

MASTER COPY

Service Quality Manual



ISSUED VIDE MEMO NO. HIPA/SQM-01 DATED: 6.9.2017
(ISSUE No. 1)

Haryana Institute of Public Administration

Plot No. 76, HIPA Complex, Sector-18, Gurugram

Website: <http://hipaco.in>

Email: sevottam_hipa@hipa.in

Ph. No. 0124-2340690, Fax No. 0124-2348452



Dr. G. Prasanna Kumar, IAS (Retd.),
Director General,
HIPA, Gurugram

This Quality Management System is the framework of the policies, processes and procedures used by an organization to realize its designated aims and objectives in a befitting manner. Further, it aims at improving processes and ensuring continual improvement in its endeavours to achieve excellence in the delivery of its services to its clients. Thus, the system requires to be developed, implemented and maintained on a continuous and regular basis. To ensure its implementation the quality policy and quality objectives need to be defined, displayed and understood by the employees of all levels. The needs and expectations of the customers and other stake holders are clearly defined. Processes are documented in a simple language to be followed up to achieve the objectives. Standard Operating Procedures are prepared to be implemented in letter and spirit. Resources to meet the objectives are identified and provided. Matrices are established and monitored at all levels. The old adage, “if it is not worth measuring, it is not worth doing” is always true for all processes specially aimed at excellence in the service delivery system. Continual improvement should be a priority. Last but not the least, management is involved in the system at all levels and reviews the entire system at appropriate intervals to ensure its validity and efficacy.

With this background in mind, we have evolved the Quality Management Manual, Quality Policy and a Sevottam Compliant Citizen Charter for Haryana Institute of Public Administration. We further resolve to understand, imbibe and implement these documents as the real instruments to bring about a change in the real sense. I do hope and believe that the implementation of these documents will go a long way to improve further the working of this Institute and bring excellence in the service delivery system.

***“Excellence in Quality is our Objective
Continued Improvement is our Philosophy”***

CONTENTS

Sr.No.	Title	Page No.
	Documents Required	1
SQM 1.	SERVICE QUALITY MANUAL	2
SQM 1.1	Purpose	2
SQM 1.2	Scope of Service Quality Manual	2
SQM 1.3	Intended Users	2
SQM 1.3.1	Trainees	2-3
SQM 1.3.2	Institute Officers/Officials	3
SQM 1.4	Service Quality Objectives	3
SQM 1.4.1	Policy Objectives	3
SQM 1.4.2	Enabling Objectives	4
SQM 1.5	Grievances Handling Objectives	4
SQM 2.	QUALITY POLICY	4
SQM 3.	Sevottam Compliant Citizen's Charter	5
SQM 4.	ORGANIZATIONAL STRUCTURE	5
SQM 4.1	Institute's professional structure	5-6
SQM 4.2	Key Areas	6-7
SQM 5.	MANAGEMENT RESPONSIBILITY	7-9
SQM 6.	SERVICE QUALITY PROCEDURES (SQPs)	9
SQM 6.1	SQP1 Performance Appraisal	9
SQM 6.2	SQP2 Professional Development	10
SQM 6.3	SQP3 Housekeeping	10
SQM 6.4	SQP4 Repair and maintenance of Infrastructure	11
SQM 6.5	SQP5 Inventory Management	11
SQM 6.6	SQP6 Procedure for obtaining Stationery&Training Material	11-12
SQM 6.7	SQP7 Repair and Maintenance of tools & equipments	12
SQM 6.8	SQP8 Procedure for organizing Extra-curricular and Social activities for long term courses	12
SQM 6.9	SQP9 Procedure for Accounts & Finance Affairs	12-13
SQM 6.10	SQP10 Procedure for creating awareness on Institute Rules & Regulations	13
SQM 6.11	SQP11 Procedure for Control of Non-Compliances	13
SQM 6.12	SQP12 Procedure for Institute Advocacy	13-14
SQM 7.	DOCUMENTED PROCEDURE FOR COMPLAINT HANDLING	14-16

MASTER COPY

SQM 8.	DOCUMENTED PROCEDURE FOR CONTROL OF DOCUMENTS/RECORDS	16
SQP 8.1	Purpose	16
SQP 8.2	Scope	16
SQP 8.3	Responsibility	16
SQP 8.4	Approval of documents	17
SQP 8.5	Review and updating	17
SQP 8.6	Number of the documents	17
SQP 8.7	Number and Date of revision and issue	17-18
SQP 8.8	Master List	18
SQP 8.9	Amendment Power	18
SQP 8.10	Obsolete Documents	18
SQP 8.11	Distribution of Documents	18
SQP 8.12	Storage of documents	19
SQM 9.	RESOURCE MANAGEMENT	19-20
SQM10.	SERVICE PROVISIONS	20
SQM11.	MANAGEMENT REVIEW	20
SQM12.	CUSTOMER SATISFACTION	20
SQM13.	INTERNAL QUALITY AUDIT	21
SQM14.	COMPLAINTS THROUGH MEDIA	21
SQM 15.	IMPROVEMENT	21
SQM15.1	Corrective and Preventive Actions	21
SQM 16.	IMPLEMENTATION	21-23
	AMENDMENTS	24
	ANNEXURE 'A' - SHOWING ORGANIZATION CHART	
	ANNEXURE 'B' - MASTER LIST OF DOCUMENTS FOR BIS IS: 15700 CERTIFICATION	
	ANNEXURE - SEVOTTAM COMPLIANT CITIZEN'S CHARTER	

MASTER COPY**0.1 DOCUMENTS REQUIRED FOR BIS IS:15700 CERTIFICATION**

0.1.1 HIPA has prepared the following documents and records:

- a) Service Quality Manual
- b) Citizen's Charter
- c) Standard Operating Procedures (SOPs)
- d) Records required to fulfil other requirements of **BIS IS 15700**.

0.1.2 The Service Quality Manual contains the following:

- a) Scope of service quality management system
- b) Service quality policy
- c) Service quality objectives and complaints handling objectives

0.1.3 Organizational structure, Managerial Responsibility and Authority at relevant levels within the scope of the Manual

- a) Service Quality Procedures
- b) Documented procedures for:
 - i. Control of documents/records
 - ii. Complaints Handling
 - iii. Citizen's Charter
 - iv. SOPs of various services offered by HIPA

MASTER COPY

SQM 1. SERVICE QUALITY MANUAL

SQM 1.1 PURPOSE :

- a) The Manual for Service quality lays down documents and procedures related to the quality assurance of services offered to trainees/customers as per the mandate of the Citizen's Charter of HIPA.
- b) Guidelines provided herein are intended to ensure that service delivery to all customers is carried out as per BIS IS 15700 incorporating best practices, in a uniform, comprehensive, and transparent manner.
- c) The scope and objectives of this manual seek to promote a process approach to providing quality training and services to trainees/customers.
- d) The requirements for complaints handling process covered in this manual applies to trainees and do not apply for employment related disputes and/or disputes referred for resolution outside HIPA.

SQM 1.2 SCOPE OF SERVICE QUALITY MANUAL

This Service Quality Manual (SQM) scope includes all functions and related services, activities related to class room learning, boarding and lodging, transportation and registration. It also deals with the issues and areas of training, administration and accounts of HIPA and with its Divisional Training Centres.

The SQM includes all relevant functions pertaining to their respective roles and obligations of the officers/officials in discharging the services to be rendered to the trainees/customers and other related operational procedures.

The SQM shall initially be implemented for better services to the trainees and gradually would cover entire operations in the Institute.

SQM 1.3 INTENDED USERS

The manual caters to two segments at HIPA: trainees and its employees. The trainee needs are at the core of this manual.

SQM 1.3.1 Trainees

- a) Fulfilling the trainees'/customers' facilitation needs is at the core of the manual. The trainees can use this manual to understand HIPA's Citizen's Charter, Service Quality Policy, SQM objectives and Service Quality Procedures (SQPs) /SOPs. The service quality policy entails HIPA's commitment to enhance

MASTER COPY

customer satisfaction. The Charter contains defined services that HIPA is committed to offer to its trainees/customers in an effective, efficient and time bound manner. The SQM also enumerates HIPA's expectation from trainees/customers.

- b) The trainees/customers can also use this manual to know HIPA's organizational structure so that they are able to reach the right person for concern issue. Besides provisions for Information & Feedback, HIPA has also put in place a well knit system of Grievance Redressal. Trainees are encouraged to use these systems.

SQM 1.3.2 Institute Officers/Officials:

- a) The Institute's officers/officials and faculty members can use this manual to understand HIPA commitments and objectives to deliver quality services to trainees/customers. It would also help the employees in understanding their role and responsibilities in attaining its objectives and also of Citizen's Charter.
- b) The manual lists documents, procedures/SOPs and Process owner that need to be put in place to implement the Institute's commitments and mandate. A stepwise guide is included for easy implementation and enhancing consistency in operations.
- c) This manual sets up the communication processes within HIPA for dissemination of information for effective communication related to services listed in Citizens Charter & grievance handling mechanism.

SQM 1.4 SERVICE QUALITY OBJECTIVES

The core objective of the institute is to improve the administrative ability and competence of the officers of the state with an objective to enhance overall administrative capability of the state and its responsiveness to the needs of the public.

The powers and functions of the various officers have been detailed in the HIPA Faculty Service Bye-Laws,2003 and HIPA Administrative Employees (Group A,B,C,D) Service Bye-Laws, 2005 and amended from time to time.

SQM 1.4.1 Policy Objectives: Director General(DG)/Additional Director:

- a) to identify and set service delivery benchmarks;
- b) to identify specific services required to be covered by this manual;
- c) to identify specific aspects and areas of excellence; and
- d) to ensure compliance of SOPs and Citizen's Charter.

MASTER COPY

SQM 1.4.2 Enabling Objectives:- Additional Director (AD) / Joint Director(JD), Assistant Director(Admn.) {AD(A)} & Hostel Warden:

- a) to make the service delivery system efficient and effective;
- b) to ensure improvement in standard of service and their timeliness;
- c) to provide and improve accessible facilitation centres (single window) for availability of information and guidance trainees; and
- d) to improve customer perception of service quality delivered through responsibility centres

SQM 1.5 GRIEVANCE HANDLING OBJECTIVES

Main Objectives of the Grievance Handling are:

- a) to improve efficiency and effectiveness of grievance redressal system; and
- b) to meet grievance resolution time limit listed in the Citizen's charter.

SQM 2. QUALITY POLICY

- a) The objective of HIPA is to provide training, consultancy and carrying out research to improve efficiency and effectiveness in Administration, Finance Management and other functions of the State Government its Boards & Corporations.
- b) It aims at making the administration Citizen Centric so that the end users of public services feel more empowered satisfied, delighted and self governing.
- c) We also seek to make the institute as a Global Centre of Excellence in the area of Efficient and Effective Governance.
- d) The institute seeks to empower the trainees with the administrative, technical, professional, behavioural, civic and other related skill sets that will enable them ensuring citizen-centric governance including continual improvement. The Institute also carries out research into the best practices and innovative methods that would drive the state administrative machinery towards realization of the ideal of 'Minimum Government, Maximum Governance' leading to "Good Governance" in the real sense.
- e) Quality Policy and Grievance Redressal Mechanism shall be reviewed periodically.

MASTER COPY

SQM 3. SEVOTTAM COMPLIANT CITIZEN CHARTER

The Institute constituted a Working Group for formulating Citizen's Charter and appointed a Nodal Officer at the apex level as Member Secretary of the Working Group. The Working Group consists of the Director General, HIPA, all Faculty Members and other Stake Holders. The Nodal Officer also acts as Public Grievance Officer and reports to DG, the complaints which have significant impact on the organization.

SQM 4. ORGANIZATIONAL AND FUNCTIONAL DIMENSIONS OF THE INSTITUTE:

The Haryana Institute of Public Administration is an apex administrative training Institute of the State funded by the Government of Haryana. The Governing Body of the Institute is headed by the Chief Minister. A managing committee called the Executive Council, headed by the Chief Secretary of the Government, oversees the critical activities of the Institute.

The Principal Training and Administrative Officer of the Institute is the Director General who is directly responsible for the efficient management of the Institute and the pursuit of its avowed objectives in relation to training of officers, action research in Public Administration, appraisal of Government policies and programmes as well as advocacy of best practices in governance.

HIPA as a Nodal Agency of the State is involved in building capacity of IAS, HCS and other Officers of the State as well as the officers of All India Services of Centre and other States. This is being undertaken in addition to the mandate of providing Research and Consultancy to the various departments of Government.

HIPA has four campuses. The main campus at Gurugram specialises in 'in service' capacity building as well as foundation training programmes for the newly recruited employees. There are four divisional centres(DTCs) at Panchkula, Rohtak, Hisar and Gurugram to ensure that HIPA reaches out to a large number of participants. The Gurgaon DTC is housed in HIPA's main campus. The centres work in direct contact with the common man and play a significant role in developing the image of the administration in the minds of the people.

SQM 4.1 The Institute's professional structure consists of the following core faculties:-

- Public Administration
- Behavioural Sciences
- Economics and Development Planning

MASTER COPY

- Financial Management
- Sociology and Social Development
- Disaster Management
- Information Technology
- Urban Management under HUDCO Chair
- Rural Development
- Law

In addition to the above there are specialized cell to bring out the improved Public Service Delivery Mechanism.

- Revenue Training Cell
- Excise & Taxation Training Centre, Gurugram
- HUDCO Chair – sponsored by HSMI-HUDCO to organize programmes on Urban Management
- Sevottam Cell – sponsored by Government of India with the mandate to raise the standard of Public Service and provide effective and efficient services besides bringing a continuous improvement in its services and delivery process is also in operation.
- RTI Cell – apart from organising RTI training and awareness generation programmes, this Cell also conducts research on implementation of RTI. The Cell also provides guidance to the various stakeholders of RTI Act. All the activities of the Cell are sponsored by DoPT, Government of India.
- RTSD Cell- the mandate of this Cell is to organise training programmes on good governance and Haryana Right to Services Delivery Act. In addition to conducting researches on services delivery, the Cell is also develops the Right to Services Manual and related material on Right to Services.

SQM 4.2 Key Areas

The key areas being catered by HIPA for its trainees/customers are:

- Courses for new entrants to the All India Services, Haryana Civil Services, and allied services of the State Government.
- In-service refresher courses for officers of the State Government.

MASTER COPY

- In-service training related to the theory and practice of public administration to IAS officers of the Haryana cadre and HCS officers.
- Subject specific short-term in-service training programmes for officers of different departments of the State Government.
- Need-based Training Programmes for various Corporations/Boards and other autonomous bodies of the State Government and Central Government.
- Training Courses for Ministerial Staff to improve the efficiency of officials right at the cutting edge level, the Institute also conducts training for supervisory level and class III employees of the State Government through it and its Divisional Training Centres (DTC's) Panchkula, Hisar, Rohtak and Gurugram.
- Training programmes sponsored by DOPT, Government of India and on the subjects sponsored by other National and International Agencies.
- Seminars and Workshops to facilitate frequent interaction among the administrators, academicians and professionals on various subjects of interest and importance.
- Undertake, promote and co-ordinate research, case studies and training in the fields of Public Administration and Management either on its own or in collaboration with other agencies including Universities and training institutions of the Government of India as well as the State Government.
- Undertake publication of newsletter and research papers.
- Participate in organization of conferences, seminars and workshops on specialized areas of Public Administration.

SQM 5. MANAGEMENT RESPONSIBILITY

The Director General, HIPA -

- approves Quality Policy & Citizen's Charter.
- approves Quality Objectives and Complaint Handling Objectives.
- conducts Management Reviews.
- and ensures the availability of resources.

The Institution has finalised and established this SQM under direct supervision of the Director General. The Institution is involved in the various stages of establishing procedural requirements and ensures that the significance of these requirements is disseminated to the employees through appropriate training and internal communications. The DG periodically conducts reviews through review meetings, evaluation and feed-back. Appropriate communication processes are established within the organisation so that effective communication takes place for the various processes related to service, citizen's charter and complaint handling.

MASTER COPY

- The DG has approved quality and complaint handling objectives of relevant functions and levels within the organization. All the objectives are measurable.
- The DG has taken the following aspects into account while approving Quality Policy and Quality Objectives:
 - a) Input of trainees/customers and other stakeholders, and
 - b) Financial, operational and organizational requirements
- The DG has identified and approved various processes and SOPs that are needed for effective functioning of the Institute for ensuring efficiency and quality in service delivery.

The services (a) meet the expectations of trainees and regulatory requirements, (b) delivery processes are in line with the service objectives of the Institute.

- The DG ensures the quality of services being provided/ outsourced, which affect service quality of the Institute. He also ensures the availability of SQPs/ procedures for effective service delivery. However, all services are implemented, monitored and measured with reference to time norms as specified in the Citizen's Charter.
- The DG has approved the organizational structure in SQM along with responsibility and authority at the various structural and functional levels related to the scope of services being offered in the organization.

The top management has introduced Internal Audit system in order to ensure that all activities take place in accordance with the documented SQPs and SOPs. An internal audit of all activities needs to be carried out once every six months by a committee of internal auditors. Any non-conformance shall be highlighted in the internal audit check-list given in SQM. The follow up on the audit shall ensure that actions are taken without undue delay to eliminate non- conformity and their causes. The summary reports of the internal audits shall constitute an integral input for management review. Scope of the audit is covered in the internal audit check-list. Records of internal audit results conducted and follow-up actions taken shall be maintained.

Records of the actions taken and improvements affected shall also be maintained.

The management reviews shall be structured and following aspects shall be reviewed with an agenda including:

MASTER COPY

(1) Follow up actions from previous management reviews, (2) Results of audit, (3) Customer Feedback including results of customers' satisfaction surveys, (4) Changing customer requirements, (5) Extent to which objectives are achieved, (6) Status of preventive/corrective actions, (7) Review of process performance, and (8) Recommendations for improvement.

Management review shall include any decisions or actions relating to the followings: (a) Improvement in service quality standards, (b) Improvement in customer satisfaction, (c) Improvement in the management systems for service quality, Citizen's Charter and complaints handling, and (d) Resource needs. The responsible person to implement the decision and time period for implementation shall be clearly demarcated. Records of Management Reviews in form of minutes of meeting shall be maintained.

The executive decision making and overall monitoring is carried out by the top management headed by the Director General, HIPA. The AD, JD, AD(A), Hostel Warden and Librarian are overall responsible for ensuring the services as promised under the Citizen's Charter. The management of boarding and lodging and other hostel related activities is looked after by the Hostel Warden and administration. There is General Administration Wing under Assistant Director which is responsible for handling the routine administrative responsibilities. The grievances related to different field of operation are handled by the authorities designated for specified purposes as mentioned in the Citizen's Charter.

SQM6. SERVICE QUALITY PROCEDURES (SQPs)

Nodal Officer : Joint Director will be the Principal Nodal Officer for all the SQPs and she shall be assisted by the Faculty Training Coordinator, Hostel Warden, Chief Accounts Officer and Assistant Director (Admn.) as the Nodal Officers for the adherence.

SQM 6.1 SQP-1: Performance Appraisal

Objective & Scope: This procedure will describe the process of target setting and performance evaluation and processing for promotion & ACP.

Responsibility: D.G & Administration

Activities:

- Set performance target as per the SOPs & citizens charter.
- Annual performance appraisal should be processed as per SOPs and citizen charter.
- Submit performance appraisal to DG & AD(A) on time for necessary action.
- Prepare and implement Performance Improvement Plan for non performance.

MASTER COPY

SQM 6.2 SQP-2: Professional Development

Objective & Scope: This procedure will prescribe the process of self and professional development of Faculty & Faculty Training Coordinator (FTC) in the Institute

Responsibility: FTC

Activities:

- Develop organizational development plans.
- Conduct training needs assessment of institute staff to identify needs.
- Implement approved professional development plan based on priority and availability of fund.
- Identify staff for training and advancement of knowledge. Faculty & FTC to ensure sharing of knowledge/experiences after training with peers and monitor the impact of the staff training programs.
- Institute facilitate professional development by fostering mentioning program, peer sharing & exchange activities, research and innovation activities.

SQM 6.3 SQP-3: Housekeeping

The Institute is expected to maintain clean and safe working environment in order to safe guard 3Ms (Man, Machine, Materials) so that there is increase in work efficiency and productivity ensuring the quality of training delivery.

Objective & Scope: This procedure describes the basic housekeeping practices to be observed for maintaining clean and conducive environment for training and service delivery in the Institute.

Responsibility: JD, AD(A) & Staff

Activities:

- Plan and update classrooms and work areas.
- Inculcate green concept of Institute management where relevant.
- Practice 4s(Sort, set in order, Shine, Standardize) consistently and regularly before and after training sessions.
- Cleaning & Maintenance of Classrooms, Washrooms and Open space (Corridors).
- Cleanliness & Maintenance of Hostel and its rooms and quality control of Mess Food.

MASTER COPY

SQM 6.4 SQP-4: Repair and maintenance of Infrastructure

The institute infrastructure and facilities are taken care of and managed in conditions that are conducive for smooth functioning and effective delivery of training.

Objective & Scope: This procedure describes the processes involved in repair and maintenance and upkeep of Institute Infrastructure.

Responsibility: Executive Director (ED), Joint Director (JD), AD(A), Hostel Wardens, Caretakers of Building, In-charge, Horticulture and In-charge maintenance of building.

Activities:

- Assess and evaluate conditions of existing infrastructure(building) and facilities.
- Quantify amount of work involved.
- Prepare estimates and costing for the repairs and maintenance work.
- Award and execute work based on the degree of work load as per financial Rules and Regulations.
- Monitor progress and quality of work by JD/AD(A).
- Taking over / handing over of the works completed.
- Repair & Maintenance of Classrooms.
- Repair & Maintenance of Hostel.

SQM 6.5 SQP-5: Inventory Management

The Institute has adequate and well maintained tools, equipments and materials for effective training delivery.

Objective and Scope: This procedure describes the processes for Inventory Management in the Institute

Responsibility: Store in-charge and concerned official

Activities

- To maintain and update inventory.

SQM 6.6 SQP-6: Procedure for obtaining Stationery & Training Material

Objective and Scope: This procedure describes the processes for obtaining stationery & training material for training in the Institute

Responsibility: Store in-charge and AD(A)

MASTER COPY

Activities:

- Prepare plan for stationery and training material.
- Submit requisition as per training plan to the Assistant Director/Store Keeper.

SQM 6.7 SQP-7: Repair and Maintenance of tools & equipments

Objective and Scope: This procedure describes the processes involved in Maintenance of Tools and Equipments for training in the Institute

Responsibility: Junior Engineer(Technical) & Junior Engineer (Electrical)

Activities:

- Prepare the plan for maintenance of each machine and equipment.
- Carry out maintenance of training equipments and machines as per the plan.
- Maintain and update maintenance and repair records.
- Ascertain the requirement for new equipment, facilities and training materials.

SQM 6.8 SQP-8: Procedure for organizing Extra-curricular and Social activities for long term courses

Objective & Scope: This procedure describes essential extra-curricular activities to be facilitated by the institute for physical fitness, to build the spirit of sportsmanship, friendship and to provide opportunity to showcase their individual talents.

Responsibility: Games and Sports In-charge, In-charge for Cultural activities

Activities:

- All the events and activities should be properly planned and included well in advance.
- Appoint coordinator for different activities i.e. sports, cultural and social events.
- Coordinator and committees to plan various activities and implement as per plan.

SQM 6.9 SQP-9: Procedure for Accounts & Finance Affairs

Responsibility: Chief Accounts Officer (CAO) & Accounts Officer (AO)

Activities:

- Maintenance of Accounts.

MASTER COPY

- Budget Receipt & Expenditure.
- Management of Payment.

MASTER COPY

SQM 6.10 SQP-10: Procedure for creating awareness on Institute Rules & Regulations

All trainees and staff are aware of the institute rules and regulations for the smooth functioning of the Institute.

Responsibility: JD, AD(A) & Course Director

Objective & Scope: This procedure describes activities to create awareness about the Institute's rules and regulations

Activities:

- Making the staff of the Institute understand the general rules and regulations of the Institute
- Making the trainees aware of the rules and regulations of the Institute at the time of the commencement of the training programme
- Orientation on course information to new trainees
- Display of general rules and regulations on website
- Ensuring compliance

SQM 6.11 SQP-11: Procedure for Control of Non-Compliances

Objective & Scope: This procedure describes the process for handling of non-compliances

Responsibility : Additional Director/JD, AD(A) and Faculty Members/In-charge/Course Director

Activities:

- Review the cases of non-compliance to the SQPs/SOPs by the concerned officer/official
- Based on degree of non compliance take action as per the existing Institute Rules and Regulations

SQM 6.12 SQP-12: Procedure for Institute Advocacy

Objective & Scope: This procedure describes some of the Advocacy of strategies to promote institute programs and services

MASTER COPY

Responsibility: FTC & Computer Faculty

Activities:

- Maintain and update information on the Institute Website.
- Putting training calendar on website.
- Putting Newsletter on website.
- TNA meeting with HOD – Training Managers.

SQM 7. DOCUMENTED PROCEDURE FOR COMPLAINT HANDLING

Process owner: Director General

Norm: Acknowledging of receipt of complaint.

Resource required: Joint Director is designated as Public Grievance Officer

Complaint handing process is as follows:

- Providing information regarding complaint handling process to trainees through notice boards, institute brochures/websites.
- Maintaining records of complaints and seeking regular feedback from trainees, A complaint register is maintained and a complaint- cum- suggestion box is put up in hostel. Another complaint- cum- suggestion box is kept at the reception in main building. These complaint boxes will be opened every Monday at 05.00 p.m. The complaint may be sent on given email also. The telephone numbers and emails of concerned persons for handling complaints are displayed prominently on the suggestion box and notice boards and website.
- If complaint is received on email, the same shall be acknowledged within four hours.
- The complaints are investigated by the JD or concerned officer at HIPA and resolved at the earliest possible. The maximum time for resolving a complaint is 48 hours.
- The concerned trainee/customer is communicated on the closure of the complain to ensure satisfaction and to increase the confidence level of the customer/client. It is also aimed at creating goodwill with trainee/client for building image of the institute.

MASTER COPY

- Records of all complaints and actions taken for the above are maintained by the institution under the control of JD and under the overall control of DG.
- Once disposed at subordinate level the report shall be checked for quality and completeness of response at higher office. The higher officer can choose to send a query on the reply to the subordinate level. The report is considered finally disposed only when accepted by higher authority and communicated to the complainant.
- **The detail of the nodal officers to handle the public grievances**

❖ **Grievances relating to training**

S.No.	Name	Designation	Contact Number	E-mail address
1.	Dr. Manveen Kaur	Faculty Training Coordinator	9811938168	manveenk@hipa.in

❖ **Grievances relating to Hostel & Sports**

1.	Dr. Abhay Kumar Shrivastava	Hostel Warden	9873289737	abhays@hipa.in
----	-----------------------------	---------------	------------	--

❖ **Grievances relating to Library**

1.	Dr. Jogender Singh	Assistant Librarian	9868122758	jogenders@hipa.in
----	--------------------	---------------------	------------	--

❖ **Grievances relating to Administration**

1.	Ms. Rekha	Assistant Director	9999330686	rekhad@hipa.in
----	-----------	--------------------	------------	--

❖ **Grievances relating to Payments of outsourced agencies, caterers and suppliers of various material**

1.		CAO	0124-2345781	
----	--	-----	--------------	--

It shall be ascertained that at least 90% of the Grievances are addressed within the stipulated time.

The routine complaints of the trainees/customers normally may pertain to quality of training, sanitation, upkeep of class rooms, corridors, hostel accommodation, catering service in the mess, gym and also reception counter.

MASTER COPY

- A complaint or grievance of a trainee/customer shall be addressed to the Course Co-ordinator or Additional Course Co-ordinator who shall forward it immediately to the concerned Nodal Officer of the concerned branch as per the time stated in the related SOP.
- All complaints pertaining to sanitation, upkeep of hostel and mess shall be taken up on priority and resolved within hours and the complainant shall be instantly intimated of the action taken.
- The complaint is to be redressed in a stipulated time given in the SOP.
- In case grievance is not addressed. The matter may be brought to the notice of FTC, who shall get the matter sorted out within 12 hours.
- If it still persists the matter may be taken to Ad, JD by the FTC.
- The Register may be put up occasionally to the DG for information.
- JD shall be the Principal Nodal Officer to ensure redressal.
- It is also worthwhile to state that this institute like other government departments of Haryana is in the domain of Haryana Lokayukta for the redressal of public grievances.

SQM 8. DOCUMENTED PROCEDURE FOR CONTROL OF DOCUMENTS / RECORDS

Process owner: Documents Control Officer appointed is Additional Director/Joint Director at apex level and Branch In-charge at branch level.

SQM 8.1- Purpose: The purpose of this procedure is to define procedure for control of documents used in implementation of **BIS IS 15700**.

SQM 8.2- Scope: The scope of this procedure covers all the documents such as Quality Manual, Quality Policy, Quality Procedures, Citizen's Charter, Complaint Handling Procedure, SQPs and SOPs etc.

SQM 8.3- Responsibility: Director General at the apex level is responsible for Quality Manual, Quality Procedures, Citizen's Charter, and Complaint Handling Procedure. JD, AD, Hostel Warden and In-charge/Nodal officer at unit/branch level is responsible for compliance of SQPs and SOPs.

MASTER COPY

SQM 8.4.- Approval of documents: The following have been designated for preparation and approval of the document:

Name of the Document	Prepared By	Approved By
Quality Management Manual	Nodal officer apex level	Director General, HIPA
Quality Procedures	Nodal officer apex level	-do-
Citizens Charter	Nodal officer apex level	-do-
Complaint Handling Processes	Nodal officer apex level	-do-
Sub-processes and work instructions for documented procedures & other implementation needs	Nodal officer apex level	-do-

SQM 8.5- Review and updating: to check their adequacy, all documents shall be reviewed at least twice a year. However, any document can also be reviewed as and when required. However, only the approval authority is authorized to review and approve the revised documents. The reviewing authority shall ensure the adequacy of the document.

SQM 8.6- Number of the documents:

- a. Service Quality Manual
- b. Service Quality Policy
- c. Sevottam Compliant Citizen's Charter
- d. Standard Operating Procedures

SQM 8.7- Number and Date of revision and issue (To be filled as and when revision takes place) :

- a) Issue Number
- b) Issue Date

Revision

- a) Revision Number
- b) Revision Date

The issue date is applicable only for the SQM. In the course of implementation of Service Quality Management System, revisions are likely to take place and their revision are indicated in the amendment sheet. However, when more than 20 amendments take place, the issue number of the document is changed.

MASTER COPY

The revision number and date are indicated on each page of the document whereas the issue number is indicated only on the top page of the Quality Manual.

SQM 8.8- Master List

The Assistant Director shall maintain the Master List of all the documents in the following format:

	Name of the Document	Revision No.	Revision Date
SQM	Amendment Sheet		
SQM	Introduction to the Manual		
SQM	Documentation Requirements		
SQM	Scope of Service Quality Manual		
SQM	Service Quality Policy & Objectives		
	Organizational Structure-		
	Management Responsibility/ Organizational responsibilities with Jurisdiction		
SQM	Service Quality Procedures		
SQM	Documented procedure for complaint handling		
SQM	Documented procedure for control of documents/records		
SQM	Resource Management and Feedback		
SQM	Implementation		
Annexure 1	Citizens Charter		
Annexure 2	SOPs		

SQM 8.9- Amendment Power: The Nodal Officers shall review and carry out any amendment to this manual as per BIS guidelines. The amendments shall be approved by the Director General and shall be indicated in amendment sheet with current revision status.

SQM 8.10- Obsolete Documents: The Assistant Director at the apex level and nodal officer at the unit level shall withdraw the obsolete documents from the copy holders. Except one copy, all copies shall be destroyed. The retained copy shall be marked as 'Obsolete Document' and maintained in the file marked as 'Obsolete Documents'.

SQM 8.11- Distribution of Documents: The Assistant Director, HIPA shall ensure that all the documents are available at the point of use.

MASTER COPY

SQM 8.12- Storage of documents: All the documents shall be stored by Assistant Director in such a manner that they do not get spoiled and are easily retrievable.

SQM 9. RESOURCE MANAGEMENT

- The institute owns a seven acre campus with four storied building duly equipped with excellent infrastructural facilities consisting of a spacious auditorium, a conference room, six smart class rooms equipped with modern training aids, two computer labs, a library and an information centre.
- The institute has a hostel having well furnished and comfortable accommodation for 80 people at a time. It has a spacious dining hall and mess facilities besides having a provision for indoor and outdoor games and sports.
- The Institute has allotted and provided the resources required for effective implementation of Service Quality management System, Citizen's Charter & Complaint Handling Mechanism. The resources include human resources, financial, infrastructural and work environment.
- The Institute is mainly funded by the Government of Haryana. However, DOPT , Govt of India, various other central Ministries and other external agencies, both national and International have also been giving funds for various projects and activities relating to training and research.
- The Director General shall ensure and approve material, financial and personnel resources to meet requirements enumerated in the process.
- Apart from DG, Add. Director, JD, AD(A), faculty members, CAO, consultants and Principals DTCs, the institute has more than 100 permanent and contractual employees.
- The institute also invites experts from various fields to achieve its objective of providing quality training to its trainees.
- **Right Placement and Proper Work Environment:**

The placement of the personnel is done on the basis of the rotational policy, seniority and work experience. This is done to ensure suitability for job requirements and SQPs and SOPs. The employees of the Institute are given proper work environment & infrastructure for meeting the objectives prescribed in this manual.
- **Sample feedback cum suggestion form:**

MASTER COPY

1. Provide feedback on following parameters rating 1 for highly dissatisfied and 5 for highly satisfied:
 - a) Service reliability (timeliness/accuracy)
 - b) Responsiveness & empathy
 - c) Level of courtesy
 - d) Information & guidance
 - e) Office ambiance
 - f) Got what you wanted
 - 1) Any other suggestions, you would like to give for improvement.
-

SQM 10. SERVICE PROVISIONS:

The Institute ensures that services are provided by the organization taking into account expectations of the customers and regulatory requirements. Service delivery processes are in line with the objective defined. The institute ensures that quality of services outsourced shall not affect the overall service quality. The institute uses suitable training equipments for imparting training to customers.

SQM11. MANAGEMENT REVIEW

The top Management shall carry out Management Review twice in a year:

- a) Follow-up actions from previous reviews,
- b) *Reviewing Audit Reports,*
- c) Customer feedback including results of customer satisfaction surveys,
- d) Changing customer's requirements,
- e) Feedback from other stakeholders,
- f) Extent to which objectives are achieved,
- g) Status and progress of preventive/corrective measures,
- h) Review of processes performance, and recommendations for improvement.

The Management Review shall be followed by Internal Audit

SQM 12. CUSTOMER SATISFACTION:

The Institute has established and implemented a well knit system for measuring and enhancing customer's satisfaction on continual basis through appropriately designed methodology.

MASTER COPY

SQM 13. INTERNAL QUALITY AUDIT:

The Institute conducts the Internal Audit twice in a year to determine whether the Management System for the Service Quality conforms to the prescribed standards. Selection of auditors and conduct of audits shall ensure objectivity and impartiality of the audit process. Auditors shall not audit their own work. The auditees shall ensure that steps are initiated instantly to eliminate detected non-conformities and the reasons thereof. Follow-up activities shall include the verification of the actions taken and reporting of verification results. Finding of the Internal audits are retained to eliminate the Non-conformities. Non conformities noticed are to be recorded in the prescribed Proforma No. HIPA/Int. Audit. by the auditees

SQM 14. COMPLAINTS THROUGH MEDIA

If any complaint, grievance or any deviation comes to a notice from the Media or otherwise, the cognizance of the same shall be taken instantly and corrective/improvement measures shall be initiated without any loss of time.

SQM 15. IMPROVEMENT:

SQM 15.1- Corrective and Preventive Actions:

The Institute takes action to eliminate the causes(s) of non-conformities and potential cause(s) in order to prevent recurrence and occurrence respectively. These are appropriate to the effects of the non-conformities encountered and potential problems. Records of action taken and improvements affected are maintained.

SQM 16. IMPLEMENTATION

In order to ensure uniform implementation of the commitments and procedures laid down under **BIS IS 15700:2005**, the followings are provided as part of Service Quality Management System :

- Service Quality Manual
- Citizen's Charter
- Public Grievance Redress system

The Institute has designed and developed a well structured implementation, monitoring and evaluation system. The members of the top and middle management levels are assigned key roles.

- **Step-wise guide for implementing this SQM:**

MASTER COPY

- Appoint a senior officer (preferably Additional Director/Joint Director) to coordinate all activities as given in this SQM.
- Sensitize all officers in the Institute on the Citizen's Charter and about the requirements of this manual through workshops.
- Ensure implementation of standard operating procedures for delivery of services by top and middle level employees. The documented procedures and processes for this are given in this SQM. Office orders are to be issued to appoint officers/official as 'process owners' in-charge of each SOP. Instructions are to be issued to follow the operating procedures/SOPs.
- This SQM also provides for creating new SQPs and SOPs as per the requirement.
- Resources shall be provided to each SOP In-charge as per the need to meet service norms.
- Appoint the head of the unit/branch as Public Grievance officer to listen to the trainees' grievances and to address them.
- In case any service is purchased or outsourced, quality of such external input shall be audited and measured on the Institute's benchmarks so that it doesn't affect our service quality.
- For the benefit of the Citizen's Charter and Quality Policy shall be prominently displayed at HIPA and at DTCs.
- An audit plan shall be put in place as per SQM and two to three officers may be appointed as auditors. The internal audit team shall be trained to audit the way SQPs and SOPs are working. Audit of all the activities need to be carried out in format as per SQM. The auditors shall make periodic audits of records, highlight areas of non-conformance and work with other officers for timely addressing the issues.
- Records of internal audit and inputs from the process Incharge shall be considered by nodal officers (both at apex level and unit level) in a periodic meeting as per SQM. During initial stages, such meetings may be conducted more frequently to stabilize the SQPs and SOPs.
- Once processes/SOPs are stabilized and sustained performance is observed, the Institute approaches Bureau of Indian Standards (BIS) for certification.
- Post certification SQM is to be implemented as per the certifying agency's guidelines.
- Records for each step are to be maintained systematically.

MASTER COPY

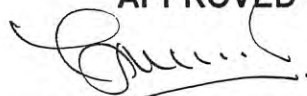
- In case of difficulty, Director General, HIPA may be approached for guidance.
- Retention of records : Retention of record shall be regulated by the relevant provisions of the retention schedule and rules framed by the State Government from time to time.

MASTER COPY

Amendments

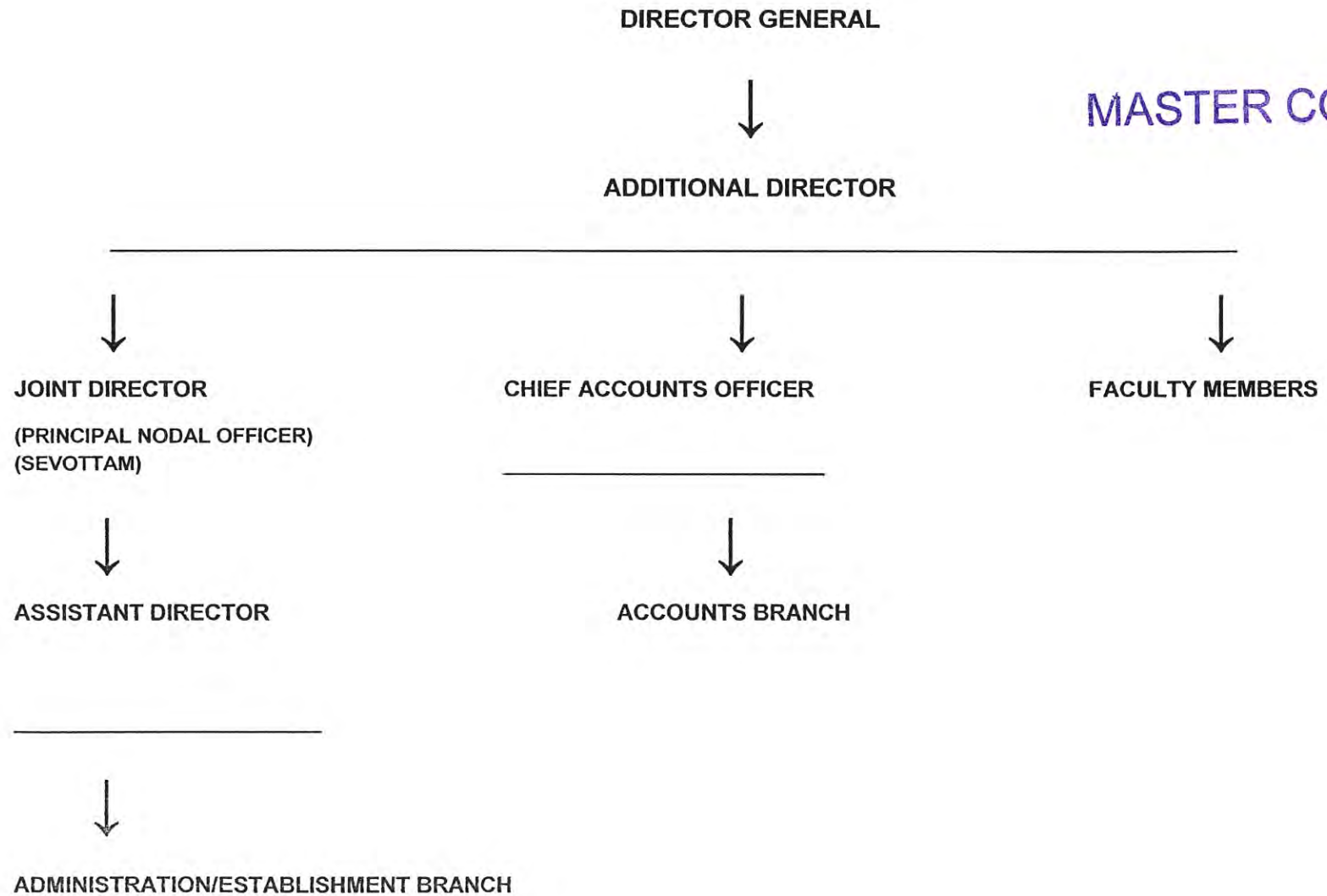
Sr. No.	Date	Particulars	Document No	Page No

APPROVED



Dr. G. Prasanna Kumar, IAS (Retd.)
Director General,
Haryana Institute of Public
Administration, Gurugram

ORGANIZATIONAL CHART OF HIPA



MASTER COPY

Master list of documents for BIS IS:15700 Certification:

S.No.	Name of Documents	Ref. No.	Issued No.	Issued Date
1.	Service Quality Manual : a) Scope of service quality management system b) Service quality policy c) Service quality objectives and complaints handling objectives	HIPA/SQM - 01	1	06.09.2017
2.	Citizen's Charter	HIPA/CC - 02	1	08.09.2017
3.	Standard Operating Procedures (SOPs) a. Administration/Establishment/Branch b. Finance and Accounts Branch c. Hostel Mess, Cleanliness and Sports & Gym Facilities d. Training & Research e. Library and Information Centre	HIPA/SOP/Admn. – 03 (i) HIPA/SOP/Fin. – 03 (ii) HIPA/SOP/Hostel –03 (iii) HIPA/SOP/Trg. – 03 (iv) HIPA/SOP/Lib. – 03 (v)	1	a. 29.09.2017 b. 29.09.2017 c. 22.09.2017 d. 8.09.2017 e. 11.09.2017
4.	IS 15700: 2005 Indian Standard Quality Management Systems – Requirements for Service Quality by Public Service Organizations	HIPA/MIS - 04	1	
5.	Registration Form for Training	HIPA/Trg./Reg. - 05	1	06.09.2017
6.	Course Evaluation Questionnaires for Sevottam Training	HIPA/Trg/Sev/Ev. - 06	1	06.09.2017
7.	Course Evaluation Questionnaires for Training,HIPA	HIPA/Trg/Ev. - 07	1	06.09.2017
8.	Non-Conformance Report	HIPA/Int. Audit./ - 08	1	06.09.2017

MASTER COPY