

JALAL-ABAD INTERNATIONAL UNIVERSITY

PROCESS SPECIFICATION

Quality Management System

1. General Information about the Process

Process Code:

P1.3

Process Name:

Management of the Regulatory Framework and Documented Information at JAIU

Process group:

- Management
- 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 a unified procedure for the development, coordination, approval, recording, updating, storage, use, and archiving of local regulations, QMS documents, and other documented information of JAIU.

3. Process objective

Process objective:

To ensure the currency, manageability, accessibility, identifiability, and traceability of JAIU's regulatory framework and documented information for the effective functioning of the quality management system, the educational process, and administrative activities.

4. Process Owner

Process owner:

Head of the Legal and Human Resources Department / Head of the Authorized Documentation Unit

Responsible Department:

Legal Affairs and Human Resources Department / Administrative Office
in coordination with the Department of Internal Monitoring and Education Quality

Co-executors / Process Participants:

1. Rector's Office;
2. Internal Monitoring and Education Quality Department;
3. Academic and Information Department;
4. document and process owners;
5. dean's offices;

6. departments;
7. IT Department / those responsible for electronic document management;
8. other structural units of JAIU.

5. Process Inputs

No.	Process Input	Input source
1	Requirements of Kyrgyz legislation and regulatory acts	Government agencies, official sources
2	Need to develop or revise documents	Rector's Office, OVMKO, departments
3	Changes in organizational structure and processes	JAIU Administration
4	Results of monitoring, audits, self-assessment, and accreditation	OVMCO, departments
5	Suggestions for improving documents	Process owners, departments
6	Changes to strategy, quality policy, process model	Rector's Office, Quality Council

6. Process outputs

No.	Process Output	Recipient / User
1	Current Local Regulations of JAIU	All JAIU departments
2	Current register of QMS documents	OVMKO, management, departments
3	Approved versions of documents	Document owners, users
4	Archive of documents and change logs	Administrative Office / Archive / Responsible Departments
5	Controlled version and revision system	Management, departments
6	Up-to-date documents available to users	Employees, trainees, stakeholders

7. Customers (stakeholders)

No.	Stakeholder	Expected result
1	Rector's Office	Up-to-date and manageable regulatory framework
2	JAIU Departments	Access to current documents
3	Process owners	Uniform procedure for handling documents
4	Faculty and staff	Clear and up-to-date regulations
5	OVMKO	Current QMS documents
6	Accreditation and regulatory bodies	Verified controllability of documentation

8. Main stages (subprocesses) of the process

No.	Stage / Subprocess	Brief description of work	Responsible
1	Initiation of document	Determining the need for a new	Rector's Office /

	development / revision	document or updating an existing one	Initiating Department
2	Preparation of a draft document	Drafting the text according to the established template	Document developer / owner
3	Approval of the draft	Legal, functional, and organizational review	Authorized departments
4	Review and approval	Review in accordance with established procedures and approval	Rector / collegial body
5	Registration and Coding	Assignment of a code, entry into the registry, recording of the version	Responsible department
6	Distribution of the document to users	Posting, distribution, review, publication	Office / UIO / OVMCO
7	Storage and archiving	Ensuring version control, storage, and archiving	Office / Archives / IT
8	Monitoring relevance	Reviewing the need for updates and monitoring status	OVMCO / document owners

9. Process resources

9.1. Human Resources

1. staff of the Legal and Human Resources Department;
2. staff of the administrative office;
3. OVMCO specialists;
4. document owners;
5. responsible staff members of the departments.

9.2. Material and technical resources

1. workstations;
2. office equipment;
3. equipment for printing, copying, and storing documents.

9.3. Information and digital resources

1. electronic document management;
2. QMS document registry;
3. electronic archive;
4. local area network;
5. eBilim;
6. corporate email;
7. official website.

9.4. Financial and Organizational Resources

1. organizational support from the rector's office;
2. time and participation of structural units;
3. resources for archiving and digital support.

10. Regulatory and Documentary Support for the Process

No.	Document	Code / Reference	Note
1	Regulations on the System of Regulatory Documents of JAIU	SMK-70-01	Base document
2	Regulations for Maintaining the QMS Document Registry	SMK-70-02	Document Control
3	Regulations for the Development, Coordination, Approval, Record-Keeping, and Revision of Local Normative Acts	QMS-70-03	Basic Procedure
4	Regulations for Working with Electronic Documents	SMK-70-04	Electronic Document Management
5	Register of QMS Documents of JAIU	SMK-70-05	Central Accounting
6	List of QMS Files and Retention Periods	QMS-70-06	Document Retention
7	Regulations on the Information Policy of JAIU	SMK-70-07	Accessibility and Publication
8	Regulations on the Education Quality Management System	QMS-01-08	Top Level
9	Education Quality Manual	QMS-01-09	Link to the Quality System

11. Process Records

No.	Record Title	Form / Medium	Storage location	Retention period
1	QMS Document Register	Electronic file / paper document	OVMKO / Office	By document type
2	Document Approval Sheets	Paper / electronic medium	In the document file	By classification
3	Change log sheets	As part of the document	In the document file	By nomenclature
4	Orders approving documents	Document	Office / Archives	By classification
5	Archived versions of documents	Paper / electronic archive	Archive / IT	By classification
6	Acknowledgment / receipt sheets	Paper / electronic media	Divisions	By product line

12. Process performance indicators

No.	Indicator	Unit	Target value	Data source	Frequency of analysis
1	Percentage of	%	as planned /	Document	half-year /

	documents with the latest version		100% of critically important	registry	year
2	Percentage of documents reviewed on time	%	according to the revision schedule	Register, plans	half-year / year
3	Existence of a unified QMS document registry	yes/no	Yes	Register	ongoing
4	Percentage of documents with completed change sheets	%	100% of documents updated	Documents	Half-year
5	Number of identified cases of outdated versions being used	units	downward trend / 0	Audit, monitoring	quarter
6	Availability of current documents to users	% / yes-no	in accordance with established procedures	Verification of posting	half-year

13. Process risks

No.	Risk	Possible causes	Consequences	Response measures
1	Use of outdated document versions	Delayed updates, poor oversight	Non-compliance, inconsistencies	Version control, centralized registry, distribution of updates
2	Lack of document consistency	No standard templates or verification	Discrepancies in local regulations	Approval of templates and centralized coordination
3	Untimely revision of documents	No revision schedule	Regulatory framework becoming outdated	Revision plan and deadline monitoring
4	Loss of documents or archived versions	Inadequate storage and archiving	Loss of evidence and change history	Electronic archive, backup
5	Insufficient document accessibility for users	Disorganized storage	Errors in document usage	Centralized storage in current sources

14. Discrepancies and corrective actions

No.	Possible discrepancy	Method of detection	Corrective Action	Responsible
1	Document missing from the registry	Audit, review of the registry	Entry into the registry, registration	Responsible department
2	The document does not have a current version	Monitoring, audit	Review and approval of a new version	Document owner
3	Users are working	Checking	Removal of outdated	Office /

	with an outdated version	departments	copies, distribution of the current version	Department
4	No approval sheet or change log	Document review	Document completion	Document developer / owner
5	No confirmation of review	Monitoring of implementation	Organizing employee training	Department Head

15. Relationship with other processes

No.	Related process	Nature of the relationship
1	P1.2 Management of the Education Quality Management System	The regulatory framework ensures the functioning of the QMS
2	P1.5 Management of risks, nonconformities, and improvements	Documents are revised based on the results of the analysis
3	P4.3 Internal audit and self-assessment	The audit identifies discrepancies in the documentation
4	P4.5 Management review of the QMS	Data on the relevance and controllability of documents is used
5	All processes P2, P3, P4, P5	Each process uses documents and generates records

16. Process Performance Evaluation Criteria

16.1. A process is considered effective if:

1. there is a single, up-to-date document registry;
2. document development and revision deadlines are met;
3. the elimination of outdated versions;
4. there is a managed system for registration, storage, and archiving;
5. current documents are accessible to users.

16.2. The results of the process are reviewed by:

1. the process owner;
2. the OVMCO;
3. the Rector's Office;
4. the Quality Council;
5. other authorized bodies, if necessary.

17. Procedure for Monitoring and Reviewing the Process Specification

17.1. The process owner, the OVMCO, the administrative office, and other authorized departments monitor the effectiveness of the process in accordance with the established frequency.

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

1. changes to the document coding and accounting system;
2. changes in the process owner;
3. changes in regulatory requirements;
4. the introduction of new electronic document management systems;
5. based on the results of audits, self-assessments, and management analysis.

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.

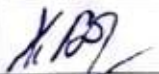
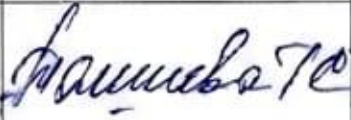







CHANGE LOG

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

Edition: 1000

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.

