

## AUDIT PROGRAMME

**Audit Number:**

**Date:**

From:

IQAC/Quality head

**Kind Attention: Process Owners / Auditors.**

The Internal Audit programme is given below for the Quality Management Systems Audit of our institution on.....

**Please ensure that:**

- 1) You are available for audit and closing meeting that would be conducted by the Audit Team of **Internal Auditors**.
- 2) The concerned people are aware of audits, timings and requirements.
- 3) Any change required is regularised in consultation with the IQAC/Quality head coordinator.
- 4) Some of the people trained as Internal Auditors may be identified as observers / guides (To accompany the auditors as a follow up of the Internal Auditors Training Programme).

| Date | Time | Department/Process | Auditors | Sign. | Auditee | Sign. |
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**CLOSING MEETING AT \_\_\_\_\_**

**Coordinator/Quality head**

**Signature            of            IQAC**