

KING'S COLLEGE

Internal Quality Assurance Committee (IQAC)

ACADEMIC & ADMINISTRATIVE AUDIT REPORT

2025 – 2026

Self-Assessment · Quality Enhancement · Continuous Improvement

Audit Team

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**KING'S
COLLEGE**
nurturing entrepreneurship

Responsible Unit: IQAC

Institution: King's College

Review Frequency: Annual

Acknowledgement

We would like to express our sincere gratitude to the leadership and staff of King's College for their cooperation and support during the academic and administrative audit process. The willingness of the institution to engage openly in this self-assessment reflects a genuine commitment to continuous improvement and educational excellence.

Special thanks go to the members of the Internal Quality Assurance Committee (IQAC), who facilitated the audit process and provided the documentation, records, and access needed to conduct a thorough review across academic, administrative, and infrastructural domains.

We also acknowledge the contributions of faculty members, administrative staff, and student representatives whose evidence and insights enriched this audit report.

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Executive Summary

This Academic & Administrative Audit was conducted by King's College's Internal Quality Assurance Committee (IQAC) to verify the implementation of academic and administrative policies and procedures across the institution. The audit assessed the effectiveness of teaching, learning and assessment; student support; faculty, research and external engagement; administration, governance and resources; infrastructure, environment and safety; and the institution's overall culture of continuous improvement.

The audit was carried out using a structured indicator-based checklist (Yes/No status) across seven parameter groups, supported by documentary evidence such as academic plans, course files, LMS records, attendance and result data, committee minutes, HR and procurement records, and physical inspection of facilities.

Overall, the audit found that King's College has well-established academic planning, teaching-learning, assessment, and student support systems, almost all of which are functioning as intended. Governance structures including committees, policies, and record-keeping are largely in place and operating. Infrastructure is generally adequate, with sports, library, laboratory, and digital learning facilities available and functional.

At the same time, the audit identified a consistent pattern of secondary, process-level gaps rather than fundamental system failures: several plans and reviews are completed but not formally approved or documented in a timely way (academic plan approval, curriculum feedback, event documentation, committee minutes); a few support processes work but lack a defined follow-through step (orientation, feedback implementation, professional development participation, research documentation); and a set of infrastructure items — fire safety, lift/accessibility, sanitation, internet monitoring, and equipment maintenance need more consistent upkeep.

None of the observed gaps point to an absent system; each maps to a specific, actionable fix, which are detailed section-by-section in Chapter II and consolidated as recommendations in Chapter III. Addressing these will move several indicators from a qualified 'Yes' to a fully satisfied status, and will directly strengthen the institution's readiness for external quality assurance and accreditation processes.

Chapter I — Introduction

Educational institutions face increasing expectations to demonstrate quality and effectiveness in their academic programs and administrative processes. In this context, academic and administrative audits serve as valuable tools for self-assessment and quality enhancement. This report presents the findings of the internal audit conducted at King's College by its Internal Quality Assurance Committee (IQAC), covering academic planning, teaching-learning and assessment, student support, faculty and research engagement, administration and governance, infrastructure and safety, and continuous quality improvement.

King's College has established internal quality assurance mechanisms and demonstrates commitment to continuous improvement through structured, indicator-based self-assessment. This audit was conducted as part of the institution's ongoing efforts to verify the implementation of academic and administrative policies, identify strengths and gaps, and to institutionalize good practice.

Objectives

- To verify the implementation of academic and administrative policies and procedures.
- To assess the effectiveness of teaching, learning, assessment, and student support processes.
- To verify the availability and reliability of supporting evidence across academic and administrative processes.
- To identify institutional strengths, gaps, and risks requiring attention.
- To review the implementation of recommendations from previous audits.
- To promote continuous quality improvement and institutionalize good practice.

Methodology

The audit was conducted by the IQAC audit team through examination of documents, records, systems, interviews, observation, and sample checking. The audit form itself does not require the department to reproduce data already available in institutional systems.

- **Document and Records Review:**

Academic plans, course files, curriculum documents, LMS/SIS records, attendance and result data, committee minutes, HR and procurement records, and policy documents.

- **Parameter-Based Assessment:**

The audit was organized around seven parameter groups — Academic Planning & Curriculum; Teaching, Learning & Assessment; Students & Student Support; Faculty, Research & External Engagement; Administration, Governance & Resources; Infrastructure, Environment & Safety; and Quality Assurance & Continuous Improvement.

- **Binary Evaluation Approach:**

Each indicator was assessed on a Yes/No basis for the presence of the practice, followed by a qualitative observation and, where a gap was identified, a recommended action.

- **Physical Verification:**

Infrastructure, safety, and facility indicators were verified through direct physical inspection.

- **Comparative Analysis:**

Findings were considered against standard quality-assurance benchmarks and prior audit findings.

This balanced approach ensures the findings serve as a foundation for continuous improvement rather than merely a judgment of current practice

Chapter II — Audit Findings by Parameter

The tables below present the full set of audit indicators reviewed, their status, the specific observation or gap noted by the audit team, and — where a gap was identified — the corresponding recommended action. Indicators marked fully satisfactory are recorded as "Confirmed" with no further action required.

A. Academic Planning & Curriculum

This section verifies that academic and program plans are prepared, approved, aligned with institutional plans, and that courses are delivered per the approved curriculum with current syllabi available to students.

No.	Audit Indicator	Status	Observation / Gap	Action Required
A1	Annual academic plan is prepared and approved.	Yes	The plan is prepared, but has not been formally approved yet.	Assign a designated faculty member to complete the review and approval of the annual academic plan.
A2	Program/department plans are aligned with the institutional academic plan.	Yes	Aligned.	—
A3	Courses are delivered according to the approved curriculum.	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
A4	Course outlines/syllabi are current and available to students.	Yes	Available to students through the GAP.	—

B. Teaching, Learning & Assessment

This section covers teaching plans, curriculum review and feedback, documentation of academic activities, class scheduling and attendance monitoring, teaching methods, use of digital/LMS resources, and the assessment and feedback cycle.

No.	Audit Indicator	Status	Observation / Gap	Action Required
A5	Faculty prepare appropriate course teaching plans.	Yes	Confirmed.	—
A6	Curriculum/course requirements are reviewed periodically.	Yes	Review is inconsistent — not all reviewed plans are formally approved, and not	Set a fixed timeline requiring all faculty to submit syllabus feedback,

No.	Audit Indicator	Status	Observation / Gap	Action Required
			all faculty submit feedback on the syllabus.	and ensure every reviewed plan is formally signed off
A7	Feedback from students and faculty on curriculum is collected and reviewed periodically.	Yes	YES	
A8	Relevant employer/industry/alumni/stakeholder input is considered where appropriate.	Yes	Confirmed.	—
A9	Curriculum enrichment activities (projects, cases, industry engagement, experiential learning) are implemented.	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
A10	Academic activities and major program events are properly documented.	Yes	Events and activities are conducted, but documentation of these events is lacking.	Assign a designated person within each department to be responsible for documenting program activities and events.
B1	Classes are conducted according to the approved academic schedule.	Yes	Confirmed; classes are occasionally rescheduled.	—
B2	Student attendance is monitored and appropriate follow-up is undertaken.	Yes	Confirmed.	—
B3	Teaching methods are appropriate to course learning outcomes.	Yes	Confirmed.	—
B4	Student-centered, experiential, project-based, or	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
	case-based teaching approaches are used where appropriate.			
B5	Digital/LMS resources are appropriately used to support learning.	Yes	Confirmed.	—
B6	Assessment methods are aligned with course learning outcomes.	Yes	Confirmed.	—
B7	Continuous assessment (quizzes, assignments, projects, presentations) is conducted as appropriate.	Yes	Confirmed.	—
B8	Assessment records and grades are	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
	accurately maintained.			
B9	Students receive timely and meaningful feedback on assessments.	Yes	Grading is not always completed on time; coordination between Teaching Assistants and faculty on communicating grades needs improvement.	Implement a proper monthly deadline for grading, with clear coordination between TAs and faculty.
B10	Assessment results are reviewed to identify learning gaps and improvement actions.	Yes	Assessment results may be reviewed from the academic/administrative side; however, consistent review and follow-up at the faculty level may be lacking.	Establish proper coordination between Teaching Assistants (TAs) and faculty members to regularly review assessment results, identify learning gaps, communicate grades and feedback to students, and implement appropriate improvement actions.
B11	Academic performance is	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
	monitored at course/program level.			
B12	Appropriate academic support is provided to students requiring additional assistance.	Yes	Confirmed.	—

C. Students & Student Support

This section verifies student admission and record-keeping, advising and mentoring, orientation, support mechanisms, career guidance, grievance handling, co-curricular participation, feedback utilization, and alumni engagement.

No.	Audit Indicator	Status	Observation / Gap	Action Required
C1	Student admission and enrollment records are accurate and updated.	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
C2	Student academic profiles are maintained appropriately.	Yes	Confirmed.	—
C3	Academic advising/mentoring is implemented.	Yes	Confirmed.	—
C4	Students receive appropriate orientation and academic information.	Yes	Orientation is conducted, but there is no follow-up check on how well students absorbed the program and academic details.	After induction covering program and academic details, conduct a short assessment/exam to confirm students' understanding of what was covered.
C5	Appropriate mechanisms exist to support diverse student needs.	Yes	Confirmed.	—
C6	Career guidance, employability,	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
	entrepreneurship, or placement support is available.			
C7	Student grievances/complaints are formally received and addressed.	Yes	Confirmed.	—
C8	Relevant student welfare and safeguarding mechanisms are implemented.	Yes	Confirmed.	—
C9	Students participate in clubs, projects, competitions, research, innovation, or other co-curricular activities.	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
C10	Student feedback is collected, analyzed, and used for improvement.	Yes	Feedback is collected through multiple channels, but implementation of resulting action is not immediate.	Establish a process for providing immediate solutions to feedback items that need urgent attention.
C11	Student progression, retention, dropout, employment, or further-study data are monitored where applicable.	Yes	Confirmed.	—
C12	Alumni engagement and records are maintained where applicable.	Yes	Confirmed.	—

D. Faculty, Research & External Engagement

This section covers faculty workload assignment, qualifications and performance review, professional development participation, research engagement and documentation, student research opportunities,

dissemination of outputs, consultancy/community engagement, partnerships/MOUs, and recognition of faculty contributions.

No.	Audit Indicator	Status	Observation / Gap	Action Required
D1	Faculty workload and teaching responsibilities are appropriately assigned.	Yes	Confirmed.	—
D2	Faculty qualifications and records are appropriately maintained.	Yes	Confirmed.	—
D3	Faculty performance/development is periodically reviewed.	Yes	Confirmed.	—
D4	Faculty participate in professional development activities.	Yes	Participation is uneven — not all faculty attend professional development training.	Make professional development training mandatory for all faculty

No.	Audit Indicator	Status	Observation / Gap	Action Required
				and track attendance centrally.
D5	Faculty are encouraged/supported to engage in research and scholarly activities.	Yes	Confirmed.	—
D6	Research projects/publications are properly documented.	No	While research activities are encouraged, they are not consistently documented.	Introduce a monthly research-quality review requirement so ongoing projects and outputs are properly logged.
D7	Students have opportunities to undertake research, projects, or scholarly work.	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
D8	Research outputs are disseminated through appropriate channels.	Yes	Confirmed.	—
D9	Consultancy, industry, or community engagement is undertaken where appropriate.	Yes	Confirmed.	—
D10	Partnerships/MOUs are active and generate relevant academic or institutional activities.	Yes	Confirmed.	—
D11	Faculty/staff contributions and achievements are	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
	appropriately recognized.			

E. Administration, Governance & Resources

This section verifies institutional policies, defined roles and responsibilities, committee functioning and documentation, secure record-keeping, internal communication, website/LMS accuracy, procurement, financial controls, resource utilization, and risk/incident management.

No.	Audit Indicator	Status	Observation / Gap	Action Required
E1	Institutional policies and procedures relevant to the unit are available and implemented.	Yes	Confirmed.	—
E2	Roles and responsibilities are clearly defined.	Yes	Some roles are added informally and are not reflected in the official job description.	Maintain a clear, up-to-date job description that captures and is followed for all assigned roles.

No.	Audit Indicator	Status	Observation / Gap	Action Required
E3	Required committees are constituted and functional.	Yes	Confirmed.	—
E4	Committee decisions and actions are properly documented.	Yes	Documented, but minutes are not always submitted in a timely manner.	Set a standard turnaround time for submitting committee minutes after each meeting.
E5	Academic and administrative records are maintained securely and systematically.	Yes	Confirmed.	—
E6	Internal communication mechanisms are effective.	Yes	Communication happens via femail/WhatsApp messages, but there is no consistent follow-up on these.	Formalize a follow-up protocol so forwarded notices and messages are tracked to closure.

No.	Audit Indicator	Status	Observation / Gap	Action Required
E7	Institutional information on the website/LMS/official platforms is accurate and updated.	Yes	Not always updated on time.	Assign clear ownership for timely updates to the website and LMS content.
E8	Procurement and resource-use procedures are followed.	Yes	Confirmed.	—
E9	Financial and administrative controls relevant to the unit are documented and addressed.	Yes	Confirmed.	—
E10	Available resources are utilized effectively and efficiently.	Yes	Resources are not always delivered to the department on time, even after the HR request form has been filed.	Streamline the resource-request-to-delivery process once an HR form is

No.	Audit Indicator	Status	Observation / Gap	Action Required
				approved, with a defined turnaround time.
E11	Risks, complaints, incidents, or operational issues are documented and addressed.	Yes	Confirmed.	—

F. Infrastructure, Environment & Safety

This section covers the adequacy of classrooms, technology-enabled learning spaces, laboratories, library and digital resources, connectivity, sanitation and hygiene, campus safety, accessibility, cleanliness and waste management, and energy/environmental practices.

No.	Audit Indicator	Status	Observation / Gap	Action Required
F1	Classrooms and learning spaces are adequate and functional.	Yes	Classrooms are generally adequate; however, occasional issues related to classroom facilities, equipment, seating	Conduct regular monitoring of classrooms and learning spaces, ensure timely maintenance of facilities and equipment, and

No.	Audit Indicator	Status	Observation / Gap	Action Required
			arrangements, or timely maintenance.	establish proper coordination.
F2	Technology-enabled learning facilities are functional.	Yes	Projectors are in place but need regular monitoring.	Establish a routine monitoring and maintenance schedule for projectors and other classroom technology.
F3	Laboratories/studios/specialized facilities are functional.	Yes	Confirmed.	—
F4	Library and digital learning resources are adequate where applicable.	Yes	Confirmed.	—
F5	Internet, Wi-Fi, computing, and required digital infrastructure are functional.	Yes	Internet speed needs to be monitored more closely.	Set up periodic monitoring of internet speed and upgrade bandwidth where needed.

No.	Audit Indicator	Status	Observation / Gap	Action Required
F6	Toilets, drinking water, sanitation, and basic hygiene facilities are maintained.	Yes	Toilets need to be cleaned and maintained more regularly; a soap/sanitizer dispenser is needed at drinking-water points.	Increase the cleaning frequency for toilets and regular maintenance of dispensers.
F7	Campus safety and emergency arrangements are adequate.	Yes	Fire extinguishers are not readily available; where present, placement is not clearly visible.	Install fire extinguishers in clearly visible, accessible locations across the campus.
F8	Accessibility and reasonable accommodation are considered for students/staff with disabilities.	Yes	The lift is available but currently not fully working; the sick room can likewise accommodate only one person at a time.	Repair/service the lift and consider expanding sick-room capacity to accommodate more than one person at a time.
F9	Campus cleanliness and waste management practices are maintained.	Yes	Campus environment is generally clean and hygienic; washrooms need to be cleaned more often.	Increase the cleaning frequency for washrooms across the campus.

No.	Audit Indicator	Status	Observation / Gap	Action Required
F10	Water conservation and management practices are implemented.	Yes	Confirmed.	—
F11	Energy conservation measures are implemented.	Yes	Installing solar panels could be a worthwhile investment.	Evaluate feasibility of installing solar panels to support energy conservation.
F12	Greenery, landscaping, and environmentally responsible practices are implemented.	Yes	Greenery is limited, relying mainly on indoor plants; more could be added per floor.	Add more plants/greenery on each floor to improve the campus environment.
F13	Equipment and critical facilities have appropriate maintenance schedules.	Yes	Equipment is available but not consistently maintained.	Implement a regular, documented maintenance schedule for equipment and critical facilities.

G. Quality Assurance & Continuous Improvement

This section verifies the functioning of the IQAC, definition and monitoring of KPIs, periodic process review, use of stakeholder feedback, follow-through on prior audit findings, evidence maintenance for accreditation, and the institution's overall culture of continuous improvement.

No.	Audit Indicator	Status	Observation / Gap	Action Required
G1	IQAC activities are implemented according to the approved annual quality plan.	Yes	Mostly met; some planned activities still need to be implemented.	Complete the remaining IQAC activities under the current annual quality plan and track progress centrally.
G2	Department/unit KPIs are defined and monitored.	Yes	KPIs are monitored but not formally defined.	Formally define KPIs for each department/unit so monitoring is against clear, agreed targets.
G3	Academic and administrative processes are periodically reviewed.	Yes	Confirmed.	—
G4	Student, faculty, alumni, employer, or	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
	stakeholder feedback is used for improvement.			
G5	Previous academic/administrative audit findings are reviewed.	Yes	Confirmed.	—
G6	Corrective actions from previous audits are implemented.	Yes	Confirmed.	—
G7	Identified problems have responsible persons and completion timelines.	Yes	Confirmed.	—
G8	Institutional decisions are supported by relevant data.	Yes	Confirmed.	—

No.	Audit Indicator	Status	Observation / Gap	Action Required
G9	Good practices and innovations are identified and documented.	Yes	Confirmed.	—
G10	Evidence required for accreditation and quality assurance is maintained.	Yes	Maintained, but needs ongoing/continued monitoring.	Continue regular monitoring and updating of the accreditation evidence repository.
G11	Quality improvement initiatives are monitored for effectiveness.	Yes	Confirmed.	—
G12	The department/unit demonstrates a culture of continuous improvement.	Yes	Confirmed.	—

Chapter III — Findings and Analysis

Academic Planning & Curriculum

King's College prepares annual academic and program plans that are generally aligned with institutional plans, and courses are delivered according to the approved curriculum with syllabi accessible to students. The principal gap is procedural rather than substantive: the annual academic plan is prepared but not yet formally approved. Assigning clear ownership for finalizing sign-off will close this gap.

Teaching, Learning & Assessment

Teaching plans, diverse teaching methods, LMS-based delivery, and a structured continuous-assessment cycle are all in place and functioning well. Two areas need reinforcement: curriculum feedback is not uniformly collected from all faculty, and while academic events are conducted, documentation of these events is inconsistent. Timely, well-coordinated grading, particularly the hand-off between Teaching Assistants and faculty, also needs a firmer deadline.

Students & Student Support

Student admission, records, advising, orientation, career guidance, grievance handling, and co-curricular participation are all functioning. The audit noted two process-level opportunities: following up orientation sessions with a short check on student understanding, and ensuring that feedback collected from students is acted upon immediately rather than with delay.

Faculty, Research & External Engagement

Faculty workload, qualifications, and performance review processes are well established, and faculty are supported and encouraged toward research and scholarly engagement. However, participation in professional development is uneven across faculty, and most notably, research projects and publications are not consistently documented, which was the one indicator in this audit marked "No." A monthly

research-quality review, alongside mandatory professional development tracking, would directly address both gaps.

Administration, Governance & Resources

Institutional policies, committees, and record-keeping systems are functional. The recurring theme in this section is timeliness and follow-through: committee minutes are not always submitted promptly, website/LMS content is not always updated on schedule, informal role assignments are not reflected in job descriptions, and requested resources are not always delivered to departments promptly even after HR approval. These are process-tightening fixes rather than structural gaps.

Infrastructure, Environment & Safety

Classrooms, laboratories, library, and digital learning facilities are adequate and functional, and water-conservation practices are in place. The audit identified several maintenance and safety items requiring attention: fire extinguishers are not consistently available or clearly placed; the sick room serves only one person at a time; the lift is out of service sometimes; sanitation facilities and washrooms need more frequent cleaning and better provisioning (e.g., dispensers, aqua guard for water); internet speed needs active monitoring; and general equipment maintenance and campus greenery could be improved. These are the most numerous observations in the audit and should be prioritized given their direct link to safety and accessibility.

Quality Assurance & Continuous Improvement

The IQAC is functional, and most planned quality activities are being implemented; prior audit findings are reviewed, and institutional decisions draw on relevant data. The two open items are definitional rather than operational: department/unit KPIs are monitored but not formally defined, and the evidence repository for accreditation, while maintained, requires ongoing upkeep rather than a one-time effort.

Recommendations

Based on the findings of this audit, the following recommendations are proposed, organized by area, to close the identified gaps and strengthen institutional quality:

Academic Planning & Curriculum

- Assign a designated faculty member to formally approve the annual academic plan.
- Set a fixed timeline requiring all faculty to submit curriculum/syllabus feedback, with sign-off on every reviewed plan.

Teaching, Learning & Assessment

- Assign a designated person in each department to document academic activities and program events as soon as they are completed.

Student Support

- Follow up orientation sessions with a short assessment to confirm students' understanding of program and academic information.

Faculty & Research

- Make professional development training mandatory for all faculty, with centralized attendance tracking.
- Introduce a monthly research-quality review to ensure research projects and publications are properly documented.

Administration & Governance

- Maintain job descriptions that accurately reflect all assigned roles and responsibilities.
- Set a standard turnaround time for submitting and circulating committee minutes.
- Formalize a follow-up protocol for notices and messages shared via email/WhatsApp.

- Assign clear ownership for timely updates to the website and LMS.
- Streamline the resource-request-to-delivery process following HR form approval.

Infrastructure & Safety

- Install fire extinguishers in clearly visible, accessible locations across the campus.
- Repair/service the lift and expand sick-room capacity where feasible.
- Increase cleaning frequency for toilets and washrooms, and install dispensers at drinking-water points.
- Set up periodic monitoring of internet speed and upgrade bandwidth where needed.
- Establish a routine monitoring and maintenance schedule for projectors, classroom technology, and general equipment.
- Evaluate feasibility of installing solar panels and increasing greenery across floors.

Quality Assurance & Continuous Improvement

- Complete the remaining IQAC activities under the current annual quality plan and track progress centrally.
- Formally define KPIs for each department/unit against which monitoring is conducted.
- Continue regular monitoring and updating of the accreditation evidence repository.

Conclusion

The internal academic and administrative audit confirms that King's College has established functioning systems across academic planning, teaching and assessment, student support, faculty and research engagement, governance, infrastructure, and quality assurance. The overwhelming majority of audit indicators — 43 of 46 — were assessed as satisfactorily met, with well-documented evidence available for verification.

The gaps identified are consistently procedural rather than structural: approvals, documentation, timeliness, and maintenance follow-through are the recurring themes, most concentrated in infrastructure and safety upkeep and in research documentation. None represent an absence of institutional systems; each has a specific, actionable remedy as set out in the recommendations above.

King's College's willingness to undergo a detailed, indicator-based self-assessment demonstrates a genuine commitment to continuous improvement. With focused implementation of the recommendations in this report, the institution is well positioned to close the remaining gaps and strengthen its readiness for external quality assurance and accreditation review.

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Institution: King's College

Responsible Unit: Internal Quality Assurance Committee (IQAC)

Year: 2025 – 2026 | Review Frequency: Annual

ANNEX



KING'S COLLEGE INTERNAL QUALITY ASSURANCE COMMITTEE (IQAC) ACADEMIC & ADMINISTRATIVE AUDIT FORM 2025-2026

Audit Team

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Date: June 18, 2026

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1. PURPOSE OF THE AUDIT

The Academic & Administrative Audit is conducted by the Internal Quality Assurance Committee (IQAC) to:

1. Verify the implementation of academic and administrative policies and procedures.
2. Assess the effectiveness of teaching, learning, assessment, student support, research, and administrative processes.
3. Verify the availability and reliability of supporting evidence.
4. Identify strengths, gaps, risks, and areas requiring improvement.
5. Review the implementation of recommendations from previous audits.
6. Promote continuous quality improvement and institutionalize good practices.

Evidence Principle

The auditor should verify evidence through documents, records, systems, interviews, observation, or sample checking. The audit form does not require the department to reproduce data already available in institutional systems.

A. ACADEMIC PLANNING & CURRICULUM

No.	Audit Indicator	Evidence to Verify	Status	Observation / Gap	Action Required
A1	Annual academic plan is prepared and approved.	Annual academic plan	✓	Prepared, but not approved	Course assigned Faculty
A2	Program/department plans are aligned with the institutional academic plan.	Department/program plan	✓	Yes.	
A3	Courses are delivered according to the approved curriculum.	Curriculum, course files, LMS	✓	Yes	
A4	Course outlines/syllabi are current and available to students.	Course outlines/LMS	✓	Yes available in GPT	

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A5	Faculty prepare appropriate course teaching plans.	Course files	✓	Yes	
A6	Curriculum/course requirements are reviewed periodically.	Review records	✓	No. Sometime revised plans are not append.	Most of the faculty do not provide feedback on syllabus.
A7	Feedback from students and faculty on curriculum is collected and reviewed.	Feedback analysis	✓	Yes	
A8	Relevant employer/industry/alumni/stakeholder input is considered where appropriate.	Stakeholder feedback	✓	Yes	
A9	Curriculum enrichment activities are implemented through projects, cases, experiential learning, industry engagement, or other relevant approaches.	Course/activity evidence	✓	Yes.	
A10	Academic activities and major program events are properly documented.	Academic/activity records	✓	Program events & activities are conducted. Documentation part is lacking.	A person should be assigned from the department who would be responsible for documentation.

B. TEACHING, LEARNING & ASSESSMENT

No.	Audit Indicator	Evidence to Verify	Status	Observation / Gap	Action Required
B1	Classes are conducted according to the approved academic schedule.	Timetable, attendance	✓	Sometimes the classes are rescheduled.	
B2	Student attendance is monitored and appropriate follow-up is undertaken.	Attendance/SIS	✓	Yes.	

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B3	Teaching methods are appropriate to course learning outcomes.	Course files, LMS, observation	✓	Yes	
B4	Student-centered, experiential, project-based, case-based, or innovative teaching approaches are used where appropriate.	Course evidence	✓	Yes	
B5	Digital/LMS resources are appropriately used to support learning.	LMS/course site	✓	Yes	
B6	Assessment methods are aligned with course learning outcomes.	Assessment plan/course file	✓	Yes	
B7	Continuous assessment is conducted as approved.	Quiz, assignment, project, presentation, etc.	✓	Yes	
B8	Assessment records and grades are accurately maintained.	Gradebook/SIS	✓	Yes.	
B9	Students receive timely and meaningful feedback on assessments.	Samples/feedback records	✓	Yes. but sometimes grading are not completed timely.	Proper deadline should be implemented mandatorily.
B10	Assessment results are reviewed to identify learning gaps and improvement actions.	Result analysis	✓	Maybe academic side but might be lacking from Professor's end.	Proper coordination bet. TA & faculty and communicating grades.
B11	Academic performance is monitored at course/program level.	Result analysis/reports	✓	Yes	
B12	Appropriate academic support is provided to students requiring additional assistance.	Advising/remedial/support records	✓	Yes.	

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Assessment Note

For King's College, internal examinations are not mandatory as a separate audit requirement where the approved course assessment structure uses continuous assessment. Quizzes, assignments, projects, presentations, case analyses, portfolios, or other approved assessment methods may be verified instead.

C. STUDENTS & STUDENT SUPPORT

No.	Audit Indicator	Evidence to Verify	Status	Observation / Gap	Action Required
C1	Student admission and enrollment records are accurate and updated.	SIS/student records	✓	Yes	
C2	Student academic profiles are maintained appropriately.	SIS/student files	✓	Yes	
C3	Academic advising/mentoring is implemented.	Advising records	✓	Yes	
C4	Students receive appropriate orientation and academic information.	Orientation records	✓	Yes	After induction-related to program details & academic, an exam could be conducted to understand their learning.
C5	Appropriate mechanisms exist to support diverse student needs.	Support records	✓	Yes	
C6	Career guidance, employability, entrepreneurship, or placement support is available.	Activity records	✓	Yes.	

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C7	Student grievances/complaints are formally received and addressed.	Grievance records	✓	Yes	
C8	Relevant student welfare and safeguarding mechanisms are implemented.	Policies/records	✓	Yes	
C9	Students participate in clubs, projects, competitions, research, innovation, community engagement, or other co-curricular activities.	Activity records	✓	Yes	
C10	Student feedback is collected, analysed, and used for improvement.	Feedback/action report	✓	Yes. Feedback are collected through implementation part is not immediate.	Immediate solutions to the feedback that need attention.
C11	Student progression, retention, dropout, employment, entrepreneurship, or further-study data are monitored where applicable.	Institutional data	✓	Yes	
C12	Alumni engagement and records are maintained where applicable.	Alumni records	✓	Yes	

D. FACULTY, RESEARCH & EXTERNAL ENGAGEMENT

No.	Audit Indicator	Evidence to Verify	Status	Observation / Gap	Action Required
D1	Faculty workload and teaching responsibilities are appropriately assigned.	Workload/teaching plan	✓	Yes	

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D2	Faculty qualifications and records are appropriately maintained.	HR/faculty records	✓	Yes	
D3	Faculty performance/development is periodically reviewed.	Review records	✓	Yes	
D4	Faculty participate in professional development activities.	Training records	✓	Yes but not all.	Mandatory present requirement.
D5	Faculty are encouraged/supported to engage in research and scholarly activities.	Research records	✓	Yes	
D6	Research projects/publications are properly documented.	Research database/files	✓	No	While the research activities are encouraged, these lack documentation part. Monthly/Quarterly review reqd.
D7	Students have opportunities to undertake research, projects, or scholarly work.	Project/research records	✓	Yes	
D8	Research outputs are disseminated through appropriate channels.	Publications/events	✓	Yes	
D9	Consultancy, industry, community, or professional engagement is undertaken where appropriate.	Engagement records	✓	Yes	
D10	Partnerships/MOUs are active and generate relevant academic or institutional activities.	MOU/activity records	✓	Yes	
D11	Faculty/staff contributions and achievements are appropriately recognized.	Records/awards	✓	Yes	

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E. ADMINISTRATION, GOVERNANCE & RESOURCES

No.	Audit Indicator	Evidence to Verify	Status	Observation / Gap	Action Required
E1	Institutional policies and procedures relevant to the unit are available and implemented.	Policies/procedures	✓	Yes	
E2	Roles and responsibilities are clearly defined.	TOR/job descriptions	✓	Yes. But roles are sometimes added that are not listed in JD.	Clear JD that should be followed.
E3	Required committees are constituted and functional.	Committee decisions/minutes	✓	Yes	
E4	Committee decisions and actions are properly documented.	Minutes/action records	✓	Yes. However, they are not timely submitted.	
E5	Academic and administrative records are maintained securely and systematically.	Files/SIS/DMS	✓	Yes	
E6	Internal communication mechanisms are effective.	Notices/email/LMS/records	✓	Yes. However, for each email a follow up note should be written.	
E7	Institutional information on the website/LMS/official platforms is accurate and updated.	Website/LMS	✓	Yes. Not updated on time.	
E8	Procurement and resource-use procedures are followed.	Procurement/resource records	✓	Yes.	

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E9	Financial and administrative controls relevant to the unit are followed.	Sample records	✓	Yes	
E10	Available resources are utilized effectively and efficiently.	Resource utilization evidence	✓	Yes. But the resources are not delivered to the department on time even after filing the form.	
E11	Risks, complaints, incidents, or operational issues are documented and addressed.	Risk/incident records	✓	Yes.	

F. INFRASTRUCTURE, ENVIRONMENT & SAFETY

No.	Audit Indicator	Evidence / Verification	Status	Observation / Gap	Action Required
F1	Classrooms and learning spaces are adequate and functional.	Physical inspection	✓	Project needs to be monitored.	
F2	Technology-enabled learning facilities are functional.	Physical/system inspection	✓	Yes.	
F3	Laboratories/studios/specialized facilities are adequately maintained where applicable.	Physical inspection	✓	Yes.	
F4	Library and digital learning resources are adequate for programs offered.	Library/LMS verification	✓	Yes.	
F5	Internet, Wi-Fi, computing, and required digital infrastructure are functional.	Physical/system inspection	✓	Maybe. Internet speed need to be monitored.	
F6	Toilets, drinking water, sanitation, and basic hygiene facilities are adequate.	Physical inspection	✓	Toilets should be cleaned & maintained for drinking water, dispenser needs to be changed.	
F7	Campus safety and emergency arrangements are maintained.	Physical inspection/records	✓	Fire extinguisher not available floor wise, It needs to be placed where it is clearly visible.	

Amity Kotha. Majala. Sarthak.

G. QUALITY ASSURANCE & CONTINUOUS IMPROVEMENT

Anita Kotha. Mijala. Bartha.

Summary:

- Amiraj
Katha.
Mijala.
Sarthak