shall be reviewed and updated periodically based on institutional needs and regulatory requirements.

ACADEMIC REGULATORY POLICY

1. Preamble

Mar Dioscorus College of Pharmacy is committed to maintaining excellence in pharmacy education through a structured academic system. This Academic Regulatory Policy is framed to govern academic activities in compliance with the **Pharmacy Council of India (PCI)**, affiliating University regulations, and applicable government norms.

2. Objectives

The objectives of this Academic Regulatory Policy are to:

- Ensure compliance with statutory and regulatory requirements
- Promote outcome-based education and professional competence
- Foster ethical practice, research, and innovation
- Ensure transparency and uniformity in academic processes

3. Regulatory Framework

Academic activities of the College shall be governed by:

- Pharmacy Council of India (PCI) regulations
- Kerala University of Health Sciences
- Institutional policies approved by competent authorities

4. Programs Offered

Mar Dioscorus College of Pharmacy may offer the following programs subject to approval:

- Diploma in Pharmacy (D.Pharm)
- Bachelor of Pharmacy (B.Pharm)
- Master of Pharmacy (M.Pharm)
- Doctor of Pharmacy (Pharm.D)
- Doctoral Programs (Ph.D) in Pharmaceutical Sciences

5. Admission Regulations

5.1 Eligibility

Admissions shall be made strictly based on:

- Minimum eligibility criteria prescribed by PCI and the University
- Entrance examinations and centralized admission procedures, where applicable

5.2 Reservation Policy

Reservation and admission policies shall be followed as per Government and

University norms.

6. Academic Calendar

- The academic calendar shall be prepared annually and approved by the Academic Regulatory Committee
- It shall specify instructional days, examinations, holidays, and academic activities
- Minimum instructional hours as prescribed by PCI & KUHS shall be strictly followed

7. Curriculum and Instruction

- The curriculum shall be designed and implemented as per PCI and University regulations
- Teaching shall include lectures, practical sessions, tutorials, seminars, projects, and experiential learning
- Periodic curriculum enrichment program shall be undertaken to ensure relevance and quality

8. Attendance Requirements

- A minimum of **80% attendance** in theory and practical classes is mandatory
- Attendance shortage may be condoned only under exceptional circumstances as per institutional norms

9. Examination and Evaluation

9.1 Assessment Methods

Evaluation shall consist of:

- Continuous Internal Assessment (CIA)
- End-Semester / Annual Examinations
- Practical, viva voce, seminar, Monthly Test Group Discussion and project evaluations

9.2 Passing Criteria

- Students must secure minimum prescribed marks separately in internal and external assessments
- All examination regulations of the University and PCI shall be followed

10. Promotion and Progression

- Promotion to the next semester/year shall be based on successful completion of academic requirements
- Maximum duration for completion of each program shall be as per regulatory norms

11. Academic Integrity and Discipline

- Students shall maintain academic honesty and ethical conduct
- Malpractice, plagiarism, or misconduct shall attract disciplinary action
- Research projects shall comply with ethical guidelines and approvals

12. Faculty and Teaching Standards

- Faculty qualifications and experience shall comply with PCI norms
- Continuous faculty development programs shall be encouraged
- Student-teacher ratios shall be maintained as per regulatory requirements

13. Infrastructure and Learning Resources

The College shall ensure availability of:

- Well-equipped laboratories and instrumentation facilities
- Adequate library and digital learning resources
- Hospital and industry training facilities as required

14. Research and Innovation

- Research activities shall be promoted among faculty and students
- Support shall be provided for publications, patents, conferences, and funded projects

15. Student Support and Grievance Redressal

- Academic mentoring and counseling systems shall be in place
- A grievance redressal mechanism shall address academic and administrative concerns

17. Review and Amendments

- This policy shall be reviewed periodically
- Amendments may be made in line with changes in PCI, University, or Government regulations
- All amendments shall be approved by the competent authority

18. Enforcement

This Academic Regulatory Policy shall come into force from the date of approval and shall be binding on all students, faculty, and staff of **Mar Dioscorus College of Pharmacy**.

COLLEGE COUNCIL POLICY

Preamble

The College Council is the principal academic and administrative advisory body of Mar Dioscorus College of Pharmacy. It ensures effective academic planning, quality enhancement, regulatory compliance, and institutional governance in alignment with PCI, University, and NAAC standards.

Purpose

The College Council shall:

- Provide academic leadership and policy direction.
- Ensure systematic implementation of curriculum and academic activities.
- Monitor quality assurance mechanisms.
- Facilitate research, innovation, and student development initiatives.
- Promote transparency, accountability, and institutional growth.

Composition

The College Council shall consist of:

- Principal – Chairperson
- Vice Principal (if applicable)
- Heads of Departments
- IQAC Coordinator
- Examination In-charge
- Senior Faculty Representatives
- Administrative Officer (if required)
- Any other member nominated by the Principal

The tenure of members shall be as per institutional norms.

Functions & Responsibilities

The College Council shall:

1.Academic Functions

- Approve Academic Calendar.
- Review syllabus coverage and academic progress.
- Monitor OBE implementation (CO–PO–PSO attainment).
- Review examination results and recommend corrective measures.

2 Research & Innovation

- Promote research publications and funded projects.
- Encourage industry collaborations and MoUs.

- Review departmental research progress.

3 Student Development

- Monitor mentoring system.
- Review student progression and placement activities.
- Support co-curricular and extracurricular activities.

4 Quality Assurance

- Review IQAC recommendations.
- Monitor accreditation preparedness (NAAC/NBA).
- Review policy implementation and documentation.

5 Governance & Discipline

- Ensure academic discipline and regulatory compliance.
- Review institutional policies and amendments.

Meetings

- The College Council shall meet **at least once in a quarter**.
- Emergency meetings may be convened by the Chairperson when required.
- Notice of meeting shall be circulated in advance.
- Minutes of the meeting shall be recorded and maintained.
- Action Taken Report (ATR) shall be reviewed in subsequent meetings.

Quorum

The quorum for the meeting shall be **50% of the total members**, including the Chairperson or nominee.

Reporting Structure

The College Council shall report to:

- Governing Body / Management

Review of Policy

This policy shall be reviewed periodically by the IQAC and approved by the Governing Body to ensure continuous improvement and regulatory compliance.

INSTITUTIONAL ACADEMIC COMMITTEE (IAC)

1. Objective

The Institutional Academic Committee (IAC) is constituted to plan, supervise, and enhance the overall academic functioning of the institution. The Committee ensures effective curriculum delivery, academic quality, and compliance with PCI, University, and regulatory norms.

2. Status of the Committee

The Institutional Academic Committee is an **administrative academic body** of the institution.

The **Academic Monitoring Committee (AMC)** shall function as a sub-committee under the Institutional Academic Committee for periodic review and monitoring of academic implementation.

3. Constitution

The Institutional Academic Committee shall consist of:

1. Principal – Chairperson
2. Vice Principal (if applicable) – Member
3. Heads of Departments – Members
4. IQAC Coordinator – Member
5. Academic Coordinator – Member Secretary
6. Senior Faculty Members (2–3) – Members
7. Examination Cell Coordinator – Member
8. One External Academic Expert (if required)

The tenure of the committee shall be two years or as decided by the Management.

4. Roles and Responsibilities

4.1 Academic Planning

- Approve the Academic Calendar.
- Ensure timely completion of syllabus.
- Monitor implementation of lesson plans and course files.

4.2 Curriculum Implementation

- Ensure adherence to PCI/University regulations.
- Review internal assessment mechanisms.
- Recommend value-added/add-on courses.

4.3 Academic Monitoring

- Review attendance, academic performance, and result analysis.
- Suggest corrective measures for slow learners and advanced learners.

- Oversee mentoring and remedial classes.

4.4 Examination & Evaluation

- Review internal examination processes.
- Monitor transparency and fairness in evaluation.
- Ensure proper documentation for inspections.

4.5 Quality Enhancement

- Recommend academic reforms and innovations.
- Coordinate with IQAC for academic quality benchmarks.
- Encourage FDPs, research, and academic collaborations.

5. Academic Monitoring Committee (Sub-Committee)

The Academic Monitoring Committee shall:

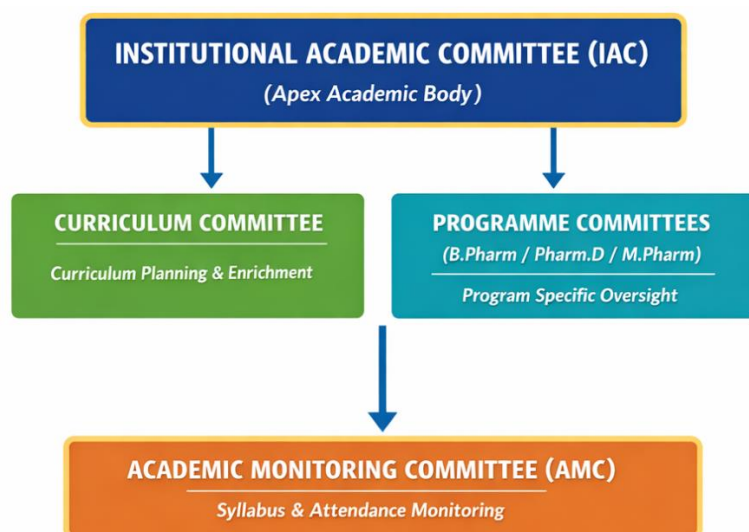
- Conduct monthly review of syllabus coverage.
- Monitor lesson plans and teaching diaries.
- Review attendance and academic progress.
- Submit reports to the Institutional Academic Committee.

6. Meetings

- Institutional Academic Committee: Minimum once per semester.
- Academic Monitoring Committee: Monthly meetings.
- Minutes and Action Taken Reports (ATR) shall be maintained.

7. Reporting Structure

Academic Monitoring Committee → Institutional Academic Committee → Principal



ACADEMIC MONITORING COMMITTEE POLICY

PURPOSE

The Academic Monitoring Committee (AMC) is committed to ensuring that academic activities run smoothly and systematically within the institution.

SCOPE

Policy is applicable to students, and teaching and non-teaching faculty associated with the institution.

POLICY STATEMENT

The AMC policy aims to provide a dynamic and high-quality environment for teaching, learning, and evaluation processes. This is achieved through regulations set by the institutional governing body, in accordance with the affiliating university and the Pharmacy Council of India.

It upholds academic standards, promotes continuous improvement in teaching and learning, and safeguards the overall integrity of academic programs in the institution. By fostering a culture of collaboration, AMC strives to ensure the systematic and smooth functioning of academic activities in the institution, ultimately providing the students with an enriching and transformative educational experience.

STRATEGIES

- i. Reviews existing academic policies and proposes necessary updates to ensure they remain aligned with the institutional vision and mission.
- ii. Guide subcommittees Curriculum Monitoring Committee (CMC) and Program Committee (PC) in implementing academic quality processes.
- iii. Actively engages with academic departments to develop comprehensive and innovative curricula that respond to evolving educational needs and industry demands.
- iv. Identify any gaps in the curriculum and take steps to fill them by organizing various value-added courses.
- v. Tracks students' academic progress by monitoring their adherence to the academic calendar, completion of coursework, attendance, and semester outcomes and provides recommendations as needed.
- vi. Implements rigorous measures to foster a culture of

- honesty and ethics among students and faculty by discouraging plagiarism and misconduct.
- vii. Constantly evaluates and enhances assessment techniques to guarantee unbiased evaluation of students' abilities and understanding.
 - viii. Conducts regular evaluations of academic departments, faculty performance, and program outcomes to maintain and enhance academic quality.

DUTIES AND RESPONSIBILITIES

1. To conduct curriculum monitoring committee and program committee meeting on regular basis
2. To conduct College council meetings on a regular basis and record the minutes.
3. To update AMC policy when the need arises.
4. To conduct meetings with Administrator, Principal, class teachers, committee heads, faculty members, and students on a regular basis to discuss academic matters.
5. To function as per the requirements of KUHS.
6. Staff recruitment: Identification of Vacancies (teaching/non-teaching), initiation of advertisement, shortlisting of candidates for interview based on the criteria kept, and coordination of interview.
7. To initiate a PTA Meeting of each class.
8. To conduct the initial training and orientation of newly joined faculty.
9. To collect and analyze the feedback on newly joined faculty and give necessary support if required.
10. To give orientation to the first years at the time of the inauguration of the academic year.
11. To initiate and coordinate the conduct of Graduation Day.
12. To analyze the feedback of students on faculty and if the grade obtained for any staff is below 60%, bring it to the knowledge of the Administrator and Principal for further proceedings.
13. To conduct a general meeting with non-teaching staff once a year and when the need arises and document it.
14. To conduct audits of Academic activities. Cumulative subject-wise reports are to be submitted to the principal one week before each sessional.
15. To carry out lab document verification and filing.
16. To collect, analyze and document the departmental

academic planner at the beginning of the academic year and departmental report at the end of the academic year.

17. To coordinate Hospital/ industrial training for Sixth Semester B.Pharm.
18. To coordinate the conduct of Practice school for the Seventh Semester B.Pharm.
19. To record the events in College Chronicle.
20. To collect and document the workload of teaching and non-teaching faculty.
21. To publish the master timetable.
22. To prepare a monthly academic plan, annual academic plan, and monthly academic report.
23. Theory & practical/Lab/Clinical work status to be updated.
24. To give the report on net-based learning.
25. To give report of programs conducted for poor performers.

CURRICULUM COMMITTEE (CC)

PURPOSE: To approve and monitor course lesson plan for effective implementation of curriculum prescribed by KUHS.

DUTIES AND RESPONSIBILITIES

- Coordinating with department heads, faculty members, and academic units to ensure curriculum relevance, quality, and continuous improvement.
- Organizing curriculum review meetings, maintaining minutes, and ensuring timely implementation of committee decisions.
- Ensuring compliance with academic standards set by affiliating universities, statutory bodies, and accreditation agencies.
- Overseeing the development of new courses, syllabi updates, and integration of innovative academic practices.
- Participate actively in curriculum planning, development, and revision activities.
- Provide subject-specific inputs to ensure academic quality, relevance, and alignment with institutional and regulatory requirements.
- Assist in reviewing course outcomes, programme outcomes, and syllabus structure.
- Contribute to discussions on innovative teaching-learning practices and academic improvements.
- Attend committee meetings, support documentation work, and help implement the decisions of the Committee.

PROGRAM COMMITTEE

PURPOSE: Its purpose is to ensure that the curriculum, learning outcomes, teaching methods, assessments, and student support systems meet Educational and professional standards of pharmacy practice.

DUTIES AND RESPONSIBILITIES:

- ☐ Ensure alignment of the curriculum with competency standards, learning outcomes, and current professional practice requirements.
- ☐ Integrate emerging and relevant topics into the curriculum to keep programs up-to-date with advancements in the pharmacy profession.
- ☐ Monitor student performance data and overall program outcomes to evaluate academic effectiveness.
- ☐ Implement continuous quality improvement activities to enhance curriculum delivery and program quality.
- ☐ Ensure the use of effective and evidence-based teaching methodologies across all pharmacy courses.
- ☐ Review student feedback, complaints, and concerns related to courses, laboratories, or experiential training.
- ☐ Recommend academic advisement strategies and support services to promote student success and progression.
- ☐ Maintain accurate records of committee meetings, decisions, and quality improvement actions.
- ☐ Submit annual reports and recommendations to higher academic bodies for review and approval.
- ☐ Coordinate with external stakeholders—including industry partners, professional organizations, and regulatory agencies—to ensure the program meets professional and workforce needs.

CO - CURRICULAR POLICY

PURPOSE

This policy helps the institution plan, organize, and monitor all co-curricular activities.

SCOPE

This policy applies to all students of the institution.

POLICY STATEMENT

The co-curricular policy aims to encourage creativity and give students real-world experiences along with their studies. The institution values and supports student participation in co-curricular activities because they play an important role in learning and social development.

These activities help students build skills, develop creativity, and learn good social values. The Co-Curricular Committee conducts various programs and events to support this growth.

STRATEGIES

- The institution organizes celebrations of important national, international, and special days with the help of student clubs.
- Students are encouraged to take part in conferences, seminars, workshops, and journal club presentations to improve their knowledge and technical skills.
- The institution teaches students and staff about the importance of following constitutional values, rights, duties, and responsibilities.

DUTIES AND RESPONSIBILITIES

1. Collect and record students' publications in conference proceedings.
2. Encourage students to participate in workshops, seminars, conferences, and guest lectures, and keep copies of their certificates.
3. Collect and record details of research papers presented by students at various events.
4. Encourage and document students' activities in professional societies, including events and conferences.
5. Update and maintain the educational museum regularly.
6. Plan, conduct, and document co-curricular activities, including day celebrations.
7. Organize and monitor journal club activities for B. Pharm students.

8. Maintain journal club records for B. Pharm, M. Pharm, and Pharm.D programs.
9. Introduce the concept of New Drug Development to students and carry out related evaluations.
10. Update the Model Pharmacy regularly.
11. Coordinate the creation and release of the college newsletter.
12. Ensure all events are uploaded to the college website along with a proper report.

EXAMINATION POLICY

EXAMINATION CELL

SCOPE

Applies to all examinations conducted by the college including sessional examinations, semester, yearly and supplementary examinations.

Academic Integrity

Emphasize the importance of maintaining academic honesty and integrity during examinations.

Confidentiality

Ensure the confidentiality of examination materials including question papers and answer scripts.

Timeliness

Emphasize the timely completion of all examination-related processes, from scheduling to result publication.

Accessibility

Ensure that the examination manual is readily available to all stakeholders including students, faculty and staff

INTERNAL EXAMINATION POLICY

PURPOSE

The Internal Examination Policy ensures continuous and systematic evaluation of students, maintaining academic standards prescribed by KUHS. The policy aims to promote regular learning, transparency, fairness, and academic integrity.

CONDUCT OF INTERNAL EXAMINATIONS

- Two series exams per semester, dates announced in academic calendar.
- Students informed about upcoming internal examinations through notice and time table 10 days prior to the commencement of exams
- Question papers must follow KUHS syllabus and pattern
- Answer key prepared by the faculty made available to the students after the examination.
- Students must carry college ID; late entry beyond 10 minutes not allowed.
- Unfair means will attract disciplinary action. Evaluation and Transparency
- Answer scripts evaluated and returned to students within 10 working days.

IA MARK CONSOLIDATION

- Verified by course teacher
- Submitted to KUHS in prescribed format within deadlines.

IMPROVEMENT / REPEAT EXAMS

- Allowed only for genuine reasons with supporting documents.
- Improvement exams at college discretion.

ACADEMIC INTEGRITY

- Malpractice will result in exam invalidation and disciplinary action.

RECORD KEEPING

- All exam records retained for KUHS audit.

POLICY REVIEW

- Annual review by Academic Council/Examination Committee.

EXAM SCRUTINY CELL – INTERNAL EXAMINATIONS

OBJECTIVES

- To standardize internal assessment processes according to KUHS guidelines.
- To ensure accuracy in question papers, valuation, and mark entry.
- To maintain confidentiality and integrity of examination records.
- To support the Examination cell co ordinators in smooth conduct of internal exams.

ROLES AND RESPONSIBILITIES

A. Pre-Exam Responsibilities

- • Verification of Question Papers - Alignment with KUHS syllabus , uniform distribution of syllabus , blueprint, answer key verification , removal of errors.
- • Scrutiny of Exam Timetable - Verify clashes and spacing.

B. During Examination

- • Monitor conduct of exam and adherence to KUHS norms.
- • Handle malpractices as per institutional rules.

C. Post-Exam Responsibilities

- • Scrutiny of Valuation - re-check marks, uniformity, key-based evaluation.
- • Scrutiny of Mark Entry: verify theory and practical marks , assignments, attendance.

Documentation

- Question papers (sealed digital/printed copies)
- Attendance sheets
- Marks register / scrutiny sheets
- Internal assessment summary
- Malpractice reports (if any)

Reporting and Accountability

- The Scrutiny Cell reports to the Principal.
- Collaborates with the Internal Examination Committee and IQAC.
- Discrepancies recorded and corrective action taken.
- Final internal assessment summary approved by the Principal.

Benefits

- Transparent, error-free internal assessments
- Improved compliance with KUHS regulations
- Ensures fairness and academic integrity

Reporting and Accountability

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Benefits

- Transparent, error-free internal assessments
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- Ensures fairness and academic integrity

DISCIPLINE COMMITTEE POLICY

PURPOSE

The policy helps the college monitor and maintain proper behavior and conduct on campus.

SCOPE

This policy applies to all students and staff of the institution.

POLICY STATEMENT

The Disciplinary Policy ensures that students follow the college's code of conduct and behave in a responsible and respectful way.

It helps create a disciplined and honest academic environment.

The committee also looks into cases of misconduct and takes suitable action when required.

STRATEGIES

- The policy helps maintain discipline across the campus and provides guidelines to ensure proper student behavior.
- The institution follows a decentralized system, using various committees such as the Disciplinary Committee, Anti-Ragging Cell, Anti-Discrimination Cell, and Internal Complaints Committee to maintain discipline.
- The policy suggests appropriate actions whenever students show improper behavior.

DUTIES AND RESPONSIBILITIES

1. Create plans and strategies to maintain discipline and support student well-being on campus.
2. Ensure proper discipline during all programs and events conducted at the college.
3. Make sure the Anti-Ragging Cell functions effectively.
4. Set up a system to receive student grievances and report them to the authorities for action.
5. Ensure the proper functioning of the Anti-Discrimination Cell.
6. Raise awareness among students about the harmful effects of ragging and the punishments for engaging in it.
7. Review the Monthly Cumulative Attendance Report and issue warning letters to students with low attendance.
8. Identify students who are absent for long periods and report them to the authorities for necessary follow-up.

LIBRARY POLICY

PURPOSE

The primary purpose of the MDCP Library is to serve as the intellectual hub for pharmaceutical education and research. It aims to:

- Provide a high-quality collection of clinical, pharmaceutical, and biomedical resources.
- Support the academic success of students and the research productivity of faculty.
- Foster information literacy and evidence-based practice skills essential for future pharmacists

SCOPE

This policy applies to:

- All students (Diploma, UG, PG, PhD)
- Teaching faculty
- Research scholars
- Non-teaching staff
- Visitors with authorized access

It covers:

- Print and electronic resources
- Library services and facilities
- Resource acquisition, use, and maintenance of print and electronic resources
- User responsibilities and conduct
- Library services and user access
- Roles and responsibilities of stakeholders
- Compliance with institutional, regulatory, and ethical standards

Policy Statement

The MDCP Library is committed to:

- Providing balanced, current, and authoritative resources in pharmacy and allied health sciences.
- Ensuring fair and equitable access to library resources.
- Maintaining a quiet, safe, and respectful learning environment.
- Complying with copyright laws, ethical standards, and institutional regulations.
- Supporting innovation, digital learning, and research activities.

STRATEGIES

To achieve its objectives, the library will:

- Develop and update collections aligned with the syllabus and research needs.
- Subscribe to essential journals, databases, e-books, and reference sources.
- Use library management systems for efficient circulation and cataloguing.
- Provide user orientation and information literacy programs.
- Encourage inter-library loan and resource sharing.
- Regularly review and improve library services through feedback

DUTIES AND RESPONSIBILITIES

Librarian

- Plan, organize, and manage library resources and services.
- Select and procure books, journals, and digital resources.
- Maintain cataloguing, circulation, and record systems.
- Assist users in information retrieval and research support.
- Conduct user education and awareness programs.

Library Staff

- Assist in circulation, shelving, and maintenance of materials.
- Help users access library resources.
- Maintain cleanliness, order, and discipline in the library.
- Support the librarian in daily operations

Faculty Members

- Recommend books, journals, and databases relevant to their subjects.
- Encourage students to use library resources.
- Support academic integrity and proper citation practices.

Students and Users

- Follow library rules and regulations.
- Handle library materials carefully.
- Return borrowed items on time.
- Maintain silence and discipline within library premises.
- Use resources ethically without plagiarism or misuse.

College Management/Principal

- Provide adequate funding and infrastructure.
- Support modernization and digital initiatives.
- Ensure staffing and continuous development of library services.

Monitoring and Review

- Library performance shall be reviewed periodically
- User feedback shall be collected and analyzed
- Corrective and preventive actions shall be implemented
- Policy revisions shall be made based on review outcomes

EXTRACURRICULAR POLICY

PURPOSE

The Extracurricular Policy helps the institution plan and conduct different extracurricular activities.

SCOPE

This policy applies to all students, faculty members, and technical staff of the institution.

POLICY STATEMENT

The institution aims to create an environment where students can discover and develop their talents. Extracurricular activities are an important part of overall education because they help students build creativity, teamwork, leadership, and social responsibility.

Students are encouraged to take part in club activities, cultural programs, sports, and other events. The institution provides facilities, resources, guidance, and recognition to help students succeed in their areas of interest.

STRATEGIES

- Organize intercollegiate and intramural events to give students a chance to showcase their skills.
- Encourage students to join club activities and provide special “zero hours” for them to explore their interests.
- Support and motivate students to participate in state-level competitions, including financial assistance when needed.
- Promote cultural understanding and harmony by celebrating festivals like Onam, Christmas, Holi and others, helping students enjoy campus life and learn about different traditions.

DUTIES AND RESPONSIBILITIES

1. Coordinate Arts Day, Sports Day, Onam and Christmas celebrations, College Day, and other cultural events along with the college union.
2. Encourage students to take part in intercollegiate arts and sports competitions.
3. Coordinate the publication of the college magazine with the magazine committee.
4. Manage and support the activities of various student clubs.

RESEARCH AND DEVELOPMENT POLICY

1. Purpose

The purpose of establishing the Research and Development (R&D) Cell at Mar Dioscorus College of Pharmacy is to promote, coordinate, and strengthen research activities among faculty members, students, and research scholars. The R&D Cell is constituted to create a vibrant and sustainable research ecosystem that encourages innovation, interdisciplinary collaboration, and translational research aligned with national and global health priorities.

The Cell aims to integrate research with teaching and professional practice, thereby contributing to academic excellence, institutional growth, and societal well-being through meaningful pharmaceutical research outcomes.

2. Scope

The scope of the R&D Cell extends to all research and innovation activities conducted within the institution, including:

- Faculty-, student-, and scholar-led research projects
- Research proposal development and funding support
- Interdisciplinary and collaborative research initiatives
- Publications, patents, and commercialization of research outcomes
- Research-oriented training programs, workshops, and seminars
- Consultation services for external researchers, start-ups, and industries
- Internal research funding and seed money allocation
- Monitoring compliance with institutional, national, and ethical regulations

All research activities under the purview of the R&D Cell shall adhere to institutional policies and applicable regulatory and ethical standards.

3. Policy Statement

Mar Dioscorus College of Pharmacy is committed to becoming a center of excellence in pharmaceutical research by fostering innovation, ethical integrity, scientific rigor, and accountability. The Research and Development Cell shall

function as the central coordinating body to support and enhance research capabilities by providing guidance, infrastructure access, consultation services, and regulatory oversight.

The R&D Cell promotes quality publications, intellectual property generation, and product development while encouraging socially relevant and translational research. The policy emphasizes capacity building through mentoring, seed funding, and collaborative partnerships with academic, industrial, and healthcare institutions.

All research involving human or animal subjects must obtain prior approval from the Institutional Ethics Committee (IEC) before initiation or release of funds.

4. Strategies

- Identify **priority research areas** aligned with national and global health needs.
- Promote **seed funding and internal grants** for innovative research ideas.
- Encourage **patents, technology transfer, and commercialization** of research outcomes.
- Support **external research consultation services** to strengthen industry linkage.
- Assist researchers in **grant writing and funding acquisition**.

5. Duties and Responsibilities

5.1 Composition of the R&D Cell

The Research and Development Cell shall consist of the following members:

Chairperson

- Dr. Sindhu Jose

Committee Members

- Mrs. Revathy Sivan

- Mrs. Rose Mary Joseph
- Dr. Ganesh Shanker

5.2 Roles and Responsibilities of the R&D Cell

The R&D Cell shall:

- Approve, guide, and oversee faculty- and student-led research projects
- Assist in identifying research opportunities and proposal development
- Recommend ethical clearance and appropriate funding options
- Organize seminars, workshops, and training programs on research methodologies and emerging areas
- Review and monitor research progress and outcomes
- Maintain comprehensive records of research activities, grants, publications, patents, and consultancy services
- Facilitate collaborations with academic institutions, industries, healthcare organizations, and research bodies
- Support publication, patent filing, and commercialization of research outcomes

5.3 Consultation Services for External Researchers

In addition to internal research activities, the R&D Cell shall provide consultation services to external researchers, start-ups, and pharmaceutical industries in the following areas:

- **Theoretical Knowledge Consultation:** Expert guidance on pharmaceutical sciences and research methodologies
- **Formulation Analysis:** Analysis and optimization of pharmaceutical formulations for efficacy, stability, and safety
- **Instrumental Analysis:** Consultation on advanced analytical techniques and instrumentation
- **Physical Characteristics Analysis:** Evaluation of physical properties of pharmaceutical products

These services aim to support high-quality, reliable research outcomes and contribute to the advancement of pharmaceutical sciences.

5.4 Procedure for External Research Consultation

The following procedure shall be followed for external research consultation:

1. **Submission of Analysis Request Form:** External researchers shall submit a completed request form detailing the required services
2. **Generation of Invoice:** The R&D Cell shall issue an Invoice Form specifying consultation charges
3. **Payment:** Payment shall be completed as per the invoice prior to initiation of services
4. **Results Delivery:** Analysis or consultation results shall be provided within one month from the date of receipt of request and payment

5.5 Meetings

The R&D Cell shall meet on the **1st and 3rd Saturday of each calendar semester**. Additional meetings may be convened by the Chairperson as required.

5.6 Funding and Support

The R&D Cell shall assist researchers in identifying suitable internal and external funding sources. It may recommend seed grants or institutional financial support for promising research projects based on merit, feasibility, and potential impact.

5.7 Policy for Internal Research and Innovation Funding (Seed Money)

The following guidelines shall govern seed money allocation:

- Funding shall be long-term and allocated through transparent selection criteria
- Eligible applicants include full-time faculty members with a minimum of one year of service
- Proposed research must be relevant to pharmaceutical or healthcare sciences and demonstrate originality and innovation

- Projects shall have clearly defined objectives, methodology, and a feasible timeline not exceeding 12 months
- Expected deliverables such as publications, patents, conference presentations, or future grant proposals shall be specified
- Projects involving human or animal studies must obtain prior IEC approval before fund release
- Preference shall be given to faculty with a strong research track record
- Only one seed-funded project per faculty member shall be permitted at a time
- Progress reports, utilization certificates, and final outcome reports shall be mandatory

5.8 Policy Review and Amendments

This policy shall be reviewed periodically and updated to reflect institutional requirements, evolving research trends, and regulatory changes. Amendments may be approved by the appropriate academic or administrative authority.

MENTOR-MENTEE POLICY

PURPOSE

- The purpose of the Mentor-Mentee System is to provide structured academic, professional, and personal support to students at Mar Dioscorus College of Pharmacy.
- This system ensures early identification of academic challenges, grievance redressal, and holistic development of every student.
- To promote a supportive academic atmosphere that fosters confidence, discipline, and motivation.
- To enhance student retention and reduce dropouts by timely intervention.
- To provide career guidance, goal-setting support, and professional development assistance.
- To ensure students' emotional well-being through continuous mentoring and counselling.
- To facilitate smooth integration of new students into the college environment.

SCOPE

- This policy applies to all students (D.Pharm, B.Pharm, Pharm D) and faculty members involved in the mentor-mentee process at Mar Dioscorus College of Pharmacy.
- It covers academic monitoring, personal counselling, grievance handling, and documentation.
- Includes monitoring of student participation in seminars, workshops, and academic clubs.
- Covers students requiring special academic support or remedial coaching.
- Applies to both in-person and online mentoring interactions.
- Extends to collaboration with parents/guardians when significant issues arise.
- Includes documentation of mentee achievements, disciplinary issues, and grievances.

POLICY STATEMENT

Mar Dioscorus College of Pharmacy is committed to establishing a supportive learning environment where each student is guided and mentored consistently. The college shall ensure regular mentor–mentee meetings, systematic documentation, timely

grievance redressal, and continuous academic monitoring.

Confidentiality, professionalism, and ethical standards will be upheld throughout the mentoring process.

STRATEGIES

- Assign each student to a faculty mentor at the beginning of the academic year.
- Conduct orientation sessions for new mentors and mentees at the beginning of the academic year.
- Conduct mandatory monthly mentor–mentee meetings for all batches.
- Maintain individual mentee files with academic, attendance, and behavioural records.
- Identify early signs of academic or personal difficulty and provide appropriate support.
- Escalate serious issues to the HOD, Class Coordinator, or Grievance Cell as required.
- Encourage students to participate in academic, co-curricular, and career-building activities.
- Maintain structured communication with parents whenever necessary.
- Maintain a mentoring logbook for transparency and long-term tracking.
- Provide remedial classes or academic skill-building sessions for low-performing students.
- Encourage mentees to set academic and personal goals during mentoring sessions.
- Periodically review mentee progress and update the counselling plan.
- Promote interaction among mentees through group mentoring sessions when needed.
- Facilitate mentee involvement in community outreach, research activities, and internships.

MONITORING & EVALUATION

- The Class Coordinator shall review mentor–mentee reports every month.
- The HOD shall conduct quarterly audits of mentee files and documentation.
- Feedback shall be collected from mentors and mentees at least once per semester.
- The IQAC shall evaluate the system annually for compliance and effectiveness.
- Corrective actions shall be implemented whenever deviations or gaps are identified.
- Performance indicators such as attendance, academic improvement, and grievance resolution timelines will be used for evaluation.

DUTIES AND RESPONSIBILITIES

Mentor Responsibilities:

- Guide, support, and monitor the academic and personal progress of mentees.
- Conduct monthly meetings and prepare Minutes of Meeting (MoM).
- Keep updated records of academic performance, attendance, and grievances.
- Provide counselling and refer students to professionals when needed.
- Report unresolved complaints to the HOD / Grievance Cell.
- Maintain confidentiality of mentee information.
- Communicate with parents regarding major concerns or progress.
- Encourage mentees to develop time-management and study-skill techniques.
- Provide awareness on stress management, mental health, and healthy coping strategies.
- Motivate students to participate in competitions, conferences, and academic events.
- Recognize and document positive behaviours and achievements.
- Ensure fair treatment of all mentees without bias or discrimination.
- Provide periodic career counselling, including higher-education and placement guidance.

Mentee Responsibilities:

- Attend scheduled mentor–mentee meetings without fail.
- Share genuine academic and personal concerns with the mentor.

- Participate actively in college activities and follow mentor guidance.
- Maintain discipline and adhere to institutional policies.
- Maintain honesty and openness during mentor–mentee interactions.
- Follow up on action points assigned by the mentor.
- Take responsibility for academic improvement and personal growth.
- Inform the mentor about any major changes in circumstances.
- Treat the mentor–mentee relationship with respect and professionalism.

CONCLUSION

The Mentor–Mentee System at Mar Dioscorus College of Pharmacy ensures a structured support mechanism that enhances student well-being, academic success, and overall development.

TRAINING AND PLACEMENT CELL POLICY

1. Purpose of the Policy

The Training and Placement Cell (TPC) of Mar Dioscorus College of Pharmacy is established with the objective of providing systematic career guidance, training, and placement assistance to students of D.Pharm, B.Pharm, M.Pharm and Pharm.D programmes. The policy aims to formalize the functioning of the Placement Cell in alignment with institutional goals and regulatory requirements.

2. About the Placement Cell

Mar Dioscorus College of Pharmacy has a dedicated Placement Cell managed by the Placement Officer Mrs. Rose Mary Joseph, Associate Professor, and assisted by Mrs. Revathy Sivan, Assistant Professor. The Placement Cell actively supports students through training, grooming, and placement-related activities and maintains strong industry and hospital interactions.

3. Objectives

To prepare students for employment in pharmaceutical, healthcare, and life science sectors.

To enhance employability through skill development, training, and career guidance.

To organize campus and off-campus placement opportunities.

To facilitate interaction between students and industry, hospitals, and research organizations.

To guide students towards higher studies and professional career pathways.

4. Scope

This policy applies to all students of D.Pharm, B.Pharm, M.Pharm and Pharm.D programmes, faculty members involved in placement activities, and recruiting organizations associated with the institution.

5. Structure of the Training and Placement Cell

The TPC shall consist of:

Principal – Patron

Placement Officer – Mrs. Rose Mary Joseph, Associate Professor

Assistant Placement Coordinator – Mrs. Revathy Sivan, Assistant Professor
Faculty Coordinators – Mr. Dibin Lal, Mrs. Anupama Jayaraj
Student Representatives – Ms. Anaga Sreekumar, Ms. Meharuba .N

6. Roles and Responsibilities

6.1 Placement Officer

Plan and coordinate placement and career guidance activities.
Establish and maintain industry, hospital, and organizational relations.
Organize campus placements, interviews, and recruitment drives.
Coordinate training programmes such as mock interviews, group discussions, resume writing workshops, and HR interaction sessions.
Maintain placement records and reports for institutional and accreditation purposes.

6.2 Assistant Placement Coordinator

Assist the Placement Officer in organizing placement and training activities.
Support coordination with students and faculty members.
Help in documentation and reporting of placement activities.

6.3 Faculty Coordinators

Support student preparation and participation in placement activities.
Identify skill gaps and recommend suitable training programmes.

7. Activities of the Training and Placement Cell

Conducting mock interviews, group discussions, and resume writing workshops.
Organizing HR meetings, career guidance sessions, and alumni interactions.
Providing placement assistance to D.Pharm, B.Pharm, M.Pharm and Pharm.D students.
Coordinating industry and hospital interactions and collaborations.
Facilitating internships, training, and project opportunities.

8. Placement Procedure

Collection of student details and willingness for placement support.
Identification and communication with recruiting organizations.
Notification of job opportunities and eligibility criteria to students.
Registration of interested and eligible candidates.
Conduct of interviews, tests, or selection processes.
Communication of selection results and placement offers.
Maintenance of records and follow-up.

9. Student Responsibilities

Participate sincerely in training and placement activities.

Maintain discipline and professionalism during placement processes.

Submit accurate information in resumes and applications.

Comply with guidelines issued by the Placement Cell.

10. Ethical Practices

Equal opportunity shall be provided to all eligible students.

Transparency and fairness shall be ensured in all placement activities.

Confidentiality of student and recruiter information shall be maintained.

11. Review and Monitoring

The Placement Cell shall review its activities annually and update strategies based on feedback from students and recruiters. The policy may be revised with approval from the competent authority.

12. Effective Date

This policy comes into effect from the date of approval by the Principal and Management of Mar Dioscorus College of Pharmacy.

SOCIAL SERVICE POLICY

PURPOSE

The Social Service Policy aims to encourage students to take part in social work, develop a sense of responsibility toward society, and build leadership skills by actively joining community service and development activities.

SCOPE

This policy applies to everyone in the institution—students, teachers, technical and non-technical staff, and management.

POLICY STATEMENT

The Social Service Policy aims to help students understand the importance of community service and their role in nation-building. It values the positive impact that social work and community involvement have on creating responsible and well-rounded pharmacy professionals.

The policy focuses on building social awareness, empathy, and responsible citizenship among students. It also offers students opportunities to use their knowledge and skills to solve community problems and support the well-being of society.

STRATEGIES

- Provide support to nearby villages or underprivileged areas by working on long-term development projects related to healthcare.
- Conduct regular health camps offering free check-ups, basic medical guidance, and awareness programs on common health issues.
- Work with blood banks to organize blood donation drives inside and outside the campus.
- Create awareness about drug abuse and addiction through street plays and interactive sessions.
- Arrange workshops to teach useful health-related skills like first aid, basic life support, and guidance on OTC medicines.
- Carry out activities like planting trees, waste management efforts, and cleanliness drives to support environmental protection.
- Conduct social service activities through clubs such as the Social Service Club and the Nature Club.

DUTIES AND RESPONSIBILITIES

1. Provide students with opportunities to take part in community service and contribute positively to society.
2. Build a sense of civic duty, national unity, and social harmony in students.
3. Improve students' knowledge and skills in different areas like health, education, and the environment.
4. Develop students' leadership qualities, teamwork, and cooperation.
5. Encourage values such as democracy, secularism, and humanism.
6. Help students develop the ability to respond effectively during emergencies and natural disasters.

STUDENT SUPPORT AND GUIDANCE POLICY

PURPOSE

The **Student Support and Guidance Policy** aims to create a safe, supportive, and inclusive learning environment that helps students grow academically and personally.

SCOPE

This policy applies to **all students and faculty members** of the institution.

POLICY STATEMENT

The Student Support and Guidance Program is designed to support the overall development and success of every student in the pharmacy college. It provides a wide range of assistance and resources to help students perform well and overcome challenges.

The policy focuses on building a positive academic atmosphere where students are encouraged and supported to reach their highest potential. By following this policy, the institution aims to promote excellence, well-being, and long-term success for all students.

STRATEGIES

- Improve academic performance by offering tutoring, study skill sessions, and personalized academic help.
- Support students' personal development and mental well-being through counseling, mentoring, and wellness programs.
- Provide career guidance, professional development support, and help with job placements.
- Maintain an inclusive environment where every student feels respected, valued, and treated fairly.

DUTIES AND RESPONSIBILITIES

1. Identify students who need extra help, especially first-year students facing learning challenges or difficulty adjusting to college rules.
2. Look for students with health issues and give them timely advice and support.
3. Track students with low attendance, understand the reasons for their absence, and offer solutions to improve their attendance.
4. Organize student development programs such as motivational sessions, outreach activities, and career guidance events.
5. Maintain a strong and effective mentoring system in the college.
6. Send monthly audit reports to KUHS about student-related activities conducted in the college.
7. Ensure that SSGP nodal officers follow university instructions and attend KUHS meetings.
8. Enforce a strict anti-ragging policy within the institution.

DIVYANGJAN POLICY

PURPOSE

The purpose of the Divyangjan Policy is to ensure that students and staff with disabilities receive proper support, equal opportunities, and a respectful, inclusive environment. The college aims to provide guidance, counseling, and necessary facilities so that Divyangjan individuals can participate fully in academic and campus activities.

SCOPE

This policy applies to:

- All students with disabilities (Divyangjan) seeking admission or currently studying in the college
- All staff members with disabilities
- Administrative and academic departments involved in providing support and accommodations

STRATEGIES

1. Admission Support

- Admissions are granted based on general merit and applicable reservations as per Section 16 of the PWD Act.
- Assistance is provided to ensure timely processing of scholarships offered by the State Government.

2. Examination Support

- Suitable arrangements are made to help physically challenged students during examinations.
- The exam section follows KUHS guidelines for providing extra time, scribes, and other necessary conveniences.

3. Facilities and Infrastructure

- The college provides accessible infrastructure such as wheelchairs, ramps, restrooms with accessible toilets, and scribes
- Observance of important disability-related days like *World Disabled Day* to promote awareness, inclusion, and participation through competitions and programs.

DUTIES AND RESPONSIBILITIES

1. Create and maintain an inclusive environment that prevents discrimination, exploitation, and exclusion of students and staff with disabilities.
2. Develop and implement systems that ensure effective support services for Divyangjan individuals in the college.
3. Ensure compliance with all disability-related laws and regulations, including the PWD Act.

4. Provide academic and administrative support such as accessible classrooms, examination support, counselling, and learning assistance.
5. Promote awareness among staff and students about the abilities and rights of persons with disabilities.
6. Maintain accessible infrastructure and regularly evaluate the effectiveness of facilities provided for Divyangjan individuals.

WOMEN CELL POLICY

PURPOSE

The women cell committed to promote women's empowerment, provide a platform for women's voices and foster a supportive community among women students in the institution.

SCOPE

The women cell policy is applicable to students, faculties and other technical staff of the institution.

POLICY STATEMENT

The women cell policy promotes gender sensitization and equality, prevents discrimination and ensures all the well-being women associated with the institution. It's committed to supporting women's rights, addressing gender based issues and creating a nutritional environment where women can thrive and contribute meaningfully to the pharmacy field and society at large. The policy stands as a testament to our commitment to fostering gender equality, empowering and creating a brighter future to all.

STRATEGIES

- ☐ Promote gender sensitivity and equality and providing women with opportunities, rights and access to resources.
- ☐ Empower women students and staff to prevent any discrimination, harassment or intimidation based on gender.
- ☐ Provide a platform for women to share their concerns and ideas and a support system for women, offering counseling, guidance and assistance to address any challenges they may face during their academic or professional journey.
- ☐ Organize workshops, seminars and skill- building sessions specially tailored to empower women, enhancing their personal, academic and professional growth.
- ☐ Establishes a clear and confidential reporting system for gender-based discrimination or harassment ensuring prompt and appropriate action.
- ☐ Collaborates with external organizations, NGOs, and experts working in the field of gender equality to enhance our efforts and create a wider impact.

DUTIES AND RESPONSIBILITIES

- ☐ To provide a platform for listening to complaints and redressal of grievances
- ☐ To organize empowerment programs, skill- building workshops and leadership development activities to enhance the confidence and capabilities of women within the organization or community.
- ☐ To ensure personality development along with academics.
- ☐ To provide a supportive, safe and healthy environment for women employees and students so that they can achieve their full potential.
- ☐ To incorporate hygiene habits and ensure a healthy atmosphere in and

around the college.

□ To raise awareness about gender issues, women's rights and gender equality within the organization or community by conducting workshop, seminars and training sessions on topics such as gender sensitivity, consent and gender equality.

HUMAN RESOURCES POLICY

1.1 HUMAN RESOURCE PLANNING

1.1.1 The principal shall assess the staff requirement for the next academic year in the month of March every year.

1.1.2 The Faculty - Student ratio shall be as per PCI and the Kerala University of Health Sciences norms.

1.1.3 All appointments of the staff of the Institute shall be approved by the “Governing Body” of the Institute.

1.1.4 The Governing body will appoint a selection committee for recruitment in each discipline, comprised of the Manager, Secretary of CESTOD, Administrator of the College, PRO and Principal, Member of the Governing Council, Vice Principal, HODs and Joint secretary of CESTOD.

1.1.5 All posts at the Institute shall normally and, as far as possible, be filled by advertisement; but, the “Appraisal and Interview Committee (AIC) shall be the exclusive power to decide that a particular post be filled by invitation or by promotion from amongst the members of the staff of the Institute.

1.1.6 Appointments, with or without grades, in the Institute will be created on Temporary, and Regular as per the requirement of actual manpower, from time to time.

RECRUITMENT & PROMOTION POLICY

The faculty members working in technical institutions under the preview PCI shall have an engagement of not less than 16 hours per week including teaching contact hours and other activities. The work of tutorial / project / research / administration may be distributed among the faculty members as per the need and availability of staff. The laboratory engagement will also be counted towards teaching hours. The minimum teaching contact hours for various positions shall be as given in table be

low.

Teaching Engagement of Faculty Members in Degree Level Institutions

Designation	(Teaching / Laboratory hours) / week
Assistant Professor	16
Associate Professor	14
Professor / Senior Professor	10

Relaxation of 2 hours per week in teaching contact hours shall be granted to faculty members handling additional responsibilities like HOD.

Minimum Qualification for Recruitments

Minimum qualification, experience, research contributions, feedback and requisite training requirements for different levels for direct recruitment and promotions for the faculty members are as follows.

Minimum Qualifications for direct recruitment as an Assistant Professor

I. Diploma Course:

Name of the Post	Academic qualification	Teaching/Research/Industry Experience
Principal/Director/ Head of Instt. / Head of Dept.	PCI recognized Post Graduate qualification in any discipline of pharmaceutical sciences. OR PCI recognized Pharm.D	Essential 5 years teaching experience in PCI approved/recognized Pharmacy College. Desirable Administrative experience in

		a responsible position.
Lecturer (Pharmacy subjects)	<p>PCI recognized M. Pharm/ Pharm.D OR PCI recognized B. Pharm</p> <p>(i) A person holding M.B.B.S. qualification can be considered for the post of Lecturer in the subjects of Anatomy & Physiology and Bio-Chemistry & Clinical Pathology.</p> <p>(ii) A person holding M.Sc. (Maths) degree shall be eligible for the post of Lecturer (Mathematics) on part-time basis.</p> <p>(iii) A person holding M.Sc. (Zoology) or M.Sc. (Botany) degree shall be eligible for the post of Lecturer (Biology) on part-time basis.</p>	Essential 3 years professional experience.

	<p>(iv) A person holding B.E.(C.S.) or MCA degree shall be eligible for the post of Lecturer (Computer Science) on part-time basis.</p>	
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II. B. Pharm /Pharm.D/Post graduate course in Pharmacy –

Name of the Post	Academic qualification	Teaching/Research/Industry Experience
Director/Principal/ Head of Institution	First Class B. Pharm with Master's degree in Pharmacy (M. Pharm) in appropriate branch of specialization in Pharmacy or Pharm.D (Qualifications must be PCI recognized). With Ph.D degree in any of Pharmacy subjects (Ph.D. Qualifications must be PCI recognized).	Essential 15 years experience in teaching or research out of which 5 years must be as Professor/HOD in a PCI approved/recognized pharmacy college. Desirable Administrative experience in a responsible position .
Professor	First Class B. Pharm with Master's degree in Pharmacy (M. Pharm) in appropriate branch of specialization in Pharmacy or Pharm.D (Qualifications must be PCI recognized). With Ph.D degree in any of Pharmacy subjects (Ph.D. Qualifications must be PCI recognized).	Essential 10 years experience in teaching in PCI approved/recognized Pharmacy College or research experience out of which 5 years must be as Associate Professor in PCI approved/recognized Pharmacy College.

Associate Professor	First Class B. Pharm with Master's degree in Pharmacy (M. Pharm) in appropriate branch of specialization in Pharmacy (Qualification must be PCI	3 years experience in teaching or research at the level of Assistant Professor or equivalent in PCI approved/ Recognized Pharmacy college.
	recognized). A PCI recognized Pharm.D degree holder shall also be eligible for the posts of Associate Professor in the subjects of pathophysiology, pharmacology sand pharmacy practice. Associate Professor shall acquire PCI recognized Ph.D in any of Pharmacy subjects within 7 years to become eligible for the post of Professor.	
Lecturer/Assistant Professor	First Class B. Pharm with Master's degree in Pharmacy (M. Pharm) in appropriate branch of specialization in	A lecturer will be re-designated as Assistant Professor after 2 years of teaching experience in PCI approved/

	<p>Pharmacy (Qualification must be PCI recognized). A PCI recognized Pharm.D degree holder shall also be eligible for the posts of Lecturer/Assistant Professor in the subjects of pathophysiology, pharmacology and pharmacy practice.</p>	<p>recognized Pharmacy College.</p>
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FACULTY INTERVIEW PROTOCOL

1. Purpose

To assess the academic competence, professional suitability, teaching ability, research orientation, and institutional fit of candidates applying for faculty positions.

2. Constitution of Interview Panel

The interview panel shall consist of:

1. Manager
2. Secretary of CESTOD
3. Administrator of the College
4. PRO
5. Principal
6. Members of the Governing Council
7. Vice Principal
8. HODs
9. Joint secretary of CESTOD.

3. Pre-Interview Process

Candidates shall submit:

- Application form and detailed CV
- Copies of academic certificates and mark lists
- Experience certificates
- Publications / research proof (if any)
- Approval / registration certificates (KSPC), as applicable

Document verification shall be completed prior to the interview.

4. Interview Process

A. Candidate Introduction (1-2 minutes)

- Academic background
- Teaching experience
- Area of specialization and interest

B. Subject Knowledge Assessment

- Core subject concepts relevant to the applied post
- Recent advancements in the discipline

C. Teaching Aptitude Evaluation

- Teaching methodology and pedagogy
- Student engagement strategies
- Assessment and evaluation techniques

D. Research & Professional Development

- Research publications and projects
- Grants / funded projects (if any)
- Conferences, FDPs, workshops attended
- Willingness to pursue PhD / research guidance

5. Evaluation Criteria

Candidates shall be assessed on:

- Academic qualification
- Subject expertise
- Teaching skills
- Research orientation
- Communication skills
- Attitude, discipline, and professional ethics
- Overall suitability for the institution

(Marks grading may be allotted as per institutional norms.)

6. Post-Interview Process

- Panel recommendations shall be recorded and signed
- Final selection subject to management approval
- Offer letter issued as per norms
- Appointment subject to verification and regulatory approval

7. Confidentiality

All interview proceedings and evaluation details shall be treated as strictly confidential.

8. Record Maintenance

The institution shall maintain:

- Interview attendance sheets
- Evaluation sheets
- Panel minutes
- Selection committee recommendations

1.2 STAFF ORIENTATION

- 1.2.1 Every teacher appointed in the College shall be given a brief introduction about the College by the Principal on the day of his/her joining.
- 1.2.2 The Principal shall introduce the appointed faculty to the Head of the Department.
- 1.2.3 The HOD will give a brief introduction about the department and will introduce the new incumbent to all the teaching and non-teaching members of his/her team.
- 1.2.4 The HOD will also take him / her a tour to the campus, explaining him/her the various codes of conduct observed in availing the facilities of the College.
- 1.2.5 The HOD will also ensure that all the registration formalities to be completed including submission of joining report etc., by obtaining the assistance from the Office team.
- 1.2.6 The HOD will introduce the new faculty member to the students in the first class he / she is going to handle in every section of his/her assignment.

2.1 POSITIONS

- 2.1.1 The College will have the following hierarchy of positions:

Category of Staff

- ❖ Teaching
- ❖ Administrative
- ❖ Non-Teaching
- ❖ Maintenance

Teaching Faculty Cadre

- ❖ Lectures
- ❖ Assistant Professor

- ❖ Associate Professor (Time Bound Cadre Post)
- ❖ Associate Professor
- ❖ Professor
- ❖ HOD
- ❖ Vice Principal
- ❖ Principal

2.1.2 In addition, each department shall have support staff like Lab Assistants and Office Assistants.

2.1.3 The College Office will have the following positions of hierarchy in the administrative department.

- a. Administrative Officer
- b. Accountant, Clerical Assistants
- c. Office Assistants

2.2 DEARNESS ALLOWANCE

2.2.1 In addition to the Basic Salary, a monthly dearness allowance shall be extended to the teaching faculty.

2.2.2 Management can also decide the other allowances for Vice principal, Principal and Special posts.

2.3 SALARY & INCREMENT

As per PCI norms, basic pay and hierarchy of positions were fixed.

Faculty Members are eligible for the increment prescribed at the end of 12 months service in the Institution.

LEAVE POLICY

3.1 CASUAL LEAVE

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- All employees are eligible for 12 days CL in a calendar year.
- Application for casual leave should be submitted to the Principal in advance through leave application form with proposal for alternate arrangement. Leave letter is to be submitted before 2 working days in advance and approval must be obtained prior to availing the leave. The

approved leave application shall be submitted without fail to HR before proceeding of leave.

- If application cannot be submitted in advance on account of some emergency or unforeseen reason, the principal should be contacted over the phone or the official email with alternate duty arrangement. The said approved leave shall be submitted to the HR not later than one day from the date of rejoining duty.
- Casual leave cannot be availed for more than 4 days at a stretch and it cannot be combined with any other type of leave other than compensatory leave.
- Any absence without proper sanction will be treated as an unauthorized absence.
- 50% of the CL must be availed within the month of June. Unavailed CL cannot be carried forward within the same calendar year.
- Carryover of lapsed CL to the next calendar year is not permissible.
- New recruits under probation shall be eligible for CL only on completion of 30 days of work.
- CL only can be availed for half day. For utilizing a half day leave, an employee should have attended office preceding or succeeding the availing leave.

3.2. SICK LEAVE

- The employees those who have completed probation are eligible for 10 days SL in a calendar year on genuine medical grounds.
- Medical certificate from an authorized medical practitioner is necessary for the grant of sick leave for more than one day up to 10 days.
- Sick leave may be combined only with “Other Leave (OL)”, provided total period of leave does not exceed 12 days.
- At a time, a maximum of 2 Sick leaves can be availed per month with medical certificate on genuine medical grounds if available on credit.
- In case of SL, the principal should be contacted over the phone or the official email with alternate duty arrangement before the start of working hours.

- Comply with the usual procedure immediately on joining duty. The said approved leave shall be submitted to the HR not later than one day from the date of re-joining duty along with medical certificate in case of circumstances covered under 2 and 3 above.
- Saturdays, Sundays, restricted holiday and holidays, whether intervening, prefixed or suffixed, shall be considered as leave.

3.3 OTHER LEAVE

- The employees those who have completed probation are eligible for 08 days OL in a calendar year.
- The employees who are on probation are not eligible for other leave in a calendar year.
- One OL shall accrue to an employee upon completion of 45 calendar days.
- Other leaves are allotted in to two parts. Four leaves are applicable for each half of the calendar year (first half is up to 30th June and second half up to 31st December).
- Carryover of lapsed OL to the second half of the calendar year is not permissible.
- Other leave can be combined with sick leave only. At a time, a maximum of 2 other leaves can be availed per month with prior permission if available on credit.
- Saturdays, Sundays, restricted holiday and holidays, whether intervening, prefixed or suffixed, shall be considered as leave.

3.4 COMPENSATORY OFF (COMP-OFF)

If an employee has to work on a public holiday (calendar holidays, Restricted holidays, Declared holidays (by govt./mgnt) or Fourth and Fifth Saturdays), they are offered a compensatory off for one day or half day on any other work day based on the work done on the holiday. This compensatory off has to be availed, with prior approval, **within 2 months of that duty** (expiry period).

3.5 . DUTY LEAVE

- A total of 20 days On-Duty Leave in a calendar year will be granted for Theory evaluation & Practical examinations or Observer Duty, conference, seminars and workshops etc.
- On Duty leave will be permitted only for the subject that is handled by the teacher during that semester.
- **Faculty can avail only 4 On-Duty leaves at a stretch.** Application for DL has to be submitted to the concerned HOD. DL has to be recommended by HOD and approved by the principal. Leave letter is to be submitted 2 working days in advance and approval must be obtained prior to availing the leave. The approved leave application shall be submitted along with the duty order without fail to administration (HR) before proceeding on leave.
- The designated authority shall have the right to cancel the leave sanctioned earlier, for any emergency work in the college.

36. BIOMETRIC ATTENDANCE

- All employees must enroll their biometric data upon joining the institution.
- Biometric data shall be collected only for attendance purposes.
- Employees must mark biometric attendance at the time of entry and exit every working day.
- Official working hours shall be as defined by the institution.
- If the number of late punches or early punches exceeds 4 in a month, it shall be considered as half day CL. If it exceeds 9 will be considered as one day CL.

3.7 RESIGNATION / TERMINATION

The relieving order will be issued only after the submission of no dues certificates from all section concerned. If any employee resigns from the employment, the employee concerned employee shall give a minimum of one month advance notice about his/ her intention to quit the service from the institution to the respective reporting authority in

writing. The accumulated leave to the credit of the employee cannot be adjusted towards the notice period.

- ❖ Employee who is leaving from the service of MDCP shall return the properties belongs to the institution which has been lent or issued to him/her in connection with his employment. The cost of such property not returned shall be liable to be deducted from wages/ salary or from other sums due to him.
- ❖ According to the industrial disputes act 1947, the employer may terminate at any time for a reasonable cause from employment for any misconduct as given in the institution.
- ❖ An employee, on attaining the age of fifty eight years for faculty reckoned in accordance with the English calendar, shall be retired from the services of MDCP.
- ❖ An employee may be retired on grounds of medical unfitness, subject to payment of gratuity and other benefits as may be applicable.
- ❖ If an employee is terminated or when he/she leaves the employment from the institution, the wages/ salary earned by him/ her shall be paid to them before the expiry of the second working day from the day on which he/she terminated.
- ❖ A written termination letter shall be signed by the authorized person and the copy of the same shall be handed over to the employee concerned.

3.8 Age of Superannuation

The age of superannuation of all faculty members and Principals / Directors of institutions shall be 58 years.

3.9 SERVICE CERTIFICATE

Every employee, other than a casual employee, who leaves service, retires, dismissed shall be given a service certificate if he/she applies.

If an employee wishes to apply for a job in government institutions/

organizations or desires to pursue higher studies, the “No Objection Certificate” shall be obtained from the institution.

CONDUCT RULES FOR ALL EMPLOYEES

4.1 REDRESSAL OF GRIEVANCE

- The grievance redressal committee shall comprise of a senior employee with not less than 10 years of experience in MDCP.
- Any employee desirous of redress of a grievance arising out of his/her employment or relating to unfair treatment or wrongful action on the part of a superior shall in the first instance, submit a complaint in writing to the officer appointed by the institution.
- The authorized person shall constitute the committee and inform the complainant in writing about such constitution. The committee shall investigate the complaint immediately. An employee working in the same department as the employee, who presented the complaint, shall have the right to be present at such inquiry.
- A copy of the recommendations finally made by the committee shall be issued to the complainant. Provided that complaints relating to assault or abuse by any person holding a supervisory position shall be inquired into immediately by the officers.

4.2 SEXUAL HARASSMENT IN WORKPLACES

It shall be the duty of the institution and other responsible persons in workplaces to prevent the commission of acts of sexual harassment by taking necessary steps.

4.3 THIRD PARTY HARASSMENT

The institution shall take necessary steps against the convict who has indulged in harassing activities though the person is third party.

5.0 BENEFITS EXTENDED TO EMPLOYEES

- 1.Group Insurance policy with Accidental treatment coverage of Rs.50000 and Death coverage of Rs.1 Lakh.
- 2.Emergency advance for Medical Treatment on requirement.
- 3.Sponsorship for to attend Seminar / Paper presentation / Conference – in India & Abroad

4. Special Academic Leave of 10 days may be granted to employees who are pursuing a Ph.D. programme for the purpose of career advancement, as per institutional norms.
5. Free transportation.

PERFORMANCE APPRAISAL POLICY

6.1 FACULTY PERFORMANCE, APPRAISAL AND DEVELOPMENT SYSTEM (FPADS)

The College follows the self- appraisal method to evaluate the performance of faculty members, used for their improvement. The Performance Appraisal Report gives qualitative assessment of a faculty on five Key Result Areas namely

- ❖ Academic Performance
- ❖ Research and Development
- ❖ Industry Interface
- ❖ Faculty Development
- ❖ Student Development

Different Performance Evaluation (PE) targets are fixed for (1) Heads, Professors, Associate Professors and (3) Assistant Professors. The faculty from all the departments are given proper orientation with supportive guidelines along with weightages for each parameter. The method of calculation of performance score is also given to the faculty.

A three step process is conducted for evaluating the actual performance of every faculty based on the guidelines given in the performance evaluation form.

1. Self-Appraisal (Faculty evaluating themselves)
2. Appraisal by Heads/Deans of the department
3. Selection Committee Appraisal (Heads evaluating the faculty of other Departments)

To ensure uniformity in assessment, duly nominated audit committee conducts the audit and evaluates the point by verifying all the supporting documents shown by the faculty.

The weighted average of the college is calculated

based on the following method.

Weighted Average = Sum of Points scored by all

faculty/Total No. of Faculty

Bonus Point = Points scored by the faculty – Weighted Average.

The Weighted Average is set as the minimum target level. The faculty members below the minimum target level are advised to attend faculty development programmes inside or outside the college and opportunities are given for their improvement. After the review of the performance appraisal, the faculty members are awarded with Performance Bonus in the Annual Appraisal Day.

SALARY INCREMENT POLICY

1. Purpose

The purpose of this policy is to define a transparent, fair, and consistent framework for granting salary increments to employees of the Institution. The policy aims to motivate performance, reward merit, retain talent, and ensure financial sustainability.

2. Scope

This policy applies to all regular employees of the Institution, including teaching, non-teaching and administrative support staff.

3. Definition

- **Increment:** An increase in the basic salary/pay as approved by the Institution.
- **Appraisal Period:** The defined period (usually one academic or financial year) used to evaluate employee performance.
- **Eligible Employee:** An employee who meets the criteria set out in this policy.

4. Eligibility Criteria

An employee shall be eligible for an annual salary increment if:

- The employee has completed the prescribed minimum service period (normally 12 months) as on the cut-off date.
- The employee is confirmed in service or has successfully completed the probation period.
- The employee has a satisfactory performance appraisal rating.
- The employee has complied with institutional rules, code of conduct, and attendance requirements.

Employees on extended leave without pay, under disciplinary action, or serving notice period may not be eligible for increments during that cycle.

5. Performance Appraisal

5.1 Salary increments shall be linked to the annual performance appraisal.

5.2 Performance may be assessed based on:

- Quality of work and job knowledge
- Teaching effectiveness / academic contribution
- Research, innovation, or professional development
- Administrative efficiency
- Attendance and punctuality
- Discipline, teamwork, and institutional contribution

5.3 Performance ratings may be categorized as:

- Outstanding
- Very Good
- Good
- Satisfactory
- Unsatisfactory

6. Increment Structure

6.1 The rate of increment shall be decided by the Management/Competent Authority based on:

- Performance rating
- Current pay structure
- Institutional financial position

6.2 Increment shall normally be calculated on the basic salary unless otherwise specified.

7. Effective Date

Approved salary increments shall normally take effect from as decided by the Institution.

8. Special Increments

The Institution may grant special or accelerated increments in cases such as:

- Exceptional performance or achievements
- Promotion to a higher post or role
- Acquisition of higher qualifications or critical skills relevant to the Institution

Such increments shall be purely at the discretion of the Management.

9. Approval Authority

- Departmental Head shall recommend increments based on appraisal.
- The Principal/Interview committee shall review recommendations.
- Final approval shall rest with the Management/Governing Body.

10. Communication

Employees shall be informed of their increment, if any, through an official order or salary revision letter. Individual appraisal details shall remain confidential.

11. Review and Amendment

This policy shall be reviewed periodically and may be amended by the Management as required due to changes in institutional needs, financial conditions, or statutory regulations.

RETIREMENT

6.1.1 The age of retirement of teaching faculty member shall be as per State Government Rules or as may be decided by the Management.

6.1.2 The age of retirement of non - teaching staff shall be as per State Government Rules or as may be decided by the Management.

7.1 CODE OF CONDUCT FOR FACULTY

In fulfillment of their obligations to the teaching profession,

- ❖ Faculty should advance their interests of the teaching profession through responsible ethical practices.
- ❖ Faculty should update their knowledge and skills to equip themselves professionally for the proper discharge of duties assigned and regard themselves as learners and engage in continual professional development.
- ❖ Faculty should be truthful when making statement about their qualifications and competencies.
- ❖ Faculty should contribute to the development and promotion of sound educational policy.
- ❖ Faculty should maintain absolute dignity and decorum in dealing with their superiors, colleagues and students every time.
- ❖ Faculty should get prior permission from their higher official before taking leave.
- ❖ Faculty should not associate with any political parties or take part in any other organizational activities which are not in line with the duties and ethics of the teaching profession.
- ❖ Faculty should maintain college details confidentially.
- ❖ Faculty should maintain cordial relationship with their colleague. No act of degrade, harass or insult in any other person for any reason whomsoever will not be entertained.
- ❖ It is mandatory for faculty members to wear Identity cards at all times when they are inside the college campus.
- ❖ Faculty should not involve in any strike or riot in any criticism of college management policy or of the government for any reason.
- ❖ Faculty in the service of the college shall at all the time strive for academic excellence in the discharge of their duties and conduct in the manner of a perfect role model for others to emulate.

- ❖ Every teacher must maintain a course file with all the details prescribed in checklist for each subject as well as lab offered during semester/year.
- ❖ Faculty members must take attendance within first 5 minutes of starting of the period.
- ❖ Teachers are advised to refrain from awarding punishments like dismissal from the class rooms, making them stand in the class rooms, summoning their parents to campus
- ❖ Faculty are allowed to take up duties for paper setting work, oral / practical examination, moderation / revaluation work, expert lectures etc. with other educational institution without disturbing the college work load with the permission of the principal.

CODE OF CONDUCT FOR HEADS OF THE DEPARTMENT

- ❖ HOD is responsible for conducting all academic programmes of the department concern.
- ❖ Depute Coordinators to formulate Time- Tables to provide adequate hours to complete the syllabus well in time.
- ❖ To ensure that all classes are held as per the time - table.
Heads of the Department shall ensure alternate arrangement for the class work of teachers absent on that day.

They should recommend for disciplinary action against that availing leave

- ❖ without prior arrangement for class work.
- ❖ To ensure the maintenance of laboratories in good order to provide training to the students effectively.
- ❖ To maintain tuneful relationship between students and faculty while ensuring discipline and ethical behaviour of students.
- ❖ To ensure for conducting Faculty Development Programs, Personality Development Programs, Seminars, Workshops, Conference and so on.
- ❖ To train and update the faculty to deliver good instruction to the students.

- ❖ To ensure proper evaluation of student's performance and take remedial action to improve the performance of slow learners.
- ❖ To verify the student attendance on every weekend to check for proper marking of attendance and implementation of lecture plans.
- ❖ Supervise the class rooms and laboratories to ensure the decorum and discipline as per time-table.
- ❖ Organize Faculty meeting once in a week to review Academic and R&D activities of the Department.

CODE OF CONDUCT FOR PRINCIPAL

- ❖ The Principal shall direct and monitor the administration of the academic programmes and general administration of the Institute to ensure efficiency and effectiveness in the overall administrative tasks and assignments.
- ❖ The Principal shall plan the budgetary requirements and go through the financial audited statements of the Institute.
- ❖ The Principal shall form various college level committees that are essential for the development of the Institute.
- ❖ The Principal has right to take all the necessary actions as and when required to uphold discipline in the Institute.
- ❖ The Principal shall encourage Faculty Members to write text books and publish research papers in reputed National/International / Indian Journals/Magazines and encourage faculty members to update their knowledge by attending Seminars/Workshops/Conference.
- ❖ The Principal shall convene meetings of any of the authorities, bodies or committees, as and when required.
- ❖ The Principal shall monitor that quality in education and academic services is maintained for continuous development and turn the students into better individuals and responsible citizens of the country.

- ❖ The Principal shall ensure that the long-term and short-term progress plans of the Institute in their academic programmes are duly processed and implemented through relevant authorities, bodies, committees and its members.
- ❖ The Principal shall be responsible for the submission of annual report on the progress achieved in different developmental and collaborative programmes to the various committees and Management.

PROMOTION POLICY

(For Teaching, Non-Teaching and Administrative Staff)

1. Purpose

To establish a transparent, fair, and merit-based system for promotion of employees, ensuring academic excellence, professional growth, and institutional development.

2. Scope

This policy applies to:

- Teaching Staff (Professors, Associate Professors, Assistant Professors, Tutors)
- Non-Teaching Technical Staff (Lab Technicians, Librarian, Pharmacist, etc.)
- Administrative & Office Staff
- Support Staff (where applicable)

3. Guiding Principles

Promotions shall be based on:

- Merit and performance
- Academic and professional qualifications
- Experience
- Research and scholarly contributions
- Institutional service and discipline
- Availability of sanctioned posts

All promotions shall comply with **PCI /University norms** (where applicable).

PART A – TEACHING STAFF PROMOTION POLICY

4. Eligibility Criteria

Promotion shall be based on:

A. Academic Qualification

As prescribed by PCI/University norms (e.g., M.Pharm, Ph.D., etc.).

B. Experience

Minimum years of teaching/research experience as per regulatory requirements.

C. Research Contribution

- Publications in indexed journals

- Books/chapters published
- Funded research projects
- Patents (if any)
- Conference presentations

D. Academic Performance

- Student feedback (satisfactory or above)
- Subject results
- Contribution to academic development
- Mentorship and project guidance

E. Institutional Contribution

- Participation in committees
- IQAC/NAAC activities
- Organizing seminars/workshops
- Extension and outreach activities

5. Promotion Path (Indicative)

- Lecturer/Tutor → Assistant Professor
- Assistant Professor → Associate Professor
- Associate Professor → Professor
- Professor → Principal (as per norms)

All promotions shall be subject to regulatory approval where required.

6. Promotion Process (Teaching Staff)

1. **Notification** of eligible candidates by HR/Management.
2. Submission of:
 - Updated CV
 - Self-Appraisal Report
 - Supporting documents
3. Evaluation by:
 - Selection Committee (as per PCI/University norms)
4. Interview/Presentation (if required).
5. Approval by Appraisal Committee/Management.

PART B – NON-TEACHING & ADMINISTRATIVE STAFF

7. Criteria for Promotion

Promotion shall be based on:

- Educational qualification
- Technical skills and certifications
- Years of service
- Performance appraisal reports
- Conduct and discipline record

- Efficiency and work output
- Initiative and additional responsibilities handled

8. Performance Appraisal System

Annual appraisal shall include:

- Attendance and punctuality
- Work efficiency
- Behaviour and teamwork
- Compliance with institutional policies
- Initiative and problem-solving ability

9. Time-Bound Cadre Promotion

An Assistant Professor shall be eligible for Time-Bound Cadre Promotion to the post of **Associate Professor** upon fulfilling the following conditions:

1. Completion of **10 years of continuous regular service** as Assistant Professor.
2. Possession of **required academic qualifications** as per PCI/University norms.
3. Satisfactory performance appraisal records for the preceding years.
4. Fulfilment of prescribed Academic Performance Indicators (API)/Research/Publications/Faculty Development requirements, as applicable.
5. No pending disciplinary proceedings or adverse remarks.

Nature of Promotion

1. Promotion shall be granted **irrespective of the availability of vacancy** in the higher post.

. Selection Process

1. Eligible candidates shall apply or be considered automatically upon completion of 10 years.
2. A duly constituted **Selection/Screening Committee** shall review eligibility, performance, and academic credentials.
3. The Committee shall recommend suitable candidates to the Governing council/Management for approval.

10. General Conditions

1. Promotion is **not automatic** and depends on performance and vacancy.
2. Employees under disciplinary action are not eligible until clearance.
3. Management reserves the right to defer promotion based on institutional requirements.
4. Seniority alone shall not guarantee promotion.

11. Promotion Committee

The Promotion Committee may include:

- Manager
- Secretary
- Joint Secretary
- Administrator
- Governing Council Members
- Principal
- Subject Experts

12. Effective Date

This policy shall come into effect from 2022 and may be amended as per statutory or institutional requirements.

EMPLOYEES' PROVIDENT FUND (EPF) POLICY

(Applicable to Teaching, Non-Teaching and Office Staff)

1. Purpose

To ensure statutory compliance with the Employees' Provident Funds and Miscellaneous Provisions Act, 1952 and to provide social security benefits to eligible employees of the institution.

2. Scope

This policy applies to:

- Teaching Staff (Professors, Associate Professors, Assistant Professors, Tutors, etc.)
- Non-Teaching Staff (Lab Technicians, Pharmacists, Librarians, etc.)
- Office/Administrative Staff (Clerks, Accountants, Office Assistants, etc.)
- Support Staff (if on regular payroll)

3. Eligibility

1. All employees drawing basic salary + DA up to the statutory wage ceiling (as per EPFO norms) shall be mandatorily covered.
2. Employees drawing above the statutory wage ceiling may:
 - Be covered if already an EPF member in previous employment.
 - Opt for voluntary coverage subject to management approval.
3. Contractual staff directly on institutional payroll shall also be covered as per statutory norms.

4. Contribution Structure

As per current EPFO guidelines (subject to government amendments):

- **Employee Contribution:** 12% of Basic + DA
- **Employer Contribution:** 12% of Basic + DA

Employer's contribution breakup:

- 8.33% → EPS (Employees' Pension Scheme)
- 3.67% → EPF
- Additional administrative charges as applicable.

5. Salary Components Considered

EPF contribution shall be calculated on:

- Basic Pay
- Dearness Allowance (if applicable)

(Other allowances such as HRA, Special Allowance, etc., are excluded unless notified by EPFO.)

5. EPF Components

a) EPF (Provident Fund)

- Long-term retirement savings.
- Annual interest credited (announced yearly by EPFO).
- Fully withdrawable under certain conditions.

b) EPS (Employee Pension Scheme)

- Part of employer's contribution (8.33%).
- Provides pension after age 58.
- Cannot be fully withdrawn except in specific cases.

c) EDLI (Insurance)

- Life insurance cover for all EPF members.

No contribution from employees; employer pays a small premium.

6. EPF Account Management

1. Each eligible employee shall be enrolled and allotted a UAN (Universal Account Number).
2. KYC details (Aadhaar, PAN, Bank Account) must be submitted at the time of joining.
3. Monthly contributions shall be remitted before the statutory due date.
4. Payslips shall clearly show EPF deductions.

7. Withdrawal & Advances

Employees may apply for:

- Partial withdrawal (as per EPFO rules for marriage, medical emergency, house construction, Disability, Natural calamity assistance etc.)
- Final settlement upon resignation/retirement
- Pension benefits as per EPS eligibility

All claims shall be processed online through EPFO portal.

Some withdrawals require minimum years of service.

8. Taxation Rules

- Employee's EPF contribution: tax-deductible under Section 80C.

- Interest earned: tax-free if withdrawn after 5 years of continuous service.
- Premature withdrawal (<5 years): taxable.

9. UAN (Universal Account Number)

- A single, permanent number for every EPF member.
- Used to link multiple PF accounts.
- Enables online withdrawals, claim status, and KYC updates.

10. Retirement & Exit

1. On resignation, the employee may:
 - Transfer EPF to new employer
 - Apply for withdrawal as per rules
2. On attaining retirement age (58 years), pension benefits shall be applicable as per EPS norms.

11. Compliance & Monitoring

- The Accounts Section shall ensure timely remittance.
- Annual EPF compliance report shall be maintained for audit and statutory inspection.
- Any changes in EPFO regulations shall automatically apply.

12. Grievance Redressal

Employees may contact:

- Accounts Officer
 - HR Department
- for any EPF-related queries or discrepancies.

13. Effective Date

This policy shall come into effect from 2010 and shall remain in force until amended by the Management.

EMPLOYEES' STATE INSURANCE (ESI) POLICY

(Applicable to Eligible Teaching, Non-Teaching and Office Staff)

1. Purpose

To ensure statutory compliance with the Employees' State Insurance Act, 1948 and to provide medical, financial, and social security benefits to eligible employees and their dependents.

2. Scope

This policy applies to eligible employees of the institution including:

- Teaching Staff
- Non-Teaching Staff
- Administrative/Office Staff
- Support Staff on regular payroll

Coverage is subject to statutory wage limits and ESIC applicability.

3. Eligibility

1. The ESI Scheme is applicable to establishments employing **10 or more employees** (subject to state notification).
2. Employees drawing **gross wages up to ₹21,000 per month** are covered under ESI.
3. For **persons with disabilities**, the wage ceiling is **₹25,000 per month**.
4. Once an employee is covered under ESI, contributions continue until the end of the contribution period even if wages exceed the ceiling during that period.

4. Contribution Rates (As per Current ESIC Norms)

- **Employer Contribution:** 3.25% of gross wages
- **Employee Contribution:** 0.75% of gross wages

Contributions shall be calculated on total wages as defined under the ESI Act (including basic pay, DA, HRA, and other allowances, excluding statutory exclusions).

Contributions must be remitted **on or before the 15th of the following month**.

5. Benefits Provided Under ESI

A. Medical Benefit

- Full medical care for insured employees and their dependents.
- Includes outpatient treatment, hospitalization, specialist services, and medicines.
- No monetary ceiling on medical expenditure as per ESIC norms.

B. Sickness Benefit

- Cash compensation at **70% of average daily wages**.
- Payable for a maximum of **91 days in a year**, subject to certification by an authorized medical officer.

C. Extended Sickness Benefit

- 80% of wages for specified long-term diseases.
- Payable up to **2 years**, as per ESIC guidelines.

D. Maternity Benefit

- 100% of wages during maternity leave:
 - 26 weeks for confinement (childbirth)
 - 6 weeks for miscarriage
 - 12 weeks for commissioning/adoption (as applicable under rules)

E. Disablement Benefit

- Temporary Disablement: 90% of wages during the period of certified disability.
- Permanent Disablement: 90% of wages based on the extent of loss of earning capacity.

F. Dependents' Benefit

- Monthly pension to dependents in case of death due to employment injury.

G. Funeral Expenses

- Funeral expenses up to ₹15,000 (or as revised by ESIC from time to time).

6. Employer Responsibilities

The Institution shall:

1. Register under the ESIC portal upon crossing the employee threshold.
2. Register all eligible employees and generate Insurance Numbers.
3. Maintain wage and attendance records as required.
4. Deduct employee contributions and remit total contributions before the due date.
5. File periodic returns as prescribed under ESIC regulations.
6. Facilitate employees in availing ESI benefits.

7. Employee Responsibilities

Employees shall:

- Provide accurate personal and dependent details.

- Complete ESIC formalities and biometric registration (if required).
- Inform HR/Accounts of any changes in family details or wage status.

8. Administration

- The Accounts/HR Department shall be responsible for compliance.
- Any amendments issued by ESIC shall automatically apply.
- Non-compliance or delay shall attract statutory penalties as per the Act.

9. Effective Date

This policy shall come into effect from 22 August 2022 and shall remain in force until amended by Management.

GRIEVANCE REDRESSAL POLICY

GRIEVANCE REDRESSAL POLICY AND PROCEDURE FOR EMPLOYEES

1. PURPOSE

- To establish a fair, transparent, and time-bound system for resolving grievances raised by teaching and non-teaching employees.
- To ensure prompt and effective resolution of genuine concerns.
- To promote a positive and healthy working environment.
- To encourage open communication between employees and the administration.

2. SCOPE

This policy applies to:

- All full-time, part-time, contractual, and probationary employees of the college.

It covers grievances related to:

- Working conditions, workload, and assigned duties.
- Salary, leave, and other service-related matters.
- Interpersonal conflicts or harassment.
- Discrimination or unfair treatment.
- Administrative decisions affecting employment.

Note:

Issues related to disciplinary actions or statutory matters will follow separate procedures as per service rules or government regulations.

3. POLICY STATEMENT

- The institution is committed to providing an accessible, unbiased, and confidential grievance resolution mechanism for all employees.
- All grievances will be treated with seriousness, confidentiality, and impartiality.
- No employee will experience discrimination, retaliation, or victimization for submitting a grievance in good faith.
- The policy will be reviewed every three years or as required by statutory bodies such as AICTE, PCI, or UGC.

4. STRATEGIES (PROCEDURE FOR LODGING AND PROCESSING GRIEVANCES)

Step 1: Informal Resolution

- Employees should initially attempt to resolve issues informally with their immediate superior or HOD within **7 working days**.

Step 2: Formal Complaint

- If unresolved, a written grievance may be submitted to the **Member Secretary of the GRC** within **15 working days** of the incident.
- Complaints may be submitted via email or Google Form (QR code provided).
- The complaint must include:

- Name, designation, and department
- Details of the grievance
- Supporting documents or evidence

Step 3: Acknowledgment

- The GRC will acknowledge the complaint within **3 working days**.

Step 4: Hearing & Resolution

- The committee will conduct a fair hearing, examine evidence, and may call involved parties.
- A decision will be made within **15–30 working days**.

Step 5: Appeal Process

- If dissatisfied, the employee may appeal to the **Chairman of the Governing Body / Management** within **15 working days** of the GRC decision.
- The management's decision will be final.

Confidentiality

- All grievances and proceedings will be kept confidential.
- Information will be shared only on a need-to-know basis.

Protection from Retaliation

- No employee will be penalized or discriminated against for filing a grievance in good faith.

5. DUTIES AND RESPONSIBILITIES (FUNCTIONS OF THE GRC)

1. Receive and Acknowledge Grievances

- Accept written complaints from employees.
- Maintain a grievance register or digital record.
- Acknowledge complaints within 3 working days.

2. Scrutinize and Classify Complaints

- Check if the grievance falls under the committee's jurisdiction.
- Categorize complaints (administrative, interpersonal, service-related, harassment, etc.).
- Redirect or reject cases not within the committee's scope.

3. Conduct Enquiry and Hearings

- Provide opportunities for both complainant and respondent to present their case.
- Ensure hearings are impartial, confidential, and unbiased.
- Collect evidence and statements.

4. Facilitate Mediation and Settlement

- Encourage mutually agreeable solutions through dialogue or counseling.
- Suggest preventive or corrective actions.

5. Recommend Corrective Measures

- Submit findings and recommendations to the Principal / Head of Institution.
- Recommend administrative or disciplinary actions if needed.
- Ensure proper implementation of remedial measures.

6. Maintain Confidentiality

- Keep all documents and proceedings strictly confidential.
- Protect the identity of complainants and witnesses.
- Prevent retaliation against those who file grievances.

7. Maintain Records and Reports

- Document grievances, hearings, and resolutions.
- Prepare quarterly/annual reports for the Governing Body or IQAC as required by NAAC/AICTE.

8. Create Awareness

- Conduct orientation programs on grievance procedures.
- Display policy details on notice boards and the college website.

9. Ensure Regulatory Compliance

- Follow AICTE (2019), UGC (2023), and PCI regulations.
- Cooperate with inspections and audits by regulatory bodies.

10. Review and Improve Mechanism

- Periodically evaluate the effectiveness of the grievance redressal system.
- Recommend improvements to the management.

OFFICE COMMUNICATION POLICY

Purpose

This policy aims to establish guidelines for effective and professional communication among faculty, staff, students, and stakeholders within the college. It ensures clarity, accountability, and consistency in communication.

Scope

This policy applies to all faculty members, administrative staff, non-teaching staff, and students involved in official communication within the college.

Modes of Communication

- Email: Primary mode for formal communication. All official emails should be sent using the institution's domain.
- Official Letters & Notices: Used for administrative instructions, approvals, and formal correspondence.
- Circulars & Memos: For internal communication of policies, rules, or announcements.
- WhatsApp & Messaging Apps: Only for urgent or informal communication among staff. Avoid sensitive discussions.
- Meetings & Minutes: All major decisions must be recorded and shared through official channels.
- Website & Social Media: For public announcements and information dissemination.

Guidelines for Effective Communication

All communication must be clear, concise, and professional.

Official Tone: Avoid informal language in written communication.

Response Time: Emails should be acknowledged within 24-48 hours.

Confidentiality: Sensitive information must not be shared without authorization.

Respect & Decorum: Maintain professionalism and avoid discriminatory or offensive language.

Email Communication Etiquette

Use official college email IDs for all formal communication.

Subject lines should be clear and relevant.

Use proper salutations (e.g., "Dear Sir/Madam" for external communication).

Avoid using all caps, slang, or abbreviations.

Attach necessary documents and proofread before sending.

Social Media & Public Communication

Staff and students should refrain from posting negative or misleading comments about the institution.

Official social media handles should be managed by the authorised person assigned by the college administration.

Any media interaction must have prior approval from the college management.

Meeting Protocols

Meetings should have a clear agenda and be scheduled in advance.

Minutes of meetings should be documented and shared with attendees.

Avoid unnecessary meetings and ensure time efficiency.

Grievance Redressal & Conflict Resolution

Any communication issues should be reported to the designated authority (e.g., principal, administrative officer).

Disputes should be resolved professionally and through proper channels.

Compliance & Monitoring

Non-compliance with the communication policy may lead to disciplinary actions.

The college administration will periodically review and update the policy.

POLICY FOR DISPATCH OF DOCUMENTS

Purpose

This policy establishes a structured procedure for the dispatch of official documents in colleges to ensure accuracy, security, and timely delivery.

Scope

Applies to all departments, faculty, administrative staff, and offices involved in handling and dispatching documents such as letters, certificates, reports, invoices, and official correspondence.

Types of Documents Dispatched

- **Academic Documents:** Mark sheets, degree certificates, transcripts, bonafide certificates.
- **Administrative Documents:** Official letters, circulars, meeting minutes, office orders.
- **Financial Documents:** Invoices, fee receipts, salary statements, scholarship-related documents.
- **Legal & Compliance Documents:** Affiliation letters, accreditation reports, MoUs, government communications.
- **Examination Documents:** Examination papers, examination settling bills

Dispatch Methods

Documents shall be dispatched through the following means based on urgency and confidentiality:

- **Email:** For routine official communications.
- **Registered Post / Speed Post:** For confidential or legal documents requiring tracking.
- **Hand Delivery:** For internal use within the institution or designated recipients.
- **Online Portals:** For digitally verifiable academic documents.

Dispatch Procedure

Step 1: Request for Dispatch

- The sender must fill out a **Dispatch register** (physical) with details:
 - Document type & description
 - Recipient details (name, address, contact)
 - Mode of dispatch
 - Purpose and urgency level
- The request must be approved by the **Head of Department (HoD) or Principal** before dispatch.

Step 2: Verification & Documentation

- The **dispatch section** must verify document accuracy and completeness.
- Maintain an **Outward Register** with details of each dispatched document.

Step 3: Packaging & Sealing

- Documents should be securely packed in envelopes or files.
- Confidential documents must be **sealed and stamped** by the issuing authority.
- Attach **acknowledgment slips** if required.

Step 4: Dispatch & Tracking

- Dispatch via the approved mode.
- Maintain tracking details (postal/courier tracking numbers).
- Email or SMS confirmation should be sent to the recipient when required.

Step 5: Confirmation & Record Keeping

- If acknowledgment is required, the recipient must sign and return it.
- The dispatch team updates records and retains copies for audit/reference.

Special Guidelines

- **Bulk Dispatch:** For admission letters, examination notices, etc., batch processing should be followed.
- **Lost or Delayed Dispatch:** If a document is lost in transit, the sender must report it immediately, and a duplicate should be issued only with proper authorization.

Compliance & Monitoring

- The administration will periodically review dispatch procedures.
- Any violations or negligence in dispatching documents will lead to corrective action.

OFFICE POLICY FOR ISSUING CERTIFICATES

Policy For Issuing of Transfer Certificate (TC)

A Transfer Certificate (TC) is an official document issued by the institution certifying that a student has cleared institutional obligations, and is permitted to seek admission to another institution.

A TC shall be issued only after:

- On request by the student/parent/guardian for transfer to another institution
- Student/parent/guardian must submit a written TC application in the prescribed format along with request.
- All academic requirements have been fulfilled
- All financial dues (fees, fines, library dues, etc.) are cleared
- Institutional property (books, ID cards, equipment) is returned
- Clearance must be obtained from:
 - Accounts/Finance Department
 - Library
 - Labs
 - Other concerned sections
- Final approval shall be granted by the Head of Institution / Principal.
- TC shall normally be issued within **7–15 working days** from the date of submission of a complete application.
- TC shall be issued only in the institution's approved format.
- A copy of the TC shall be retained in institutional records.

Maintenance of Inward Register

The inward register shall include

- Letters and official correspondence
- Parcels, couriers, and packages
- Marklists and certificates

- For hand-delivered documents, acknowledgment copies should be signed and stamped.

Inward items must be forwarded to the concerned department or officer without delay.

Maintenance of Dispatch Register

A **Dispatch Register** is an official record maintained to document details of all outgoing items dispatched from the office, including letters, certificates, parcels, and official communications.

The dispatch register shall include:

- Official letters and correspondence
- Certificates, notices, and circulars
- Parcels and courier consignments
- Reports, replies, and submissions

Each item must be entered in the dispatch register prior to dispatch with the following details:

- Serial Number
- Date of Dispatch
- Mode of Dispatch (Post / Courier / Hand Delivery / Email)
- Name and Address of Recipient
- Subject / Description of Item
- Department initiating dispatch
- Signature of Dispatching Authority
- All dispatch items must be approved and signed by the corresponding authority.
- Proof of dispatch (postal receipt, courier slip, or email confirmation) must be attached or referenced.

FEES COLLECTION POLICY

1. Purpose

The purpose of this policy is to establish a clear, transparent, and uniform framework for the collection, recording, and management of fees at the Institution. This policy ensures financial discipline, accountability, and compliance with applicable laws and regulations.

2. Scope

This policy applies to all students, parents/guardians, and staff involved in fee assessment, collection, accounting, and administration across all programs, courses, and academic activities of the Institution.

3. Fee Structure

1. The fee structure shall be approved by the authority/Management Committee and communicated to students prior to admission or the start of each academic year.
2. Fees may include :
 - Admission/Registration Fees
 - Tuition Fees
 - Transport/Hostel Fees (if applicable)
 - Any other fees approved by the management
3. Any revision in fees shall be notified in advance and shall comply with regulatory requirements.

4. Mode of Fee Payment

1. Fees may be paid through the following approved modes:
 - Online payment (UPI, Net Banking, Debit/Credit Cards)
 - Bank Transfer
 - Demand Draft (DD) in favor of the Institution
 - Cheque (subject to clearance)
 - Cash (only where permitted and within prescribed limits)
2. Cash payments, if accepted, shall be acknowledged immediately with an official receipt.

5. Fee Payment Schedule

1. Fees shall be payable as per the schedule communicated by the Institution (annually).
2. Due dates for payment shall be clearly mentioned in the fee notification.
3. Students/parents are responsible for ensuring timely payment of fees.

6. Late Payment and Penalties

1. Fees not paid by the due date may attract a late fee/penalty as prescribed by the Institution.
2. Continued non-payment may result in:
 - Withholding of hall tickets/examination results

7. Fee Concessions and Scholarships

1. Fee concessions, scholarships, or financial aid may be granted as per institutional norms and eligibility criteria.
2. All concessions must be approved by the competent authority and properly documented.
3. Concessions once granted are subject to review and may be withdrawn if eligibility conditions are not met.

8. Refund and Withdrawal Policy

1. Fee refunds, if any, shall be governed by applicable regulatory guidelines and institutional rules.
2. Requests for withdrawal and refund must be submitted in writing within the stipulated time.
3. Processing of refunds shall be completed within a reasonable timeframe after approval.

9. Fee Collection and Accounting

1. All fee collections shall be recorded accurately in the Institution's accounting system.
2. Official receipts shall be issued for every payment.
3. Regular reconciliation shall be carried out between collected fees and bank records.
4. Access to fee collection and records shall be restricted to authorized personnel only.

10. Roles and Responsibilities

- Accounts Department: Responsible for fee collection, receipt issuance, accounting, and reporting.
- Administration: Responsible for communication of fee details and follow-up on dues.
- Management: Responsible for approval of fee structure, concessions, and policy revisions.

11. Compliance and Audit

1. The Institution shall comply with all applicable financial, educational, and statutory regulations.
2. Fee records shall be subject to internal and external audits as required.

12. Grievance Redressal

1. Any grievance related to fee collection shall be submitted in writing to the designated authority.
2. Grievances shall be addressed in a fair and timely manner.

E-GOVERNANCE POLICY

Scope

The scope of this policy extends to:

Student Admission

Library

Accounts and Finance

OBJECTIVES

To provide easy and quick access to information.

To provide simpler and efficient system of governance within the institution.

- ▯ To promote transparency and accountability in all the functions of the college.
- ▯ To achieve and create a paperless environment in the college.
- ▯ To make campus Wi-Fi enabled.
- ▯ To make institution visible globally
- ▯ To achieve efficiency in all functioning

The College decides to make the following policies and procedure:

WEBSITE

The website acts as an information centre which exhibits the college activities, important notices, courses offered, etc. A Website Committee is constituted and headed by the principal and members from each programme. The Committee looks after the process of updating, maintaining and working of the website on a regular basis. The Committee also look for other changes that are required on the website. The College strives to showcase its vibrant self and activeness through website. All the important notifications are streaming live on the website as and when they are released.

Student Admission

Clear and easy admission process is followed which is strengthened by ethical practices and regulations as stated by the university. The College brings out its brochure which is displayed on the website that has guidelines for the admission process. After receiving approval from AFRC and KSSPCMA, student portal will be created through which the students can apply for admission. State wide allotment done by KSSPCMA based on the marks.

ACCOUNTS

The office continues to maintain its account on Tally ERP Version 7.0. For ease of maintaining accounts, the latest version of the software is purchased and used by the college. Advanced features help the staff to maintain financial records effectively and efficiently. Profit and loss, Balance Sheet is generated through this software. All the analysis reports are also generated through software. Appropriate security measures are taken for maintaining confidentiality of the transactions.

LIBRARY

The College sustains its academic excellence through maintaining a well-stocked library. The College adds more and more e-learning resources for the benefit of the faculty and the students. The College continues to subscribe new e-journals/printed version of journals and books regularly. Recommendations are taken from the faculty members and students while subscribing to the e-resources. Faculty members suggest to get books of different authors for the courses to update the knowledge of the learners.

- ▯ The Library is installed with fully automated ILMS software to use- Graphical User Interface, Unicode support with Multilingual Search and export facility for most reports.
- ▯ The college provides access to add in library licensed e-journals from the departments and digital Library.
- ▯ The Database Maintenance module covers all operations of database creation and maintenance.

- ❑ The entry of the student and staff are counted and registered.
- ▮ *Administration*
- ▮ ❑ The regular attendance of all the staff is monitored through the Bio-metric system. Administrative Office uses reformation software to maintain effective database.
- ▮ ❑ To provide a hassle free, convenient and smooth process, administration of the college is made paperless.
- ▮ ❑ The activities of students inside the campus and college buses are monitored through CCTV.
- ▮ ❑ The feedback mechanism is attained through the link is posted in the website for easy access.

Alumni

A separate alumni page is created on the website, in order to strengthen alumni relationship and it provides facilities like registration, prominent alumni of the college, feedback and many other aspects. Alumni association is consulted for regular updates and database management. The information regarding the Alumni meet is posted through portal also. An Alumni coordinator at the college level is the appointed to take care of entire activities.

ICT tools

Hardware and Software Infrastructure

- ❖ The College has adequate number of desktops and laptops for students and faculty members.
- ❖ The Computers and printers are made available in IQAC cell, Examination control Office, Library and administrative office.
- ❖ Projectors and other multimedia devices are provided in all Classrooms, Auditorium and Seminar halls.
- ❖ The infrastructure is complemented by photocopy machine, computer networking devices, scanners and interactive

teaching board/smart board etc.

- ❖ The department laboratories are equipped with necessary software packages.
- ❖ The college maintains adequate configuration servers to allow fast transmission of data to the various computers.

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GREEN CAMPUS AND ENVIRONMENT POLICY

GREEN PRACTICES POLICY

PURPOSE

- To promote sustainable environmental practices within the campus.
- To encourage students and staff to develop responsibility, empathy, and awareness toward environmental protection.
- To reduce pollution, conserve natural resources, and maintain a healthy and green learning environment.

SCOPE

- Applies to all students, faculty members, administrative staff, and visitors of the institution.
- Covers all academic, administrative, and campus maintenance operations.
- Includes activities related to waste management, transportation, landscaping, energy use, and awareness programs.

POLICY STATEMENT

- The institution is committed to maintaining an eco-friendly, pollution-free, and sustainable campus.
- The college promotes digitization, waste reduction, and responsible resource usage.
- The campus encourages a culture of environmental awareness through academic programs, campaigns, events, and green initiatives.
- All members of the institution are expected to follow and support eco-friendly practices.

STRATEGIES

1. Green Mobility and Transportation

- Maintain pedestrian-friendly pathways for safe and pollution-free movement.
- Restrict the entry of automobiles into the campus.
- Provide designated parking areas for staff and students.
- Display “No Parking” signboards in restricted areas.
- Encourage the use of helmets for two-wheeler riders.
- Promote the use of public transportation and provide institutional transport facilities.

2. Plastic-Free Campus

- Conduct awareness programs on environmental pollution and plastic hazards.
- Organize “No Plastic” campaigns through NSS to educate students and the community.
- Monitor dining halls, canteens, and common areas to prevent plastic usage.

- Advise students to use eco-friendly alternatives such as paper plates and jute bags.
 - Ensure proper disposal of hazardous waste.
3. Paperless Office
- Promote digital documentation and reduce paper use in academic and administrative work.
 - Encourage reuse of paper for printing and writing.
 - Implement e-notice systems for communication.
 - Support the Government's Digital India initiative.
4. Green Landscaping and Biodiversity
- Preserve existing trees and avoid cutting them during construction.
 - Maintain eco-friendly landscaping that reduces time, cost, and energy.
 - Maintain over 75% green cover within the campus.
 - Conduct activities and classes on environmental awareness and sustainability.
5. Energy Conservation
- Maintain a pollution-free campus with abundant greenery.
 - Provide guidelines to students and staff on energy-saving practices.
 - Ensure all electrical equipment is switched off after use.
 - Use solar lights and motion cameras in the campus.
 - Replace fluorescent lights with LED lamps to save energy.
6. Waste Water Recycling and Waste Management
- Ban disposable plastics in canteens, hostels, and campus premises.
 - Instruct students and staff to avoid bringing non-biodegradable plastics.
 - Promote the use of cloth bags and paper bags instead of plastic.
 - Install signboards to reinforce the ban on polythene bags.

DUTIES AND RESPONSIBILITIES

- **Students and Faculty:**
 - Follow all green campus guidelines and avoid plastic usage.
 - Use designated walking paths and parking areas.
 - Switch off electrical and electronic equipment when not in use.
 - Participate in environmental awareness programs and green activities.
- **Administrative Staff:**
 - Implement and monitor paperless office practices.
 - Maintain cleanliness and ensure proper waste management on campus.
 - Display awareness signboards in important areas.
- **Maintenance and Security Team:**
 - Ensure vehicles are not parked in no-parking zones.
 - Maintain pedestrian pathways, green spaces, and campus cleanliness.
 - Support waste disposal, recycling, and monitoring of plastic use.
- **Institution Authorities:**

- Provide necessary infrastructure such as ramps, bins, LED lighting, and green spaces.
- Ensure regular environmental awareness programs and campaigns.
- Promote digital systems to reduce paperwork.

WASTE MANAGEMENT POLICY

PURPOSE

- MDCP believes that a clean environment is essential for effective learning and personal development.
- A clean campus enhances confidence, improves concentration, and supports a healthy academic atmosphere.
- The institution follows eco-friendly waste management practices to reduce environmental harm.

OBJECTIVES

- Maintain a **clean, safe, and healthy campus environment**.
- Create awareness about **reducing, reusing, and proper disposal** of waste.
- Implement **different strategies** for managing different types of waste.

POLICY CONTENT & GUIDELINES

- Ensure **proper segregation and disposal** of waste to minimize landfill usage and promote recycling and reuse.
- Place **waste bins** according to foot traffic and waste type, ensuring proper numbers, placement, and clear signage.
- Display clear and visible **waste segregation instructions**; ensure bins are not overflowing or displaced.
- Use a **biogas plant** for effective disposal of food waste.
- Maintain **separate e-waste collection bins** for electronic waste.
- Manage biomedical waste through the **IMA Kerala-established IMAGE (Indian Medical Association Goes Eco-friendly)** system.

EXECUTION OF ACTIVITIES

- Conduct **seminars, workshops, and awareness programs** on waste management through social clubs in various departments.
- Maintain **waste disposal records** in stock registers.
- Hand over condemned or unusable items to the **designated waste management hub**.
- Maintain **MoUs with authorized contractors** for waste removal and proper disposal.
- Ensure **monthly waste collection** through the Haritha Karma Sena of Thiruvananthapuram Corporation.

QUALITY CIRCLE POLICY

A Quality Circle is a small group of faculties, students, and non-teaching staff who meet regularly to identify, analyse, and solve work-related problems to improve quality and performance.

PURPOSE OF A QUALITY CIRCLE:

The purpose of a Quality Circle is to continuously improve academic excellence, institutional efficiency and professional competence through teamwork and systematic problem-solving.

The purpose of a Quality Circle includes the following:

1. Improvement of Academic Quality
 - Enhance teaching-learning methods
 - Improve student performance, pass percentage, and learning outcomes
 - Identify gaps in curriculum delivery and assessment methods
2. Strengthening Student Development
 - Improve professional skills, communication, and ethical values
 - Address issues related to attendance, discipline, and motivation
 - Promote leadership, teamwork, and problem-solving skills among students
3. Enhancement of Institutional Processes
 - Improve laboratory practices, safety, and maintenance
 - Streamline academic and administrative procedures
 - Reduce errors, delays, and wastage in college operations
4. Promotion of Research and Innovation
 - Encourage research culture among faculty and students
 - Improve quality of projects, publications, and presentations
 - Support continuous professional development
5. Quality Assurance and Accreditation Support
 - Help meet PCI, KUHS, DME, QAS, QCI, ISO and IQAC quality benchmarks
 - Support documentation, standard operating procedures (SOPs), and audits
 - Foster a culture of continuous quality improvement
6. Improvement of Student Support Services
 - Address issues related to mentoring, counselling, and placements
 - Improve feedback mechanisms and grievance redressal
 - Enhance co-curricular and extracurricular activities

7. Development of a Quality Culture

- Promote participative management
- Encourage open communication and collective decision-making
- Build responsibility and ownership among stakeholders

8. Community and Professional Orientation

- Improve quality of health awareness programs, camps, and outreach
- Strengthen linkage with hospitals, industries, and community pharmacies

SCOPE OF QUALITY CIRCLE

The Quality Circle in a Pharmacy College shall function with a broad scope covering academic, administrative, research, and student-support activities, with emphasis on continuous quality improvement.

1. Academic Processes

- Teaching-learning methods and evaluation systems
- Curriculum delivery, academic planning, and outcome attainment
- Faculty development and innovative pedagogical practices

2. Student-Centric Activities

- Student mentoring, counselling, and career guidance
- Improvement of professional skills, ethics, and discipline
- Feedback collection and grievance redressal mechanisms

3. Laboratory and Infrastructure Management

- Quality and safety of laboratory practices
- Maintenance and optimal utilization of equipment and facilities
- Implementation of standard operating procedures (SOPs)

4. Research Activities

- Promotion of research, publications, and funded projects
- Academic integrity and ethical research practices
- Student research projects and innovation initiatives

5. Administrative and Support Services

- Streamlining academic and administrative workflows
- Improving documentation, record maintenance, and transparency
- Enhancing efficiency of library, IT, and support services

6. Quality Assurance and Accreditation

- Support to PCI, KUHS, DME,QAS, QCI ,ISO and IQAC, and other regulatory bodies
- Internal audits, data validation, and compliance activities
- Continuous Quality Improvement (CQI) initiatives

7. Community and Professional Engagement

- Public health awareness programs and outreach activities
- Collaboration with hospitals, industries, and professional bodies

POLICY STATEMENT OF QUALITY CIRCLE

The Pharmacy College is committed to establishing and sustaining a Quality Circle as a participative forum to promote excellence in pharmacy education, research, professional practice, and institutional governance.

- Encourage teamwork, shared responsibility, and collective problem-solving
- Promote a culture of continuous quality improvement (CQI)
- Identify, analyse, and resolve issues affecting academic and institutional quality
 - Ensure compliance with statutory and accreditation requirements
 - Uphold ethical standards, transparency, and accountability
 - Enhance stakeholder satisfaction, including students, staff, and society.

This policy shall be reviewed periodically to ensure alignment with institutional goals and evolving standards in pharmacy education.

STRATEGIES OF QUALITY CIRCLE

The following strategies shall be adopted to ensure effective functioning of the Quality Circle:

1. Formation of Multidisciplinary Teams

- Include faculty members, students, laboratory staff, and administrators
- Ensure representation from different departments
- Promote participative and collaborative problem-solving

2. Identification of Quality Issues

- Use student, faculty, alumni, and employer feedback
- Analyze academic results, attendance, and progression data
- Identify gaps in teaching-learning, laboratory practices, and student support

3. Systematic Problem-Solving Approach

- Apply quality tools such as Flowcharts and checklists and focus on root cause analysis rather than symptoms

4. Regular Meetings and Action Planning

- Conduct periodic Quality Circle meetings
- Set measurable objectives and timelines
- Prepare action plans with defined responsibilities

5. Implementation of Improvement Measures

- Introduce innovative teaching methods and digital tools
- Improve laboratory safety, SOPs, and equipment utilization
- Strengthen mentoring, remedial teaching, and skill development programs

6. Monitoring and Evaluation

- Track progress through key performance indicators
- Conduct internal audits and reviews
- Compare baseline and post-intervention outcomes

7. Documentation and Reporting

- Maintain minutes of meetings, action plans, and outcomes
- Prepare reports for PCI, KUHS, DME, QAS, QCI, ISO and IQAC and internal review committees
- Ensure evidence-based quality improvement

8. Capacity Building and Training

- Conduct training on quality concepts and accreditation standards
- Encourage faculty and students to attend workshops and FDPs
- Build awareness on quality culture and continuous improvement

9. Recognition and Motivation

- Acknowledge successful quality improvement initiatives
- Share best practices across departments
- Motivate participation through certificates and appreciation

10. Continuous Review and Sustainability

- Periodic review of strategies and outcomes
- Incorporate feedback for refinement
- Align Quality Circle activities with institutional vision and mission

DUTIES AND RESPONSIBILITIES OF QUALITY CIRCLE

The Quality Circle shall function as a participative body with defined duties and responsibilities to ensure continuous quality improvement.

1. Duties and Responsibilities of the Quality Circle Committee

- Identify academic, administrative, and student-related quality issues
- Analyse problems using appropriate quality management tools
- Propose feasible solutions and improvement measures
- Prepare action plans with timelines and responsibilities
- Monitor implementation and evaluate outcomes
- Maintain proper documentation and records
- Support PCI, KUHS, DME, QAS, QCI, ISO and IQAC and other accreditation activities

2. Duties and Responsibilities of the Quality Circle Coordinator

- Plan and convene Quality Circle meetings
- Coordinate activities among members and departments
- Guide the application of quality improvement tools
- Ensure timely implementation of approved action plans
- Report progress and outcomes to IQAC
- Maintain records, minutes, and reports

3. Duties and Responsibilities of Quality Circle Members (Faculty/ Non-teaching Staff)

- Actively participate in meetings and discussions
- Identify quality-related issues in their respective areas
- Collect and analyse relevant data
- Implement improvement strategies in departments/labs
- Support documentation and evidence generation
- Encourage student involvement in quality initiatives

4. Duties and Responsibilities of Student Members

- Represent student concerns and feedback
- Participate in problem identification and solution design

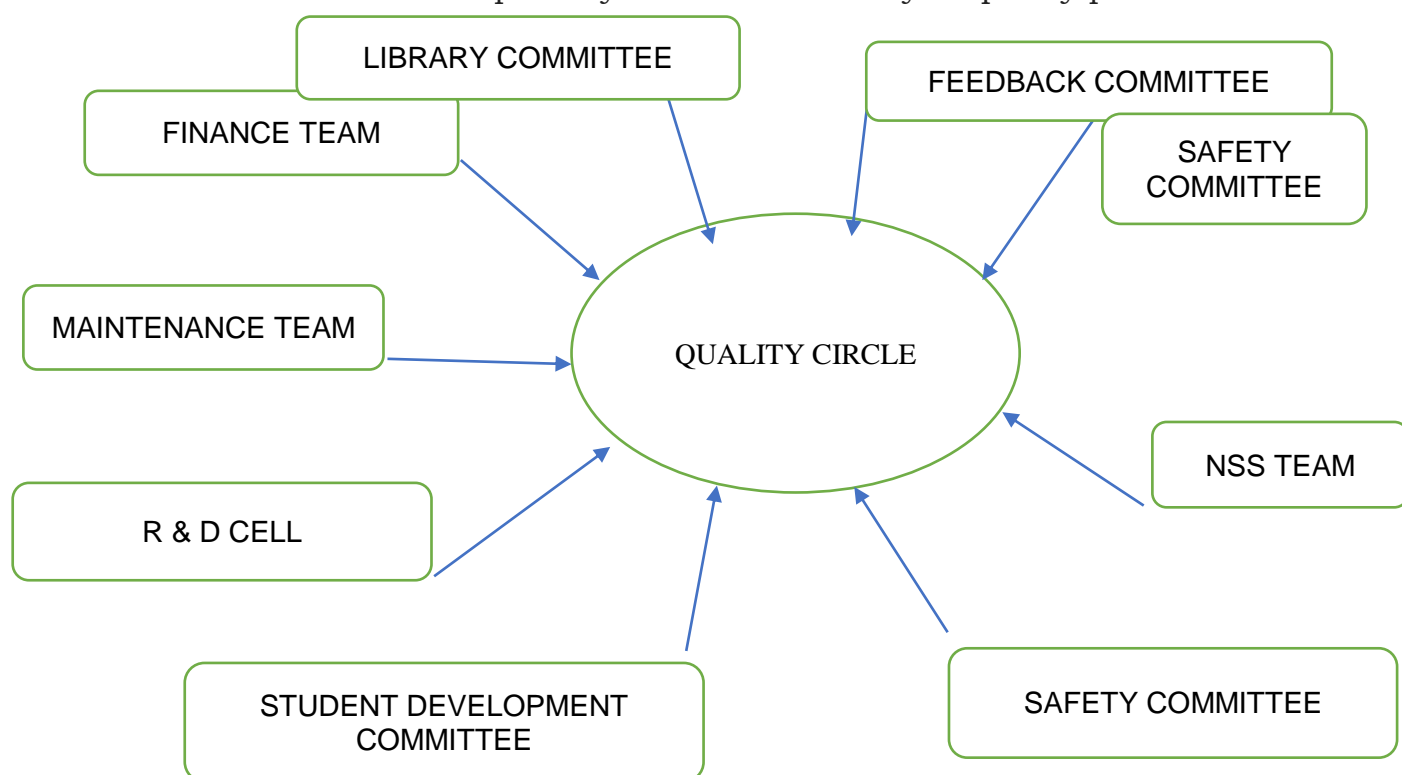
- Support implementation of quality initiatives
- Promote awareness of quality practices among peers
- Maintain discipline and professional conduct

5. Duties and Responsibilities of the Management/Principal

- Provide policy direction and institutional support
- Approve action plans and allocate resources
- Encourage a culture of continuous quality improvement
- Review Quality Circle outcomes periodically
- Recognize and reward quality improvement efforts

6. Duties and Responsibilities Related to Documentation and Compliance

- Maintain meeting minutes, attendance, and action-taken reports
- Collect evidence for audits and accreditation
- Ensure transparency and accountability in quality processes



SAFETY COMMITTEE POLICY

Purpose

The purpose of the Safety Committee is to establish, implement, and continuously improve a structured system for ensuring a safe, healthy, and hazard-free environment for students, faculty, staff, and visitors of the college.

The committee aims to:

- ☐ Promote awareness of safety, disaster preparedness, and risk-management practices.
- ☐ Identify potential hazards and ensure corrective actions are taken.
- ☐ Develop and monitor safety policies, emergency procedures, and training programmes.
- ☐ Ensure compliance with statutory safety regulations and institutional standards.

2. Scope

This policy applies to:

- ☐ All academic departments, laboratories, administrative units, and common areas of the college.
- ☐ All students, teaching and non-teaching staff, security staff, housekeeping, and visitors.
- ☐ All safety-related activities including fire safety, chemical handling, laboratory practices, electrical safety, building safety, biological safety, evacuation drills, and emergency management.

The Safety Committee shall oversee:

- ☐ Infrastructure safety
- ☐ Laboratory and chemical safety
- ☐ Fire and electrical safety
- ☐ Disaster management and evacuation protocols
- ☐ First aid preparedness
- ☐ Incident reporting and corrective action mechanisms

3. Policy Statement

Mar Dioscorus College of Pharmacy is committed to maintaining a safe, secure, and conducive learning environment by implementing proactive safety measures.

The institution adopts a zero-tolerance approach toward unsafe practices and pledges to:

- ☐ Comply with all relevant safety laws, guidelines, and accreditation requirements.
- ☐ Provide adequate resources, training, and infrastructure to ensure safety.
- ☐ Conduct periodic inspections and risk assessments.
- ☐ Promote a culture of responsibility, awareness, and continuous improvement.
- ☐ Ensure swift response to emergencies and timely reporting of incidents.

4. Strategies

To achieve the objectives of this policy, the Safety Committee shall adopt the

following
strategies:

Preventive Strategies

- ☐ Conduct regular safety audits of classrooms, laboratories, equipment, chemical storage areas, electrical panels, and buildings.
- ☐ Ensure mandatory use of PPE in laboratories.
- ☐ Maintain updated Material Safety Data Sheets (MSDS) for all chemicals.
- ☐ Implement signage for fire exits, emergency contacts, hazardous zones, and safety instructions.

Monitoring & Evaluation Strategies

- ☐ Prepare periodic inspection reports and submit them to IQAC and the Principal.
- ☐ Track implementation of corrective measures and compliance.
- ☐ Maintain records of accidents, injuries, and near-miss incidents.

Training & Awareness Strategies

- ☐ Conduct fire-drill, mock-drill, and evacuation training at least once a year.
- ☐ Train faculty and students in first aid, chemical handling, and laboratory safety.
- ☐ Organize workshops on disaster preparedness and crisis management.

Emergency Preparedness Strategies

- ☐ Ensure functional fire extinguishers, alarms, hydrants, and emergency lights.
- ☐ Monitor first aid kits and replenish regularly.
- ☐ Designate assembly points for evacuation.
- ☐ Establish an Emergency Response Team (ERT) under the committee.

Communication & Reporting Strategies

- ☐ Create safety communication channels through notice boards, WhatsApp groups, and email alerts.
- ☐ Encourage immediate reporting of unsafe conditions.
- ☐ Review incident reports and recommend preventive measures.

5. Duties and Responsibilities of the Safety Committee

General Responsibilities

- ☐ Formulate, update, and enforce safety policies and procedures.
- ☐ Identify hazards and recommend preventive measures.
- ☐ Ensure compliance with institutional and statutory safety norms.
- ☐ Conduct periodic safety inspections and maintain related documentation.

Responsibilities Toward Laboratories

- ☐ Ensure safe operation of laboratory equipment.
- ☐ Verify use of Lab Coat by students and staff.
- ☐ Monitor proper storage and disposal of chemicals and biological waste.
- ☐ Ensure availability of fire blankets, sand buckets, and spill kits.

Emergency and Crisis Response

- ☐ Develop and implement evacuation plans.
- ☐ Supervise emergency drills and training sessions.
- ☐ Coordinate with external agencies (Fire Department, Health Department,

Disaster- Management Authority) during emergencies.

- ☐ Oversee post-incident analysis and recommend improvements.

Responsibilities Toward Infrastructure Safety

- ☐ Check electrical wiring, gas lines, AC units, and building safety systems.
- ☐ Ensure periodic maintenance of fire safety equipment.
- ☐ Oversee placement and visibility of emergency exits and signboards.

Documentation and Reporting

- ☐ Prepare safety audit reports, inspection logs, incident reports, and corrective action plans.
- ☐ Submit annual safety compliance reports to IQAC.
- ☐ Maintain records of training programmes conducted.

Awareness & Training

- ☐ Organize workshops, seminars, and awareness programmes.
- ☐ Train laboratory assistants, students, and staff on handling emergencies.
- ☐ Ensure induction-level safety briefing for newly admitted students and staff.

FEED BACK COMMITTEE POLICY

Purpose

To establish a structured system for collecting, analyzing, and utilizing stakeholder feedback for continuous quality improvement in teaching-learning, infrastructure, and institutional processes in accordance with KUHS quality assurance requirements.

Scope

Feedback shall be collected from Students, Faculty, Alumni, Employers/Industry, and Parents.

Objectives

- Evaluate effectiveness of teaching-learning processes
- Improve academic and administrative practices
- Enhance laboratory and infrastructure facilities
- Support continuous quality improvement
- Meet accreditation and KUHS QAS requirements

Types of Feedback

Feedback shall be collected on course delivery, teacher performance, laboratory and library facilities, institutional infrastructure, curriculum relevance, hostel, and student support services.

Frequency of Feedback

Students – Once per semester

Faculty – Once per year

Alumni – Once per year

Employers – Once per year

Exit Feedback – At course completion

Method of Feedback Collection

- Structured questionnaires (printed or online)
- Google Forms / LMS
- Alumni and employer surveys
- Exit interviews

Feedback Analysis

Feedback shall be analyzed by the Feed back Committee in coordination with departments. Scores shall be calculated in percentage form and summary reports submitted to the Principal.

Action Taken Report (ATR) Based on Feedback Percentage

85% and above – Excellent

Action: Appreciation to faculty/department; continuation of best practices; documentation for quality benchmarks.

70% – 84% – Very Good

Action: Minor improvements suggested; monitoring in next feedback cycle.

55% – 69% – Good / Satisfactory

Action: Department review meeting; corrective measures such as improvement in teaching methods, additional tutorials, or resource support.

Below 55% – Needs Improvement

Action: Detailed review by Principal/IQAC; mentoring or training of faculty; syllabus delivery review; increased academic monitoring; follow-up feedback in next semester.

Preparation of ATR

Departments shall prepare Action Taken Reports including identified issue, corrective action proposed, responsibility assigned, timeline, and evidence of implementation.

Documentation and Record Keeping

Records to be maintained:

- Feedback forms
- Analysis reports
- Action Taken Reports
- Evidence of improvements

Confidentiality

Individual responses shall remain confidential. Feedback results shall be used for academic improvement and quality enhancement.

Monitoring and Review

The policy shall be reviewed annually by IQAC and updated as per KUHS or regulatory guidelines.

INTERNAL COMPLAINTS COMMITTEE (ICC)

PURPOSE

The purpose of an Internal Complaints Committee (ICC) is to address and resolve complaints related to sexual harassment at Nirmala College of Pharmacy, Muvattupuzha.

SCOPE

The scope of an Internal Complaints Committee (ICC) is focused on addressing and resolving complaints related to sexual harassment in the workplace. The ICC's primary responsibility is to ensure the effective implementation of the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013, which applies to all workplaces in India.

The key areas within the scope of an ICC

- Handling Complaints
- Investigation
- Redressal
- Confidentiality
- Prevention and Awareness
- Record-Keeping
- Support and Protection of the complainant

PREAMBLE: In view of the directions of the Hon'ble Supreme Court, Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013 and in consideration of the determination of the Central Government and as per UGC (prevention, prohibition, and redressal of sexual harassment of women employees and students in higher education institutions) regulations, 2015 and No F. 91-1/2013(TFGS).

POLICY STATEMENT

- To prevent incidents of sexual harassment by creating awareness, conducting training programs, and implementing policies that promote a safe college environment
- To provide a formal and confidential platform for employees/students to report incidents of sexual harassment without fear of victimization or retaliation.

- To receive complaints related to sexual harassment, whether from victims or witnesses and conduct prompt and impartial investigations into the allegations.
- To ensure fairness and objectivity
- To take corrective action
- To conduct awareness programs to educate employees and students

STRATEGY

- Policy Development and Communication
- Awareness and Training
- Confidential Reporting Mechanism
- Prompt and Impartial Investigations
- Non-Retaliation Measures
- Regular Reviews and Audits
- Record-Keeping and Compliance
- Continual Improvement

DUTIES AND RESPONSIBILITIES

- The ICC is responsible for receiving complaints of sexual harassment from employees, students, interns, or any other person within the organization, irrespective of their gender.
- The committee ensures that all complaints are treated with confidentiality and sensitivity, providing a safe environment for complainants to come forward.
- The ICC conducts impartial and prompt investigations into the complaints received. The investigation process should be fair and transparent, and all parties involved should be given a chance to present their side of the story.
- The ICC takes necessary measures to protect the complainant from any form of victimization or retaliation for filing a complaint.
- The committee ensures that the details of the complaint, identities of the complainant, the accused, and witnesses are kept confidential throughout the investigation.

- The ICC provides support and guidance to the complainant during the investigation process, which may include counseling or assistance in any related matter.
- Based on the findings of the investigation, the committee determines whether sexual harassment has occurred or not.
- If sexual harassment is established, the ICC recommends appropriate disciplinary action against the perpetrator, adhering to the organization's policies and applicable laws.
- The committee in association with other statutory bodies, organizes periodic awareness programs and training sessions to educate employees/students about sexual harassment, prevention strategies, and the complaint redressal process.
- The ICC reviews the organization's sexual harassment policy periodically to ensure its effectiveness and compliance with applicable laws.
- The committee maintains proper documentation of all complaints received, actions taken, and their outcomes for record-keeping and compliance purposes.
- The ICC prepares and submits periodic reports to the appropriate authority about the complaints received and actions taken.
- If any party is dissatisfied with the ICC's decision, the committee may be involved in handling appeals according to the organization's policies and procedures.
- The ICC continuously seeks ways to improve its processes and functions, aiming to create a safer work environment and enhance the complaint redressal mechanism.

Procedure for lodging a complaint with ICC at MDCP

The complaint must be submitted in writing, either in legible handwriting or typed on paper.

1. Clearly state the nature of the complaint in detail, including dates and locations of incidents.
2. According to the stipulations of the Act, the aggrieved person must file the written complaint within three months from the date of the incident. In

case of a series of incidents, the complaint should be made within three months from the date of the last incident.

3. The complaint must not be anonymous, and the aggrieved person's name and address should be legible.
4. As per the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Rules, 2013, if the aggrieved woman is physically incapable of making the complaint, a complaint can be filed by her relative, friend, co-worker, or an officer of the National Commission for Women or State Women's Commission, or any person who has knowledge of the incident, with the written consent of the aggrieved woman.
5. The written complaint should be handed over to any internal member of the ICC.

Working of Internal Complaints Committee will be as per UGC(prevention , prohibition and redressal of sexual harassment of women employees and students in higher education institutions)regulations,2015.

- All complaints will be dealt with confidentially.
- Only matters pertaining to sexual harassment and/or discrimination of staff and students will be under the jurisdiction of ICC.
- Other conflicts and grievances if any should be submitted to the respective Grievance Redressal Cells (either for Staff or Students) or to the Discipline Committee.
- All students and staff are bound to obey the rules specified in the College Manual and any complaint regarding the same is not under the purview of the ICC.

RECORD KEEPING POLICY

PURPOSE

The purpose of the Record Keeping Policy is to maintain complete, accurate, and well-organized records by improving and simplifying the documentation process.

SCOPE

This policy applies to all faculty members and technical staff of the institution.

POLICY STATEMENT

This policy helps create a centralized system for managing documents so that accountability improves, workload decreases, documentation is done on time, and important data is protected.

It ensures that all records are created and maintained according to relevant laws, regulations, and institutional guidelines, which helps improve the overall efficiency of the institution.

STRATEGIES

- Use a centralized documentation system to collect and store records from all departments and administrative units in one place.
- Ensure that the institution follows proper documentation rules and procedures.
- Promote digitization and automation to reduce manual work and increase efficiency.
- Implement regular data backups and safety measures to prevent data loss.
- Provide clear instructions and guidelines to staff to maintain consistent and accurate records.
- Gather feedback from staff and users to identify ways to improve the documentation system.

DUTIES AND RESPONSIBILITIES

1. Check the current IQAC document list to verify the type of file, the person in charge, whether it is available, and its file number.
2. Find out if any new documents need to be created or if additional documents are required.

3. Make an updated document list that includes the responsible person, the type of document, and its document number.
4. Keep documents and document numbers updated regularly.
5. Check which documents have soft copies and place them in the correct folders.
6. Collect soft copies of photos from college events from the concerned program in-charge and save them in the hard drive.

PURCHASE POLICY

PURPOSE

The Purchase Policy exists to check, approve, and manage all purchases made by the institution. It ensures that buying decisions are fair, transparent, and cost-effective.

SCOPE

This policy applies to all teaching faculty, technical staff, and non-technical staff involved in the purchasing process.

POLICY STATEMENT

This policy ensures that the institution buys goods and services in a responsible and efficient way.

It supports a smooth purchasing process, promotes financial transparency, ensures good value for money, and follows all rules and guidelines.

The policy ensures that all purchases are done honestly, efficiently, and in line with the institution's goals and budget.

STRATEGIES

- Sets clear rules and steps for selecting suppliers and reviewing quotations.
- Supervises the approval process and ensures that purchases are carried out correctly.
- Ensures that needed items are available on time and that materials meet required quality standards.
- Ensures regular maintenance of equipment by preparing a schedule, assigning staff to monitor it, and keeping records.
- Maintains proper documentation for all purchases made.

DUTIES AND RESPONSIBILITIES

1. Create plans and documents to estimate needs, purchase materials, and maintain enough stock to support smooth academic operations.
2. Keep records of all expenses and present them whenever the IQAC requests.
3. Develop methods to buy materials at a reasonable cost while ensuring good quality and service.
4. Establish procedures that promote fairness, transparency, and healthy competition in purchasing.
5. Maintain positive and professional relationships with suppliers.
6. Prepare a combined report on expenses and the use of the budget.
7. Prepare a consolidated yearly report on the expenses and fund usage of each IQAC committee.
8. Submit the final audit report, signed by the chief auditor, to the IQAC coordinator.

HOUSEKEEPING AND MAINTENANCE POLICY

PURPOSE

The Housekeeping and Maintenance Policy ensures that the institution remains clean, safe, and well-maintained for everyone.

SCOPE

This policy applies to all students and staff of the institution.

POLICY STATEMENT

The institution is committed to keeping all buildings, classrooms, labs, and outdoor areas clean, orderly, and well-maintained.

A clean and safe campus helps staff and students work comfortably and creates a positive impression for visitors.

The institution regularly maintains its infrastructure, lab equipment, and other facilities to ensure high quality and proper functioning. A well-maintained environment supports effective teaching and learning and builds a sense of pride among everyone on campus.

STRATEGIES

- A regular cleaning schedule is created, and tasks are assigned to staff to keep all areas clean and organized.
- Staff are given proper training and provided with enough cleaning materials to ensure efficient housekeeping.
- Maintenance issues are identified early and resolved quickly.
- Staff are regularly informed about housekeeping and maintenance responsibilities.
- Suggestions and feedback from students, staff, and other stakeholders are welcomed to improve services.

DUTIES AND RESPONSIBILITIES

1. Ensure a clean and safe working environment for students and staff.
2. Perform safety checks and maintain important installations.

SAFETY & MAINTENANCE DOCUMENTS – FREQUENCY

SI. No	Document	Frequency
1	Electrical safety report	Twice a year (every 6 months)
2	Water safety report (QC)	Quarterly
3	Food safety certificate	Once a year
4	Gas maintenance certificate	Twice a year (every 6 months)
5	Fire extinguisher maintenance certificate/bill	Once a year
6	Chemical waste disposal (register & records)	At least once a year; more often if needed

OTHER RESPONSIBILITIES

3. Calibrate and service instruments and equipment whenever required.
4. Conduct safety training for students and staff.
5. Maintain and service water tanks and water purifiers.
6. Check housekeeping material stock and purchase items when needed.
7. Inspect areas needing maintenance and complete the work as soon as possible.
8. Maintain program registers and make necessary arrangements for institutional programs.
9. Collect and record job cards from lab assistants and ministerial staff every month.
10. Prepare hospitality guidelines and update them when necessary.
11. Collect and analyze guest feedback forms.
12. Maintain an inward register and visitor diary.
13. Check the quality of classrooms, labs, and clinical classes as per standards.
14. Assess the quality of common rooms, transportation, toilets, and canteen.