

REGULATIONS

for Nonconformity and Corrective Action Management

at Jalal-Abad International University

1. General Provisions

1.1. These Regulations for the Management of Nonconformities and Corrective Actions at Jalal-Abad International University establish a unified procedure for identifying, recording, analyzing, and resolving nonconformities, as well as for planning, implementing, and evaluating the effectiveness of corrective actions at the university.

1.2. These Regulations apply to all structural units, quality management system processes, educational programs, and types of core, supporting, scientific, social, educational, and administrative activities at JAIU.

1.3. These Regulations constitute a local regulatory act of the university and are applied in conjunction with JAIU's local acts on internal audit, quality monitoring, risk management, document management, handling of inquiries, development and implementation of improvement plans, as well as other documents of the quality management system.

1.4. These Regulations have been developed to ensure a systematic approach to addressing identified nonconformities, preventing their recurrence, improving process effectiveness, and ensuring compliance with the requirements of state accreditation for medical educational institutions in the Kyrgyz Republic regarding monitoring, internal control, analysis, improvement, and the implementation of corrective actions.

1.5. The requirements of these Regulations are mandatory for compliance by heads of structural units, process owners, officials, employees, and other responsible participants in the university's processes within the scope of their authority.

2. Objectives and Tasks

2.1. The objective of these Regulations is to establish a unified and documented procedure for managing nonconformities and corrective actions at JAIU.

2.2. The main objectives of these Regulations are:

2.2.1. timely identification of nonconformities in the university's activities;

2.2.2. to record and track nonconformities;

2.2.3. to determine the causes of nonconformities;

2.2.4. to define and implement corrective actions;

2.2.5. monitoring the deadlines for implementing measures;

2.2.6. evaluating the effectiveness of the actions taken;

2.2.7. Prevention of recurrence of nonconformities;

2.2.8. using the results of the nonconformity analysis to improve processes, educational programs, and the university's operations as a whole.

3. Key Concepts

3.1. **Nonconformity** — failure to meet an established requirement of an internal or external regulatory legal act, standard, provision, regulation, instruction, procedure, plan, indicator, quality criterion, or licensing or accreditation requirement.

3.2. **Correction** — an action aimed at eliminating an identified nonconformity.

3.3. **Corrective action** — an action aimed at eliminating the cause of an identified nonconformity in order to prevent its recurrence.

3.4. **Preventive action** — an action aimed at preventing a potential nonconformity.

3.5. **Process owner** — an official responsible for the organization, operation, and effectiveness of a specific process within the quality management system.

3.6. **Effectiveness of a corrective action** — the extent to which the implemented action has eliminated the cause of the nonconformity and prevented its recurrence.

4. Principles of nonconformity management

4.1. Legality and compliance with internal and external requirements.

4.2. Objectivity and Documentation.

4.3. Timely response.

4.4. Analysis of causes, not just recording of consequences.

4.5. Personal accountability of process owners and department heads.

4.6. Traceability of actions from the identification of a nonconformity to its closure.

4.7. Use of nonconformity data for systematic improvement of university operations.

5. Sources of nonconformity identification

5.1. Nonconformities may be identified based on the results of:

5.1.1. internal audits;

5.1.2. self-assessments of educational programs and university operations;

5.1.3. monitoring of process indicators and KPIs;

5.1.4. analysis of academic performance, quality of knowledge, and midterm and final assessments;

5.1.5. analysis of feedback from students, staff, parents, alumni, employers, and other

stakeholders;

5.1.6. analysis of surveys and feedback;

5.1.7. reviewing local regulations, records, reports, logs, ledgers, and other documents;

5.1.8. external audits, expert evaluations, and accreditation procedures;

5.1.9. incidents, violations, complaints, comments, and official reports;

5.1.10. monitoring the implementation of decisions made by the Rector's Office, the Academic Council, the Quality Council, and other collegial bodies.

6. Classification of Nonconformities

6.1. Nonconformities are classified by degree of significance as follows:

6.1.1. **significant** — those having a substantial impact on the quality of the educational process, students' rights, and compliance with licensing, accreditation, and other mandatory requirements;

6.1.2. **minor** — those that do not have a significant impact but require correction;

6.1.3. **Recurring** — previously identified but not adequately addressed, or those that have reoccurred;

6.1.4. **Potential** — identified risks capable of leading to non-compliance.

6.2. Based on the nature of the nonconformity, they may relate to:

6.2.1. documents and records;

6.2.2. the educational process;

6.2.3. evaluation and certification;

6.2.4. personnel procedures;

6.2.5. resource provision;

6.2.6. safety of the educational environment;

6.2.7. research activities;

6.2.8. transparency;

6.2.9. implementation of internal decisions and plans.

7. Powers and Responsibilities

7.1. The **University Rector**:

7.1.1. provides overall leadership of the nonconformity management system;

7.1.2. makes decisions regarding significant nonconformities and corrective actions;

7.1.3. approves corrective actions, if provided for by established procedures.

7.2. **Vice Rectors for Specific Areas of Activity**:

7.2.1. coordinate the resolution of nonconformities in their respective areas of responsibility;

7.2.2. monitor the implementation of corrective actions within their authority.

7.3. **Department of Internal Monitoring and Quality of Education**:

7.3.1. coordinates the nonconformity management process;

7.3.2. organizes the recording, tracking, summarization, and analysis of information regarding nonconformities;

- 7.3.3. monitors the deadlines for implementing corrective actions;
- 7.3.4. participates in the analysis of the causes of nonconformities;
- 7.3.5. provides summary information on nonconformities for management analysis.

7.4. Process owners:

- 7.4.1. ensure the identification, recording, and review of nonconformities in accordance with and established processes;
- 7.4.2. organize the development and implementation of corrective actions;
- 7.4.3. are responsible for eliminating the causes of nonconformities and preventing their recurrence.

7.5. Heads of organizational units:

- 7.5.1. ensure the implementation of measures to eliminate nonconformities;
- 7.5.2. submit supporting documentation regarding implementation;
- 7.5.3. participate in evaluating the effectiveness of corrective actions.

7.6. University employees are required to:

- 7.6.1. report identified nonconformities within their scope of authority;
- 7.6.2. participate in resolving nonconformities and implementing corrective actions as directed by management.

8. Nonconformity Management Procedure

8.1. Identification of Nonconformities

- 8.1.1. A nonconformity is considered identified from the moment it is established during an inspection, monitoring, audit, analysis, review of a complaint, or other established action.
- 8.1.2. The person who identifies a nonconformity is required to report it to the department head, the process owner, or the Quality Management Department.

8.2. Recording of Nonconformities

- 8.2.1. Every nonconformity must be recorded in the prescribed form.
- 8.2.2. Recording may be done in a log, nonconformity register, audit report, memo, analytical report, report, or other document approved by the university.
- 8.2.3. The following shall be indicated upon recording:

1. the date of detection;
2. source of detection;
3. a brief description of the nonconformity;
4. department or process;
5. the responsible person;
6. severity;
7. preliminary response measures.

8.3. Initial Analysis

8.3.1. After registration, an initial analysis of the nonconformity is conducted.

8.3.2. The analysis determines:

1. the nature of the nonconformity;
2. the affected processes, documents, departments, and training programs;
3. possible consequences;
4. the urgency of the response;
5. the need for corrective actions.

8.4. Analysis of the causes of nonconformity

8.4.1. A mandatory analysis of the causes is conducted for significant, recurring, and systemic nonconformities.

8.4.2. The root cause analysis may consider organizational, personnel, methodological, resource, managerial, documentation, technological, and other factors.

8.4.3. The results of the root cause analysis shall be documented.

8.5. Decision-making

8.5.1. Based on the results of the analysis, a decision is made regarding:

1. implementing a correction;
2. developing a corrective action;
3. developing a preventive action;
4. Including the measure in the improvement plan or CAPA plan;
5. the need to revise a document, procedure, instruction, or protocol;
6. conducting an additional inspection.

8.6. Planning Corrective Actions

8.6.1. If necessary, a corrective action plan is prepared.

8.6.2. The corrective action plan shall specify:

1. a description of the nonconformity;
2. the identified cause;
3. measures to eliminate the cause;
4. the person responsible;
5. deadline;
6. required resources;
7. form of completion confirmation;
8. procedure for evaluating effectiveness.

8.7. Implementation of Corrective Actions

8.7.1. Responsible persons are required to carry out the measures within the established deadlines.

8.7.2. If completion within the established timeframe is not possible, the responsible person must provide justification for an extension and an updated plan.

8.8. Verification of effectiveness

8.8.1. After the measures have been implemented, the effectiveness of the corrective actions is evaluated.

8.8.2. The effectiveness assessment includes determining:

1. whether the nonconformity has been resolved;
2. whether its cause has been eliminated;
3. whether a similar nonconformity recurs;
4. whether the expected result has been achieved.

8.8.3. If the results are unsatisfactory, additional measures are assigned.

8.9. Closing a Nonconformity

8.9.1. A nonconformity is considered closed after:

1. the approved actions have been completed;
2. documentary confirmation of completion;
3. a positive assessment of the results.

8.9.2. Information regarding the closure of the nonconformity is recorded in the relevant record.

9. Timelines

9.1. Deadlines for resolving nonconformities are established taking into account their significance, impact on the university's operations, risks, and the scope of required actions.

9.2. Significant nonconformities shall be addressed as a priority.

9.3. Deadlines are monitored by process owners, department heads, and the Quality Management Department.

10. Monitoring and Analysis of Nonconformities

10.1. Information on identified nonconformities is subject to periodic analysis.

10.2. The analysis includes:

- 10.2.1. the number of identified nonconformities;
- 10.2.2. distribution by process type and department;
- 10.2.3. the recurrence of nonconformities;
- 10.2.4. causes of nonconformities;
- 10.2.5. the percentage of corrective actions implemented and closed;
- 10.2.6. an assessment of the effectiveness of corrective actions;

10.2.7. the impact of nonconformities on educational programs, processes, and performance results.

10.3. The results of the analysis are used:

10.3.1. in internal audits;

10.3.2. for self-assessment;

10.3.3. in quality monitoring;

10.3.4. in the development of improvement plans;

10.3.5. in management reviews of the quality management system.

11. Documents and Records

11.1. The following documents and records are used within the scope of these Regulations:

1. nonconformity log/register;
2. nonconformity report form;
3. corrective action plan form;
4. corrective action completion report form;
5. summary report on nonconformities;
6. analytical report on recurring nonconformities;
7. internal audit, monitoring, self-assessment, complaint, and CAPA documents.

11.2. Documents and records related to these Regulations shall be stored and accounted for in accordance with the procedures established by the university.

12. Final Provisions

12.1. These Regulations shall enter into force by order of the Rector of JAIU.

12.2. Amendments and additions to these Regulations shall be made in accordance with the procedures established by the university.

12.3. Oversight of the implementation of these Regulations is entrusted to the Department of Internal Monitoring and Quality of Education, process owners, and heads of structural units within the scope of their authority.

APPENDIX 1. NON-CONFORMITY REGISTRATION FORM

**JALAL-ABAD INTERNATIONAL UNIVERSITY
QUALITY MANAGEMENT SYSTEM**

Non-conformity Report Form

1. **Nonconformity Registration Number:** _____
2. **Date of Detection:** «_» _____ 20
3. **Source of nonconformity:**
 - internal audit
 - monitoring
 - self-assessment
 - inquiry / complaint
 - performance analysis
 - documentation review
 - External audit / accreditation
 - Incident / violation
 - Other: _____
4. **Process/Department Name:**

1. **Responsible department:**

1. **Person in charge:**

1. **Brief description of the non-compliance:**

1. **Violated requirement / document / criterion:**

1. **Non-conformity category:**

- Significant
- Minor

- Recurring
- Potential

2. **Possible consequences/risks:**

1. **Initial response measures (if taken):**

1. **Need for corrective action:**

- Yes
- No
- Further analysis required

2. **Person responsible for root cause analysis:**

1. **Deadline for submitting root cause analysis:**

"_" _____ 20

2. **Full name of the person who reported the nonconformity:**

1. **Signature:** _____

2. **Date of registration:** " _ " _____ 20

APPENDIX 2. CORRECTIVE ACTION PLAN FORM

**JALAL-ABAD INTERNATIONAL UNIVERSITY
QUALITY MANAGEMENT SYSTEM**

Corrective Action Plan

Nonconformity Registration Number: _____

Date of plan preparation: “_” _____ 20

No.	Description of Nonconformity	Identified Cause	Corrective action	Person responsible	Deadline	Supporting document / result	Completion mark
1							
2							
3							

Assessment of required resources

Procedure for verifying effectiveness

Person responsible for monitoring implementation

Deadline for performance review

“_” _____ 20

Prepared by: _____

Position: _____

Signature: _____

Approved by: _____

Signature: _____

APPENDIX 3

FORM FOR REPORTING ON THE IMPLEMENTATION OF CORRECTIVE ACTIONS

JALAL-ABAD INTERNATIONAL UNIVERSITY
QUALITY MANAGEMENT SYSTEM

Report on the Implementation of Corrective Actions

1. **Nonconformity Registration Number:** _____
2. **Date of nonconformity identification:** «_» _____ 20
3. **Department / Process:**

1. **Brief description of nonconformity:**

1. **Corrective actions taken:**

1. **Date of completion of corrective actions:**
“_” _____ 20

2. **Supporting documents / evidence of completion:**

1. **Effectiveness assessment:**
 - Non-compliance resolved
 - Cause resolved
 - No recurrence detected
 - Additional measures are required
2. **Conclusion on effectiveness:**

-
-
1. **Decision:**
 - Non-compliance resolved
 - Extend the deadline
 - Assign additional corrective actions
 2. **Person responsible for verifying effectiveness:**

-
1. **Signature:** _____
 2. **Date:** “_” _____ 20

LOG
of Nonconformities
of Jalal-Abad International University

Responsible department: _____

Logbook period: from "" _____ 20 to "" _____ 20

No.	Registration number	Date of detection	Source of identification	Process / Department	Brief description of nonconformity	Non-conformity category	Person responsible
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Explanation of the log columns

Registration number — a unique discrepancy number.

Recommended format:

N/2026/001, N/2026/002, etc.

Source of detection — for example:

1. internal audit;
2. monitoring;
3. self-assessment;
4. complaint;
5. performance analysis;
6. external review;
7. accreditation;
8. incident;
9. document review.

Process / department — for example:

1. P2 Organization of the educational process;
2. P4 Assessment of learning outcomes;
3. department;
4. Dean's Office;
5. UIO;
6. OVMC;
7. Simulation Center.

Category of non-compliance:

1. significant;
2. minor;
3. recurring;
4. potential.

Action taken — for example:

1. correction;
2. corrective action;
3. include in CAPA;
4. revise the document;
5. conduct an additional inspection.

Status:

1. Open;
2. in progress;
3. completed;
4. closed;
5. extended.

Example of how to fill out

No.	Registration number	Date of detection	Source of detection	Process / Department	Brief description of nonconformity	Non-conformity category	Person responsible	Decision made	Deadline	Completion status	Closure date	Note
1	No. 2026/001	March 12, 2026	Internal Audit	P4 / Department	No approved set of teaching materials for the course	significant	Head of Department	Develop and approve the set of FOS	March 25, 2026	In progress		
2	No. 2026/002	March 15, 2026	Monitoring	P2 / UIO	Attendance data for the past 2 weeks is	Minor	UIO Specialist	Make corrections and ensure	March 18, 2026	Closed	03/18/2026	Corrected

					missing from the electronic log				e the data is entered						
--	--	--	--	--	---------------------------------	--	--	--	-----------------------	--	--	--	--	--	--

Log maintained by: _____ **Position:** _____

Signature: _____ **Verified by:** _____ **Position:** _____

Signature: _____

SUMMARY REGISTER

of Nonconformities and Corrective Actions (CAPA)

of Jalal-Abad International University

Responsible Department: _____

Reporting period: from "" _____ 20 to "" _____ 20

No.	Registration number	Date of detection	Source of identification	Process / Department	Description of nonconformity	Category	Determined cause	Corrective action	Person Responsible	Deadline	Confirmation of result	Status	Performance evaluation	Closure date	Note
1															
2															

Explanation of columns

Registration number

Recommended format:

N/2026/001, N/2026/002

Source of identification

1. Internal audit
2. Monitoring
3. self-assessment
4. complaint
5. performance analysis
6. external review
7. accreditation
8. incident
9. document review

Category

1. significant
2. minor
3. recurring
4. Potential

Identified cause

The cause is briefly noted:

1. missing document;
2. non-compliance with procedure;
3. staff shortage;
4. technical failure;
5. insufficient oversight;
6. delayed execution;
7. lack of awareness;
8. resource shortage.

Status

1. Open
2. in progress
3. Completed
4. Closed
5. Extended

Performance evaluation

1. Effective
2. Partially effective
3. ineffective
4. Repeat action required

Example of completion

No.	Registration number	Date of detection	Source of identification	Process / Department	Description of nonconformity	Category	Identified cause	Corrective action	Person responsible	Deadline	Confirmation of result	Status	Performance evaluation	Closure date	Note
1	N/2026/001	March 12, 2026	Internal Audit	P4 / Department	No approved set of teaching materials for	significant	Development by the department is not	Develop, coordinate, and approve	Head of Department	March 25, 2026	Approved set of FOS, order	Closed	successful	March 24, 2026	

					the course		complete	the set of FOS							
2	No. 2026 /002	March 15, 2026	monitoring	P2 / UIO	Attendance data not entered in eBilim	Minor	Insufficient data entry control	Conduct corrections, training, and re-inspection	UIO specialist	March 18, 2026	logged out, screenshot from the system	Closed	successfully	March 18, 2026	
3	No. 2026 /003	March 20, 2026	Appeal	C1 / Dean's Office	Delayed review of a student's appeal	Recurring	Lack of a deadline and a designated person	Set a deadline, assign a responsible person, maintain a log	Academic Affairs Office Coordinator	March 27, 2026	log of inquiries, written response	in progress			

Brief administrative section

Prepared by: _____

Position: _____

Signature: _____

Verified by: _____

Position: _____

Signature: _____

Approved by: _____

Title: _____

Signature: _____

DOCUMENT APPROVAL SHEET

of the QMS document of JAIU

No.	Position	Full Name	Signature	Date
1	Prepared by			
2	Approved by: Head of the responsible department			
3	Approved by: Head of the Training and Information Department			
4	Approved by: Head of the Legal and Human Resources Department / Legal Counsel			
5	Approved by: Vice Rector for Academic Affairs			
6	Approved / reviewed in accordance with established procedures			

CHANGE REGISTRATION SHEET

of the QMS Document of JAIU

Change No.	Reason for the change	Sheets (pages)	Summary of the change	Revision	Signature	Date
1						
2						
3						
4						
5						

Revision: __

Effective Date: “_” _____ 20

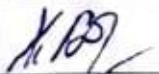
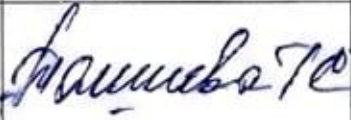







CHANGE LOG

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.

