

JALAL-ABAD INTERNATIONAL UNIVERSITY

PROCESS SPECIFICATION

Quality Management System

P1.2 — Management of the JAIU Education Quality Management System.

1. General Information About the Process

Process code:

P1.2

Process Name:

Management of the JAIU Education Quality Management System

Process group:

- Administrative
- Core
- Support
- Monitoring, Analysis, and Improvement
- scientific / social / other institutional

Basis:

JAIU QMS Process Register / JAIU QMS Process Map

Revision:

Effective date:

“_” _____ 20

2. Purpose of the Process

Purpose of the process:

To ensure the functioning, coordination, updating, and development of the JAIU education quality management system as a comprehensive, managed system encompassing quality policy, processes, documents, monitoring, evaluation, analysis, and improvement of the university's activities.

3. Process objective

Process objective:

To ensure the effective functioning of JAIU's QMS, its compliance with internal and external requirements, the maintenance of process- and risk-oriented approaches, as well as the continuous improvement of the quality of the university's educational, scientific, clinical, social, and support activities.

4. Process Owner

Process Owner:

Vice Rector for Educational Quality and Clinical Work

Responsible Department:

Department of Internal Monitoring and Educational Quality

Co-executors / Process Participants:

1. Rector;
2. Vice Rector for Academic Affairs;
3. Academic and Information Department;
4. dean's offices;
5. departments;
6. Quality Council;
7. Academic Council;
8. QMS process owners;
9. the Legal and Human Resources Department;
10. other structural units within their scope of authority.

5. Process Inputs

No.	Process Input	Input Source
1	Legislative and regulatory requirements in the field of education and quality	Government agencies, legislative acts of the Kyrgyz Republic
2	Quality policy, strategy, mission, vision	Top-level documents of JAIU
3	Process map and QMS process register	JAIU QMS
4	Results of monitoring, audits, self-assessment, and accreditation	OVMCO, UIO, process owners
5	Data on academic performance, student body, satisfaction, and resources	Educational Institutions, Deans' Offices, Departments
6	Feedback, suggestions, and comments from stakeholders	Students, faculty, employers, partners
7	Information on risks, nonconformities, and CAPA	Process owners, OVMCO

6. Process outputs

No.	Process Output	Recipient / User
1	Current QMS Document System	All departments of JAIU
2	Decisions on QMS improvement	Rector's Office, process owners
3	Improvement plans, CAPA, corrective actions	Process owners, departments
4	Analytical materials and quality reports	Quality Council, Rector's Office, Academic Council
5	Preparation for self-assessment and accreditation	Management, Academic Programs, Departments
6	Updated processes, indicators, and requirements	Process owners, departments

7. Customers (stakeholders)

No.	Stakeholder	Expected result
1	Rector's Office	A manageable and effective QMS
2	Departments and process owners	Clear rules, documents, and quality mechanisms
3	Faculty and staff	Transparent requirements and quality support
4	Students	Improving the quality of education and feedback
5	Employers and partners	High-quality educational outcomes
6	Accreditation and regulatory bodies	Evidence-based internal quality assurance system

8. Key stages (sub-processes) of the process

No.	Stage / Subprocess	Brief description of work	Person in Charge
1	Planning the operation of the QMS	Defining the goals, objectives, and development directions of the QMS	Vice Rector for Quality, OVMKO
2	Maintenance and updating of QMS documents	Revision of provisions, regulations, process maps, and process registers	OVMCO, document owners
3	Coordination of process owners	Methodological support for processes and departments	OVMCO
4	Organization of monitoring and internal evaluation	Data collection, audit, self-assessment, analysis of results	OVMKO, UIO
5	Management analysis of the QMS	Preparation of analytics and development of solutions	Rector's Office, Quality Council
6	Corrective and Preventive Actions	CAPA Development and Implementation Monitoring	OVMCO, process owners
7	Preparation for external quality assessment	Self-assessment, evidence, accreditation support	OVMCO, departments
8	Awareness Raising and Communication	Communicating QMS requirements, training, informing	OVMCO, UIO, deans' offices

9. Process resources

9.1. Human Resources

1. Vice Rector for Educational Quality and Clinical Work;
2. OVMKO specialists;
3. department heads;
4. process owners;
5. analytical and methodological staff.

9.2. Material and technical resources

1. employee workstations;
2. office equipment;
3. rooms for meetings, monitoring, and audits.

9.3. Information and digital resources

1. eBilim;
2. electronic document management;
3. QMS document registry;
4. process map and register;
5. monitoring databases, reports, questionnaires;
6. official website;
7. corporate email.

9.4. Financial and Organizational Resources

1. organizational support from the rector's office;
2. resources for monitoring, self-assessment, and accreditation procedures;
3. time and participation of departments.

10. Regulatory and Documentary Support for the Process

No.	Document	Code / Reference	Note
1	JAIU Quality Policy	QMS-01-04	Top Level
2	Regulations on the Education Quality Management System	QMS-01-08	QMS Framework Document
3	Education Quality Manual	QMS-01-09	QMS Operating Mechanisms
4	QMS Process Map of JAIU	QMS-01-06	Process Architecture
5	JAIU QMS Process Register	QMS-01-10	List of Processes
6	Quality Monitoring Regulations	QMS-40-02	QMS Monitoring
7	Regulations on Internal Audit and Self-Assessment	QMS-40-03	Internal Assessment
8	Regulations on Management Analysis of the QMS	QMS-40-09	Management Analysis
9	CAPA Regulations / Improvement Plans	QMS-60-04	Corrective Actions
10	Nonconformity Management Procedure	QMS-60-03	Handling Nonconformities

11. Process Records

No.	Record Title	Form / Medium	Storage location	Retention period
1	Quality Work Plans	Document / electronic file	OVMKO	By item
2	Quality analytical reports	Document / report	OVMKO	By product range
3	Minutes of the Quality Council and the Rector's Office	Minutes	Office / Archives	By file number
4	Monitoring, audit, and self-assessment reports	Document / file	OVMCO	By nomenclature

5	Improvement plans and CAPA	Document / table	OVMCO / Departments	By product line
6	QMS Document Review Sheets	Paper / electronic medium	Departments / Archive	By classification
7	Accreditation materials and implementation of recommendations	Document / electronic archive	OVMCO	By nomenclature

12. Process performance indicators

No.	Indicator	Unit of measurement	Target value	Data source	Frequency of analysis
1	Availability of current top-level QMS documents	yes/no	Yes	QMS document register	annually
2	Percentage of processes and documents updated on time	%	Not lower than the established target	Register, revision plans	half-year / year
3	Availability of monitoring and self-assessment reports	yes/no	Yes	OVMCO reports	Half-year / Year
4	Percentage of corrective actions completed	%	as planned	CAPA, reports	quarter / half-year
5	Number of overdue non-conformities	units	downward trend	Non-compliance register	quarter
6	Availability of QMS management analysis	yes/no	Yes	Minutes, reports	annually
7	Readiness for external evaluation / accreditation	% / yes-no	as planned	Self-assessment, roadmaps	by cycle

13. Process risks

No.	Risk	Possible causes	Consequences	Response measures
1	Formal nature of the QMS	Insufficient involvement of departments	Reduced system effectiveness	Training, monitoring, personal accountability
2	Untimely updating of documents	Lack of a review schedule	Outdated documents and requirements	Revision schedule, update log
3	Poor monitoring quality	Incomplete data, weak analytics	Erroneous decisions	Strengthening analytical work, standardized data

				formats
4	Failure to implement corrective actions	Weak monitoring of deadlines and accountability	Recurrence of nonconformities	CAPA monitoring, implementation reports
5	Low readiness for accreditation	Non-systematic collection of evidence	Risks of observations and nonconformities	Preparation plan, evidence matrix
6	Discrepancy between the QMS and actual practice	Documents are not used in processes	Formal quality system	Integration of the QMS into the day-to-day operations of departments

14. Nonconformities and corrective actions

No.	Possible nonconformity	Method of detection	Corrective action	Responsible
1	Absence of a current QMS document	Audit, review of the register	Review and approval of the document	QMS / document owner
2	Non-compliance with QMS requirements by departments	Monitoring, audit	Clarification, process correction, control	Process owners, QMS Owner
3	Lack of monitoring reports	Document review	Setting deadlines and assigning responsibilities	OVMCO, departments
4	Failure to implement CAPA	Monitoring of implementation	Re-analysis of causes, increased monitoring	Process owners, OVMCO
5	Non-compliance of accreditation preparation with the plan	Self-assessment, roadmap	Plan adjustment, resource reallocation	Rector's Office, OVMCO

15. Interrelationship with other processes

No.	Related process	Nature of relationship
1	P1.1 Strategic Management and Development of JAIU	The QMS ensures the implementation of strategic decisions
2	P1.3 Management of the regulatory framework and documented information	Regulatory documentation of the QMS
3	P1.5 Control of risks, nonconformities, and improvements	Link to risks and CAPA
4	P4.1 Monitoring of Education Quality Indicators	Primary data source for QMS management
5	P4.3 Internal audit and self-assessment	QMS evaluation mechanism
6	P4.5 Management review of the QMS	Final Analysis of System Performance
7	All core and support processes	The QMS sets uniform requirements for their management

16. Criteria for evaluating process effectiveness

16.1. A process is considered effective when:

1. an up-to-date and controlled QMS documentation system is in place;
2. regular monitoring, self-assessment, and management review are conducted;
3. the implementation of improvement plans and corrective actions;
4. the confirmed applicability of the QMS in the activities of the university's departments;
5. the university's readiness for internal and external quality assessments.

16.2. The results of the process are reviewed at the level of:

1. the Rector's Office;
2. the Quality Council;
3. the Academic Council;
4. process owners and department heads.

17. Procedure for Monitoring and Revising the Process Specification

17.1. Monitoring of process effectiveness is carried out by the Vice Rector for Educational Quality and Clinical Work, the Office of Quality Management and Control (OVMKO), and other authorized departments in accordance with the established schedule.

17.2. The process specification is subject to revision in the following cases:

1. changes to the QMS model;
2. changes in the process owner;
3. changes in regulatory requirements;
4. changes to the process map or registry;
5. based on the results of an audit, self-assessment, accreditation, or management review.

18. Final Provisions

18.1. This Process Specification shall enter into force in accordance with established procedures.

18.2. Responsibility for monitoring compliance with this Process Specification rests with the process owner and the relevant responsible departments.

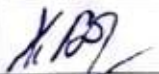
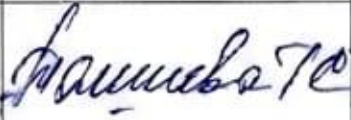







CHANGE LOG

Change No.	Basis for Amendment	Pages	Summary of the amendment	Revision	Signature	Date
1						
2						
3						

Edition: 1.000

Effective date: “ ” 20

APPROVAL SHEET

No	Position / Role	Full Name	Signature	Date
1	Developed by	Kanetova D.E.		29.12.25
2	Approved: head of the responsible department			29.12.25
3	Approved: Head of the Educational and Informational Department	Kanetova D.E.		29.12.25
4	Approved: leading specialist for quality	Kalmuratova A.		29.12.25
4	Approved: head of the legal affairs and human resources department / lawyer	Sydykova B.J.		29.12.25
5	Approved: vice-rector for academic affairs	Sadyrova N.A.		29.12.25
6	Approved: vice-rector for science, SR and GE	Asilova Z.A.		29.12.25
7	Endorsed / considered in the established manner	JASU Scientific Council		29.12.25.

