

GURUKULA KANGRI

(Deemed to be University)

Haridwar, Uttarakhand — Founded 1902

INTERNAL QUALITY ASSURANCE CELL (IQAC)

EXTERNAL ADMINISTRATIVE AUDIT REPORT

Academic Year 2024–2025

Overall Grade

A+

Total Score

667.67 / 800

Prepared by: IQAC Administrative Audit Committee

Date of Report: March 2025

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1. Executive Summary

The Internal Quality Assurance Cell (IQAC) of Gurukula Kangri (Deemed to be University), Haridwar, conducted the External Administrative Audit for the Academic Year 2024–25 based on the GKV Administrative Audit Manual aligned with NAAC, UGC, NEP 2020, and NIRF frameworks. Data and documents were collected from all major administrative offices including the Vice-Chancellor's Office, Registrar's Office, Finance Office, Controller of Examinations, Dean Student Welfare, IT Services, Central Library, and IQAC. Offices filled only the criteria relevant to their respective jurisdictions as per the audit design.

The audit covered 8 criteria with 42 parameters, each scored on a scale of 0–100. The criterion score is the arithmetic average of its parameter scores. The grand total is the sum of all criterion scores out of a maximum of 800. Gurukula Kangri has achieved a Grand Total of 667.67 / 800, placing it in the A+ category.

| Criterion | Title | Reporting Office | Score | Max |
|--------------------------------|--|--|---------------|------------|
| Criterion 1 | Governance, Leadership & Institutional Management | <i>Vice-Chancellor's Office</i> | 79 | 100 |
| Criterion 2 | Human Resource Management | <i>Registrar's Office</i> | 66.67 | 100 |
| Criterion 3 | Financial Management & Resource Mobilisation | <i>Finance Office</i> | 77.5 | 100 |
| Criterion 4 | Examination, Evaluation & Academic Administration | <i>Controller of Examinations (COE)</i> | 97 | 100 |
| Criterion 5 | Student Administration & Support Services | <i>Dean Student Welfare (DSW)</i> | 96 | 100 |
| Criterion 6 | Infrastructure Planning & Facilities Management | <i>Estate Office / IT Services / Central Library</i> | 80.5 | 100 |
| Criterion 7 | IQAC Functioning, Quality Assurance & NAAC/NIRF Compliance | <i>IQAC</i> | 90 | 100 |
| Criterion 8 | Legal, Regulatory & Institutional Compliance | <i>Registrar's Office</i> | 81 | 100 |
| Grand Total — Grade: A+ | | | 667.67 | 800 |

Grading Scale

| Grade | Score Range | Performance Level | GKV Status |
|------------|-------------|-------------------|------------------------------|
| A++ | 700–800 | Outstanding | — |
| A+ | 650–699 | Excellent | ✓ GKV 2024-25: 667.67 |
| A | 600–649 | Very Good | — |
| B+ | 550–599 | Good | — |
| B | < 550 | Satisfactory | — |

2. Criterion 1: Governance, Leadership & Institutional Management

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|---|---|------------------------------|-----------------------------|
| Criterion 1: Governance, Leadership & Institutional Management | <i>Office: Vice-Chancellor's Office</i> | Score 79.00 | Max 100.00 |
|---|---|------------------------------|-----------------------------|

Parameter-wise Scores

| Code | Parameter Name | Score | Max |
|---|---|--------------|------------|
| 1.1 | Statutory Bodies & Governance Structures | 80 | 100 |
| 1.2 | Vice-Chancellor's / Kulguru's Leadership & Institutional Vision | 80 | 100 |
| 1.3 | Strategic Plan & Annual Action Plan | 70 | 100 |
| 1.4 | Policy Framework — Development & Implementation | 85 | 100 |
| 1.5 | Decentralisation & Delegation of Administrative Authority | 80 | 100 |
| Criterion Score (Arithmetic Average of Parameters) | | 79.00 | 100 |

Key Audit Observations

- Statutory bodies are constituted and functional with documented meeting records.
- The VC's office demonstrates strong institutional vision and policy leadership.
- The Annual Action Plan (1.3) scores 70, indicating partial achievement of KPI targets and scope for improvement in documentation and alignment with NEP 2020.
- Delegation of authority (1.5) is operational, though turnaround times and documentation of decentralisation reviews need strengthening.

Recommendations

- Ensure the Annual Action Plan is prepared with measurable KPIs and mid-year review reports are formally documented.
- Upload all statutory body minutes and ATRs to the institutional website within 30 days of meetings.
- Formalise an Authority Matrix document and communicate it across all administrative offices.

3. Criterion 2: Human Resource Management

| | | | |
|---|-----------------------------------|------------------------------|-----------------------------|
| Criterion 2: Human Resource Management | <i>Office: Registrar's Office</i> | Score 66.67 | Max 100.00 |
|---|-----------------------------------|------------------------------|-----------------------------|

Parameter-wise Scores

| Code | Parameter Name | Score | Max |
|---|---|--------------|------------|
| 2.1 | Faculty Recruitment & Appointment Process | 50 | 100 |
| 2.2 | Non-Teaching Staff Recruitment & Workforce Planning | 65 | 100 |
| 2.3 | Faculty Appraisal, Promotion & Career Progression | 75 | 100 |
| 2.4 | Faculty Development Programmes (FDPs) | 70 | 100 |
| 2.5 | Faculty & Staff Welfare Schemes | 50 | 100 |
| 2.6 | Service Records, Documentation & HR Systems | 90 | 100 |
| Criterion Score (Arithmetic Average of Parameters) | | 66.67 | 100 |

Key Audit Observations

- Faculty recruitment (2.1, score: 50) is the weakest area, indicating gaps in fill rate against sanctioned posts, timelines, and diversity compliance.
- Staff welfare (2.5, score: 50) requires immediate attention — medical schemes, grievance resolution and welfare provisioning need review.
- Service records and HR documentation (2.6, score: 90) is the strongest parameter, reflecting sound ERP/HRMS systems.
- FDP participation and planning (2.4, score: 70) needs better alignment with identified skill gaps.

Recommendations

- Expedite pending faculty recruitments ensuring UGC norms, reservation policy, and timelines are strictly followed.
- Review and upgrade staff welfare schemes — particularly medical insurance, grievance redressal, and work-life balance measures.
- Increase FDP frequency to at least 4 per year with mandatory coverage of NEP 2020, OBE, and research methodology themes.
- Implement peer review components in the faculty appraisal process and ensure CAS cases are cleared within stipulated timelines.

4. Criterion 3: Financial Management & Resource Mobilisation

| | | | |
|--|-------------------------------|------------------------------|-----------------------------|
| Criterion 3: Financial Management & Resource Mobilisation | <i>Office: Finance Office</i> | Score 77.50 | Max 100.00 |
|--|-------------------------------|------------------------------|-----------------------------|

Parameter-wise Scores

| Code | Parameter Name | Score | Max |
|---|---|--------------|------------|
| 3.1 | Budget Preparation & Approval | 70 | 100 |
| 3.2 | Budget Utilisation & Financial Control | 80 | 100 |
| 3.3 | Internal & Statutory Audit | 85 | 100 |
| 3.4 | Government Grants Management | 90 | 100 |
| 3.5 | Internal Revenue Generation & Resource Mobilisation | 60 | 100 |
| 3.6 | Procurement, Stores & Asset Management | 80 | 100 |
| Criterion Score (Arithmetic Average of Parameters) | | 77.50 | 100 |

Key Audit Observations

- Government grants management (3.4, score: 90) is exemplary — utilisation certificates submitted timely and grant accounts well-maintained.
- Internal and statutory audit compliance (3.3, score: 85) is strong, with a systemic approach to closing audit objections.
- Internal revenue generation (3.5, score: 60) is the weakest area, indicating limited diversification of revenue beyond fees and grants.
- Budget preparation (3.1, score: 70) suggests participatory budgeting needs improvement — departmental inputs need better integration.

Recommendations

- Strengthen internal revenue generation through consultancy, short-term courses, testing services, and alumni donations — target year-on-year growth of at least 5%.
- Ensure the annual budget is placed before the Finance Committee and BOM at least 2 months before the financial year with department-wise allocation.
- Expand GeM (Government e-Marketplace) usage for all eligible procurements and conduct annual physical verification of assets.
- Prepare a financial sustainability plan with corpus fund targets and endowment building strategy.

5. Criterion 4: Examination, Evaluation & Academic Administration

| | | | |
|---|---|------------------------------|-----------------------------|
| Criterion 4: Examination, Evaluation & Academic Administration | <i>Office: Controller of Examinations (COE)</i> | Score 97.00 | Max 100.00 |
|---|---|------------------------------|-----------------------------|

Parameter-wise Scores

| Code | Parameter Name | Score | Max |
|---|--|--------------|------------|
| 4.1 | Examination Planning & Conduct | 90 | 100 |
| 4.2 | Result Declaration & Timelines | 100 | 100 |
| 4.3 | Grievance Redressal in Evaluation | 100 | 100 |
| 4.4 | Degree Certificate & Transcript Management | 95 | 100 |
| 4.5 | Examination Reforms & Anti-Malpractice | 100 | 100 |
| Criterion Score (Arithmetic Average of Parameters) | | 97.00 | 100 |

Key Audit Observations

- The COE office has achieved an outstanding average score of 97/100 — the highest among all offices.
- Result declaration (4.2), grievance redressal (4.3), and anti-malpractice measures (4.5) have been awarded full marks, reflecting exceptional operational standards.
- Degree certificate and transcript management (4.4, score: 95) is excellent with near-complete clearance rate and digital delivery integration.
- Examination planning (4.1, score: 90) is strong; minor improvements in accessibility for differently-abled students and communication timeliness could push this to full marks.

Recommendations

- Integrate OBE-aligned question paper formats across all programmes as per NEP 2020 guidelines.
- Explore introduction of Computer-Based Testing (CBT) for at least selected programmes in 2025-26.
- Maintain and further enhance DigiLocker integration and NAD records for digital certificate accessibility.

6. Criterion 5: Student Administration & Support Services

| | | | |
|---|---|------------------------------|-----------------------------|
| Criterion 5: Student Administration & Support Services | <i>Office: Dean Student Welfare (DSW)</i> | Score 96.00 | Max 100.00 |
|---|---|------------------------------|-----------------------------|

Parameter-wise Scores

| Code | Parameter Name | Score | Max |
|---|---|--------------|------------|
| 5.1 | Admission Process — Transparency & Efficiency | 90 | 100 |
| 5.2 | Student Grievance Redressal | 97 | 100 |
| 5.3 | Hostel & Residential Facility Management | 100 | 100 |
| 5.4 | Scholarship & Financial Aid Administration | 95 | 100 |
| 5.5 | Health, Sports & Student Welfare Services | 98 | 100 |
| Criterion Score (Arithmetic Average of Parameters) | | 96.00 | 100 |

Key Audit Observations

- DSW has achieved an exceptional score of 96/100 — the second highest among all offices.
- Hostel and residential facility management (5.3, score: 100) is outstanding, reflecting GKV's Gurukul residential tradition.
- Health, sports and welfare services (5.5, score: 98) and scholarship administration (5.4, score: 95) are near-perfect.
- Admission transparency (5.1, score: 90) and grievance redressal (5.2, score: 97) are highly effective, with minor scope for improvement in helpdesk responsiveness.

Recommendations

- Maintain and document the Gurukul residential tradition as an Institutional Distinctiveness narrative for NAAC.
- Increase NSS/NCC enrolment to meet the ≥10% benchmark if not already achieved.
- Strengthen counselling and mental health services — target at least 50 counselling sessions per year.

7. Criterion 6: Infrastructure Planning & Facilities Management

| | | | |
|---|--|------------------------------|-----------------------------|
| Criterion 6: Infrastructure Planning & Facilities Management | <i>Office: Estate Office / IT Services / Central Library</i> | Score 80.50 | Max 100.00 |
|---|--|------------------------------|-----------------------------|

Parameter-wise Scores

Note: Scores reported by IT Services (6.2) and Central Library (6.3) only. Parameters 6.1, 6.4, and 6.5 (Estate Office) were not submitted.

| Code | Parameter Name | Score | Max |
|---|--|--------------|------------|
| 6.1 | Physical Infrastructure — Planning & Capital Works | N/A | 100 |
| 6.2 | IT Infrastructure & Digital Services | 95 | 100 |
| 6.3 | Library & Information Resources | 66 | 100 |
| 6.4 | Energy Management & Green Campus | N/A | 100 |
| 6.5 | Maintenance & Housekeeping Standards | N/A | 100 |
| Criterion Score (Arithmetic Average of Parameters) | | 80.50 | 100 |

Key Audit Observations

- IT Infrastructure (6.2, score: 95) scored exceptionally, reflecting robust digital services, ERP coverage, and cybersecurity measures.
- Library & Information Resources (6.3, score: 66) is the lowest individual parameter score in this criterion, indicating gaps in collection growth, e-resource access, and budget allocation.
- Physical infrastructure, energy management, and maintenance parameters (6.1, 6.4, 6.5) were not submitted by the Estate Office — this is a significant data gap requiring follow-up.

Recommendations

- The Estate Office must submit scores for parameters 6.1, 6.4, and 6.5 with supporting evidence for a complete criterion score.
- Prioritise increasing the library budget to at least 5% of non-salary expenditure and expand e-journal/database subscriptions.
- Conduct a formal green audit, prepare a solar energy expansion roadmap, and document waste management practices.
- Develop and implement a campus Master Plan updated within the last 5 years, incorporating disability access and fire safety compliance.

8. Criterion 7: IQAC Functioning, Quality Assurance & NAAC/NIRF Compliance

| | | | |
|--|---------------------|------------------------------|-----------------------------|
| Criterion 7: IQAC Functioning, Quality Assurance & NAAC/NIRF Compliance | <i>Office: IQAC</i> | Score 90.00 | Max 100.00 |
|--|---------------------|------------------------------|-----------------------------|

Parameter-wise Scores

| Code | Parameter Name | Score | Max |
|---|---|--------------|------------|
| 7.1 | IQAC Meetings, Minutes & Action Taken Reports | 90 | 100 |
| 7.2 | AQAR Preparation & NAAC Portal Data Quality | 90 | 100 |
| 7.3 | NIRF Data Submission & Ranking Improvement | 90 | 100 |
| 7.4 | Feedback System — Students, Faculty, Employers & Alumni | 90 | 100 |
| 7.5 | Best Practices, Institutional Distinctiveness & Quality Culture | 90 | 100 |
| Criterion Score (Arithmetic Average of Parameters) | | 90.00 | 100 |

Key Audit Observations

- IQAC has uniformly scored 90 across all five parameters, indicating consistent quality assurance functioning.
- AQAR preparation (7.2) and NIRF compliance (7.3) are well-managed; however, improvement in AQAR data placed before BOM and AQAR submission timelines is noted from the Audit Manual.
- Feedback systems (7.4) need to address the critical gap identified in the manual — student feedback on curriculum collection must be initiated.
- Best practices documentation (7.5) is satisfactory; further strengthening of Gurukul tradition and IKT narratives would enhance NAAC distinctiveness.

Recommendations

- Increase IQAC meetings from current frequency to a minimum of 4 per year with ATRs within 30 days, as mandated.
- Ensure AQAR is formally placed before the Academic Council and BOM before submission on the NAAC portal.
- Launch a systematic student feedback mechanism on curriculum with at least 80% response rate.
- Document at least 5 institution-level and 2 department-level Best Practices per year in NAAC format and upload to the website.

9. Criterion 8: Legal, Regulatory & Institutional Compliance

| | | | |
|--|-----------------------------------|------------------------------|-----------------------------|
| Criterion 8: Legal, Regulatory & Institutional Compliance | <i>Office: Registrar's Office</i> | Score 81.00 | Max 100.00 |
|--|-----------------------------------|------------------------------|-----------------------------|

Parameter-wise Scores

| Code | Parameter Name | Score | Max |
|---|--|--------------|------------|
| 8.1 | UGC & Regulatory Compliance | 75 | 100 |
| 8.2 | Anti-Ragging Compliance | 85 | 100 |
| 8.3 | Internal Complaints Committee (ICC/GSCASH) | 75 | 100 |
| 8.4 | Right to Information (RTI) Compliance | 80 | 100 |
| 8.5 | Mandatory Disclosures & Website Compliance | 90 | 100 |
| Criterion Score (Arithmetic Average of Parameters) | | 81.00 | 100 |

Key Audit Observations

- Mandatory disclosures and website compliance (8.5, score: 90) is excellent — NAAC, NIRF, and statutory information is publicly accessible.
- Anti-ragging compliance (8.2, score: 85) reflects an active anti-ragging culture with periodic squad checks and sensitisation programmes.
- UGC regulatory compliance (8.1, score: 75) and ICC functioning (8.3, score: 75) have room for improvement, particularly in proactive compliance culture and POSH Act annual reporting.
- RTI compliance (8.4, score: 80) is good; however, a pro-disclosure culture should be fostered to reduce RTI applications through proactive Section 4 updates.

Recommendations

- Constitute a dedicated legal compliance cell / compliance calendar with monthly tracking of UGC, AICTE, and MoE deadlines.
- Ensure ICC annual report is submitted to the District Officer within statutory timelines and sensitisation programmes are held twice a year.
- Update all Section 4 RTI disclosures annually and ensure PIO/FAA details are prominently displayed on the website.
- Establish a formal relationship management protocol with regulatory bodies (UGC, AICTE, PCI) for proactive compliance.

10. Consolidated Recommendations & Priority Action Plan

The following priority actions are recommended to the university administration for implementation in 2025–26, categorised by urgency:

High Priority (Immediate Action — Within 3 Months)

- Initiate faculty recruitment drive addressing critical vacancies against sanctioned posts (Criterion 2.1).
- Launch systematic student feedback on curriculum with targeted 80%+ response rate (Criterion 7.4).
- Ensure AQAR is formally tabled before Academic Council and BOM before NAAC portal submission (Criterion 7.1/7.2).
- Estate Office to submit complete data for Criterion 6 parameters (6.1, 6.4, 6.5) with supporting evidence.
- Review and upgrade staff welfare schemes — particularly medical insurance and grievance resolution mechanisms (Criterion 2.5).

Medium Priority (Within 6 Months)

- Increase IQAC meetings to minimum 4 per year with ATRs published within 30 days of each meeting.
- Develop and implement a campus Master Plan updated within the last 5 years with disability access and fire safety provisions.
- Increase library budget to at least 5% of non-salary expenditure and expand e-journal subscriptions.
- Establish a dedicated legal/compliance cell with a monthly compliance calendar for UGC, AICTE, and MoE deadlines.
- Strengthen internal revenue generation — target $\geq 5\%$ year-on-year growth through consultancy, short courses, and alumni engagement.

Longer-Term Strategic Actions (Within 12 Months)

- Introduce Computer-Based Testing (CBT) for at least selected programmes by 2025–26 (Criterion 4.5).
- Develop a financial sustainability plan with corpus fund targets, endowment building, and alumni donation strategy (Criterion 3.5).
- Document at least 5 institution-level Best Practices annually in NAAC format and upload on the website (Criterion 7.5).
- Conduct annual green audit with solar energy expansion roadmap and formal waste management documentation (Criterion 6.4).
- Design and deliver peer review components in the faculty appraisal process and clear all pending CAS cases (Criterion 2.3).

13/14.5.2026

EXTERNAL ADMINISTRATIVE AUDIT REPORT

Academic Year: 2024–2025

Date: 14 May 2026

External Auditor: Prof. Tanuja Agarwala

The External Administrative Audit for the Academic Year 2024–25 was conducted to evaluate the administrative efficiency, regulatory compliance, governance structure, and overall effectiveness of institutional processes. The audit aimed to verify documentation, assess administrative procedures, and provide recommendations for continuous improvement. A thorough administrative audit was conducted for the academic year 2024–25. All examined documents, processes, and records were found to be systematically maintained, and the administrative functioning of the institution was observed to be satisfactory.

Audit Observations

Criteria 7: Administrative Processes and Documentation

All relevant records and documents under this criterion were thoroughly reviewed. It was observed that:

- Documents were properly maintained,
- Records were complete,
- Documentation processes adhere to the required standards and guidelines.

Overall, the status of documentation under Criteria 7 is satisfactory.

Criteria 8: Regulatory Compliance

An assessment of regulatory compliance, including review of court cases and associated documentation, was carried out.

Findings include:

- All regulatory compliance records were well-maintained,
- No discrepancies were observed in the available legal documentation,
- Compliance mechanisms function at a satisfactory level.

Tanuja
14/5/26

Tanuja
14/05/2026

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Proposed Suggestions for Improvement


- 1. Constitution of Statutory Bodies**
The university is advised to constitute all statutory bodies, particularly the Board of Management (BOM), and ensure that they conduct meetings at regular intervals.
- 2. Strategic Plan Dissemination**
The long-term strategic plan aligned with the university's vision and mission should be communicated widely across all stakeholders. Departments and centres should prepare their annual targets in alignment with the plan and conduct periodic reviews. Achievement reports must be compiled with inputs from departments and stakeholders.
- 3. Delegation of Powers**
The university may explore the structured delegation of specific administrative and academic decision-making powers to departments for improved efficiency.
- 4. Faculty Recruitment Process**
Faculty appointments should be conducted strictly as per statutory norms.
 - It is suggested that the university streamline the process for declaring results of faculty selection interviews.
 - The Hon'ble Vice Chancellor may exercise special powers to approve results immediately, which may then be ratified by the Executive Council (EC).
- 5. Enhancement of Conference Grants**
The university may consider expanding conference grants for faculty members to include **international conferences** held in other countries to promote global exposure, research collaboration, and academic networking.
- 6. Documentation of Disciplinary Cases**
A structured record-keeping mechanism should be instituted for all disciplinary cases, including the procedure followed, actions taken, and final decisions. These records must be systematically tracked for future reference.

Chairperson:

Prof. Tanuja Agarwala


14.05.2026**Internal Member:**

Prof. D. S. Malik


14/05/26

Prof. Mayank Aggrawal

Dr. Nishant Kumar


14/5/26

Prof. Naveet


14/5/26

14.05.2026

Administrative Audit Report
of
Kanya Gurukul Campus, Dehradun.

Criteria 6: Infrastructure Planning & Facilities Management

1. Strength: *Locational Advantage* – Kanya Gurukul Campus is situated in a prime location of Rajpur Road.
2. Lush Green Sprawling Campus.
3. Sufficient space for expansion.

Suggestions

- Transport facilities should be provided for day scholars
- Hostel accommodation needs to be expanded
- Residential complex for faculty members needs to be created
- Multipurpose auditorium for organizing academic/co-curricular activities is essential
- Indoor sports stadium with sports equipment's need to be provided
- Gymnasium facilities need to be provided

14/05/26
(Prof. H.C.Purohit)

14/5/2026

14/5/2026

Date: 13/05/2026

Administrative Audit
Controller of Examinations Office

Prof. Harish Purohit, Doon University, Dehradun, External Expert

Internal Members

Prof. L.P. Purohit
Prof. R.K. Jain
Pro. Mukesh Kumar
Dr. Vipin Kumar
• Sh. Sethpal

Recommendations

1. In order to maintain the confidentiality of the exams records; strong room with double door locking system should be made available. Double locked almirahs should be available for confidential records.
2. Feedback system based on satisfaction of students and stakeholder on examination and academic processes should be started.
3. One security personal is to be deployed at the entrance of the examinations section with entry/exit register.
4. SAMARTH portal should be adopted for efficient functioning of academic, examination, evaluation and other.
5. The question bank should be available for strengthening the final exam question papers setting system.
6. Security features in the marksheet need to be more robust with confidential configuration.

Strengths of Controller of Examinations Office

1. Dynamic, enthusiastic, dedicated and motivated staff members are available in all sections of the office
2. Strong team cohesiveness
3. Efficient centralized evaluation system with sufficient facilities for examiners
4. Efficient coding system in final examination answer sheets for maintaining transparency and creditability in evaluation process
5. Creditable question paper setting and modernization system
6. In order to create conducive ecosystem for research activities; the whole academic policies are framed accordingly including RDC, RAC, PhD thesis submission, time bond evaluation.
7. Efficient grievance redressal system
8. Bloom taxonomy implementation in question paper setting is commendable

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13/05/2026

(PROF. HARISH PUROHIT)

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13/05/2026
(SETHPAL)

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13/05/2026

The overall examination policies are student centric particularly “Golden Repeat” system is beneficially helpful to ensure students progression/future progression.

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(SETHPAL)

(EXTERNAL : PROF HARISH
PURKHIT)

Administrative Audit Report

Date: 14 May 2026

External Auditor: Mr. S. A. Hasan

Designation: Expert, CSIR–NISCP, New Delhi

Administrative Audit Observations Report

Introduction

An administrative audit of various university administrative offices was conducted on 14 May 2026 to evaluate operational efficiency, infrastructure management, documentation practices, grievance handling mechanisms, sustainability initiatives, accessibility provisions, and library services.

The observations and recommendations mentioned below are intended to strengthen institutional governance, improve administrative transparency, and enhance service delivery across departments.

Section I: Estate Office – Critical Observations

1. Waste Disposal Plan for Solar Plant

The existing waste disposal plan related to the solar plant requires revision and updating in accordance with current environmental and sustainability standards.

Recommendation:

A comprehensive waste management and disposal policy should be prepared and implemented for solar panel waste and related materials.



MR. S. A. HASAN
(EXTERNAL
EXPERT)



2. Allocation of Infrastructure Funds

Clarification regarding the allocation and utilization of infrastructure development funds is required.

Recommendation:

A transparent mechanism for infrastructure fund allocation and monitoring should be established with proper documentation and periodic review.

3. Road Connectivity Inside Campus

It was observed that internal road connectivity within the university campus requires improvement.

Recommendation:

A formal communication may be issued to the local administration seeking support for construction and maintenance of internal campus roads.

4. Utilization of CSR Funds

The institution may explore possibilities for obtaining financial assistance through Corporate Social Responsibility (CSR) initiatives.

Recommendation:

The university should identify industries, organizations, and agencies that can support infrastructure and development activities through CSR funding.

5. Maintenance Book (MB) Documentation

Inconsistency in estimation entries and record maintenance in the Maintenance Book (MB) were observed.

Recommendation:

All entries in the Maintenance Book should be maintained properly without overwriting or corrections. Proper documentation protocols must be followed.

6. Communication Regarding Funds

Copies of communications related to financial approvals and fund allocation are not consistently available with the Estate Office.

Recommendation:

Whenever communication is made between the Accounts Department and government department or any other funding bodies, a copy should also be maintained by the Estate Office for record purposes.

7. Borewell Water Level Statistics

Data related to borewell water levels before and after installation are not systematically maintained.

Recommendation:

Pre and Post work water level statistics should be recorded and preserved for monitoring groundwater table and sustainability assessment.

8. Vermicompost Statistics

Statistical records regarding vermicompost generation, sales, production, and revenue generation are not adequately maintained.

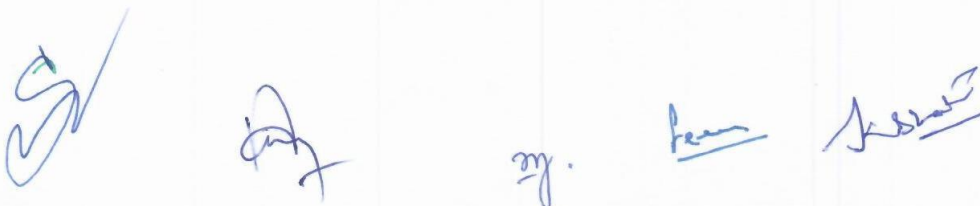
Recommendation:

A proper statistical monitoring system should be developed to record:

- Quantity generated
- Quantity sold
- Quantity Used for internal purpose
- Revenue generated
- Production efficiency

9. Complaint Register Regarding Infrastructure Maintenance

The complaint handling mechanism requires strengthening.



Recommendation:

A structured complaint management system should be developed including:

- Dully signed by user the Complaint requisition slip for any engineering related services
- After completion of work dully signed slip from the user
- Feedback mechanism
- Development of an online maintenance related grievance redressal system.

10. Accessibility Infrastructure

Ramps are not available in all departments.

Recommendation:

Accessibility facilities, including ramps, should be made in every department to ensure inclusive access for all stakeholders.

11. Shortage of Supporting Staff

A shortage of support staff was observed, affecting operational efficiency.

Recommendation:

Appointment of additional support staff should be treated as an urgent administrative priority.

Section II: Library Observations

1. Library Working Hours and Punctuality

The existing working duration and punctuality require improvement.

Recommendation:

Library operational timing may be strengthened and maintained from **9:30 AM to 5:30 PM**, including a 30-minute lunch break, to ensure better academic support services.

2. Digitization of Old Books

A significant number of old books and records remain undigitized.

Recommendation:

A systematic digitization process should be initiated for preservation and improved accessibility of library resources.

3. Binding and Preservation of Books

Many books require binding and restoration.

Recommendation:

Book binding and preservation work should be carried out regularly through outsourcing or any other suitable mechanism.

Section III: IT Infrastructure Observations

1. Use of Private Hosting Servers

It was observed that the university website and related services are being hosted on private servers/platforms.

Recommendation:

The university should consider shifting its hosting infrastructure to government-authorized platforms such as NIC (National Informatics Centre) or other approved government cloud services to ensure better security, reliability, and compliance may be explored.

2. Procurement Through GeM Portal

Procurement activities are not fully aligned with centralized government procurement systems.

Recommendation:

All procurement-related activities for IT infrastructure, hardware, software, and related services should be shifted to the Government e-Marketplace (GeM) platform for transparency and standardization.

3. Compliance with GIGW 3.0 Guidelines

The university website requires compliance with GIGW 3.0 (Guidelines for Indian Government Websites).

Recommendation:

The university website should be reviewed and updated in accordance with GIGW 3.0 standards. Necessary consultation and technical support from NIC may also be considered.

4. Computer Inventory Verification

The computer inventory system requires proper verification and classification.

Recommendation:

A detailed audit and verification of all computer systems should be conducted to identify:

- Working systems
- Non-working systems
- Obsolete hardware
- Repairable devices

A proper physical verification process may be taken periodically.

5. Main Server Audit

The primary server infrastructure requires regular monitoring and certification.

Recommendation:

The main server should undergo periodic audit and physical verification at least once every three years to ensure operational efficiency, data security, and compliance standards.

Email Server should be of NIC. The possibility regarding change of email server from google to NIC server may be explored.

6. Monitoring of Installed Software

Proper monitoring and documentation of installed software are required.

Recommendation:

The institution should maintain records of all licensed and installed software to ensure compliance, security, and prevention of unauthorized software usage.

7. IT Cell Representation in Procurement

Technical involvement in procurement processes requires strengthening.

Recommendation:

An authorized representative from the IT Cell should be included in all hardware and software procurement processes to ensure technical suitability and standardization.

8. Uniformity in IT Personnel Practices

Uniformity in IT-related operational practices and personnel management requires attention.

Recommendation:

Standardized operational procedures, documentation systems, and administrative practices should be maintained across the IT infrastructure unit.

9. Peripheral and Device Inventory

Inventory records of IT peripherals are incomplete.

Recommendation:

A comprehensive inventory register should be maintained for:

- Laptops



- Printers
- Scanners
- Plotters
- Other peripherals and accessories

Regular updating and verification of inventory records should be ensured.

Chairperson
Mr. S. A. Hasan
External Auditor
CSIR–NISCPR, New Delhi

Internal Member:

Prof. Karamjeet Bhatia

K. Bhatia
14.05.26

Prof. Seema Sharma

Seema Sharma
14.5.26

Dr. Chiranjib Bnerjee

Chiranjib Bnerjee
14/5/26

Dr. Manila

Dr. Anuj Kumar Sharma

Anuj Kumar Sharma

Prof. Namita Joshi

N Joshi
14/5/26



11. Declaration & Certification

This External Administrative Audit Report for the Academic Year 2024–25 has been prepared by the IQAC of Gurukula Kangri (Deemed to be University), Haridwar, based on data and evidence submitted by respective administrative offices. The scores awarded are based on objective assessment against the GKV Administrative Audit Manual criteria. The audit team certifies that:

- All data collected has been verified with supporting documentary evidence submitted by offices.
- Parameters left blank by offices indicate non-applicability or non-relevance to that office's jurisdiction, not non-compliance.
- The scores and grades awarded represent the honest assessment of the audit committee. The institution's Grand Total of 667.67 / 800 places it in the Grade A+ category.

DECLARATION BY EXTERNAL ADMINISTRATIVE AUDIT COMMITTEE

We certify that the External Administrative Audit was conducted independently and objectively based on the documents provided, interactions held, and observations made during the visit.

Date of Audit Visit: 13th May + 14th May, 2026.

Place: Gurukula Kangri (Deemed to be University), Haridwar

SIGNATURES OF EXTERNAL ADMINISTRATIVE AUDIT COMMITTEE

Name of Expert

Signature

Prof. Tanuja Agarwal, Chairperson/ External Expert Member
FMS, Delhi University, Delhi

Tanuja Agarwal
13/5/2026

Prof. Harish Purohit, Chairperson/ External Expert Member
Doon University, Dehradun

Harish Purohit
13/05/2026

Prof. Anil Sharma, Chairperson/ External Expert Member
DOMS, IIT, Roorkee

Anil Sharma
13.5.26

Mr. S.A.Hasan, Chairperson/ External Expert Member
CSIR, HR DG / CSIR-NISCR

S.A. Hasan
14/5/26

Internal Members

| S.No. | Name of Member | Signature |
|-------|---------------------------|----------------------------|
| 6. | Prof. Satyadev Nigmalakar | <i>Satyadev Nigmalakar</i> |
| 7. | Prof. V. K. Singh | <i>V. K. Singh</i> |
| 8. | Prof. Pankaj Madan | <i>Pankaj Madan</i> |
| 9. | Prof. Devender K. Gupta | <i>Devender K. Gupta</i> |
| 10. | Prof. L. P. Purohit | <i>L. P. Purohit</i> |
| 11. | Prof. R. K. Jain | <i>R. K. Jain</i> |

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| 12. | Prof. Mukesh Kumar | |
| 13. | Dr. Swetank Arya | |
| 14. | Prof. Surekha Rana | |
| 15. | Prof. Navneet | |
| 16. | Prof. Vipul Sharma | |
| 17. | Prof. Bhrmdev Prof. Brahmadev | |
| 18. | Prof. Seema Sharma | |
| 19. | Prof. D.S.Malik | |
| 20. | Prof. Surekha Rana | |
| 21. | Prof. Mayank Agrawal | |
| 22. | Prof. Karamjeet Bhatia | |
| 23. | Dr Vipin Kumar | |
| 24. | Dr. Chiranjib Banerjee | |
| 25. | Prof. Bindu Arora | |
| 26. | Prof Vivek Gupta | |
| 27. | Dr. Nishant Kumar | |
| 28. | Prof Dinesh Chandra Shastri | |
| 29. | Prof. Namita Joshi | |
| 30. | Prof. Nipur Singh | |
| 31. | Mr. Sethpal | |
| 32. | Mr. Naveen Kumar | |
| 33. | Er. Vijay Pratap Singh | |
| 34. | Er. Ranjeet Singh | |
| 35. | Dr. Arun Kumar | |
| 36. | Dr. Nitin Kamboj | |

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| <p>_____</p> <p>Director IQAC Gurukula Kangri (Deemed to be University) Date:</p> | <p>_____</p> <p>Members IQAC Gurukula Kangri (Deemed to be University) Date:</p> |
|--|---|

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| <p>_____</p> <p>Finance Officer Gurukula Kangri (Deemed to be University) Date:</p> | <p>_____</p> <p>Registrar Gurukula Kangri (Deemed to be University) Date:</p> |
| <p>_____</p> <p>Vice Chancellor Gurukula Kangri (Deemed to be University) Date:</p> | |