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Ref. No :	TMU/R.O./2025-26/ADM/022	Date:	21.08.2026
SOP No :	37.0	Issued By:	Joint Registrar
Total Pages:	04	Approved By:	Vice Chancellor

Standard Operating Procedure (SOP)

Drafting, Approval, and Dissemination of the University Policies/SOPs

Introduction: Teerthanker Mahaveer University has established a systematic, transparent, and quality-driven mechanism for the formulation, approval, and dissemination of University Policies and Standard Operating Procedures (SOPs). This mechanism ensures that all academic and administrative Policies/SOPs are need-based, consultative, compliant with statutory requirements, and aligned with the University's Vision, Mission, and Quality Objectives.

1. Identification of Need and Initiation

The requirement for formulation or revision of a Policy or SOP may arise from regulatory changes, accreditation requirements, internal quality enhancement initiatives, stakeholder feedback, or evolving academic and administrative needs. Such requirements are either placed before the Internal Quality Assurance Cell (IQAC) by the concerned departments or identified proactively by the office of IQAC as part of its continuous quality assurance role. Upon identification of the need, IQAC formally initiates the process and defines the scope, objectives, and applicability of the proposed Policy or SOP.

2. Preparation of Initial Draft by the Concerned Department

The concerned department head would be requested to prepare an initial draft of Policy/SOP. The initial draft of the Policy/SOP will be submitted by the concerned department to the office of Director, IQAC along with reference documents (Statutory/Regulatory Guidelines etc., if any) for better clarity and justification to incorporate such details in the Policy/SOP.

3. Review by the Director IQAC

The initial draft of the Policy/SOP received from the concerned department shall be reviewed by Director IQAC, in alignment with statutory provisions, accreditation guidelines, best practices, institutional priorities, existing Policies/SOPs, benchmark practices to ensure clarity, relevance, and effectiveness.

4. Review by the Registrar

The first draft is submitted by the office of Director, IQAC to the office of Registrar for preliminary review. The Registrar reviews the document from strategic, governance, and compliance perspectives and provides initial observations and inputs on Policy/SOP to Director, IQAC. After preliminary review, the Director, IQAC marks the Policy/SOP to the Dean Academics Office.

5. Review by the Dean Academics

Dean Academics examines the draft Policy/SOP for operational feasibility, departmental alignment, practical implementation and any specific regulatory compliance. Suggestions, clarifications, and improvements are provided to ensure that the document effectively supports academic and administrative processes. Dean Academics shall submit the vetted document to the Director, IQAC.

6. Consolidation and Finalization by IQAC in due consultation with concerned HOD

After receiving the vetted document, the office of Director, IQAC consolidates all inputs and incorporates necessary revisions (if required). The document is refined to ensure coherence, clarity, and alignment with the University's quality framework.

The concerned HOD shall be consulted at this stage to review the draft SOP/Policy and provide suggestions, if any. After incorporating the feedback received from all stakeholders, the final draft of the SOP/Policy shall be prepared.

7. Approval and Notification

The final draft duly signed by all concerned reviewers and Head of the Department (HOD) shall be submitted by the office of Director, IQAC to the office of the Hon'ble Vice-Chancellor for approval. Upon confirmation that the Policy/SOP is complete in all respect, the approved Policy/SOP is forwarded to the office of the Registrar for formal notification and release.

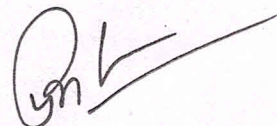
8. Dissemination, Implementation, and Review

Approved Policies and SOPs are disseminated through official circulars, emails, the University website, and other appropriate communication channels. If required, an orientation or awareness sessions will be conducted towards effective implementation. IQAC periodically reviews the relevance and effectiveness of Policies/SOPs and initiates revisions whenever necessary as part of continuous quality improvement.

9. Revision of Policies/SOPs

Any revision to an existing Policy/SOP shall follow the same review, approval, and dissemination process as prescribed for newly drafted documents, ensuring consistency, transparency, and

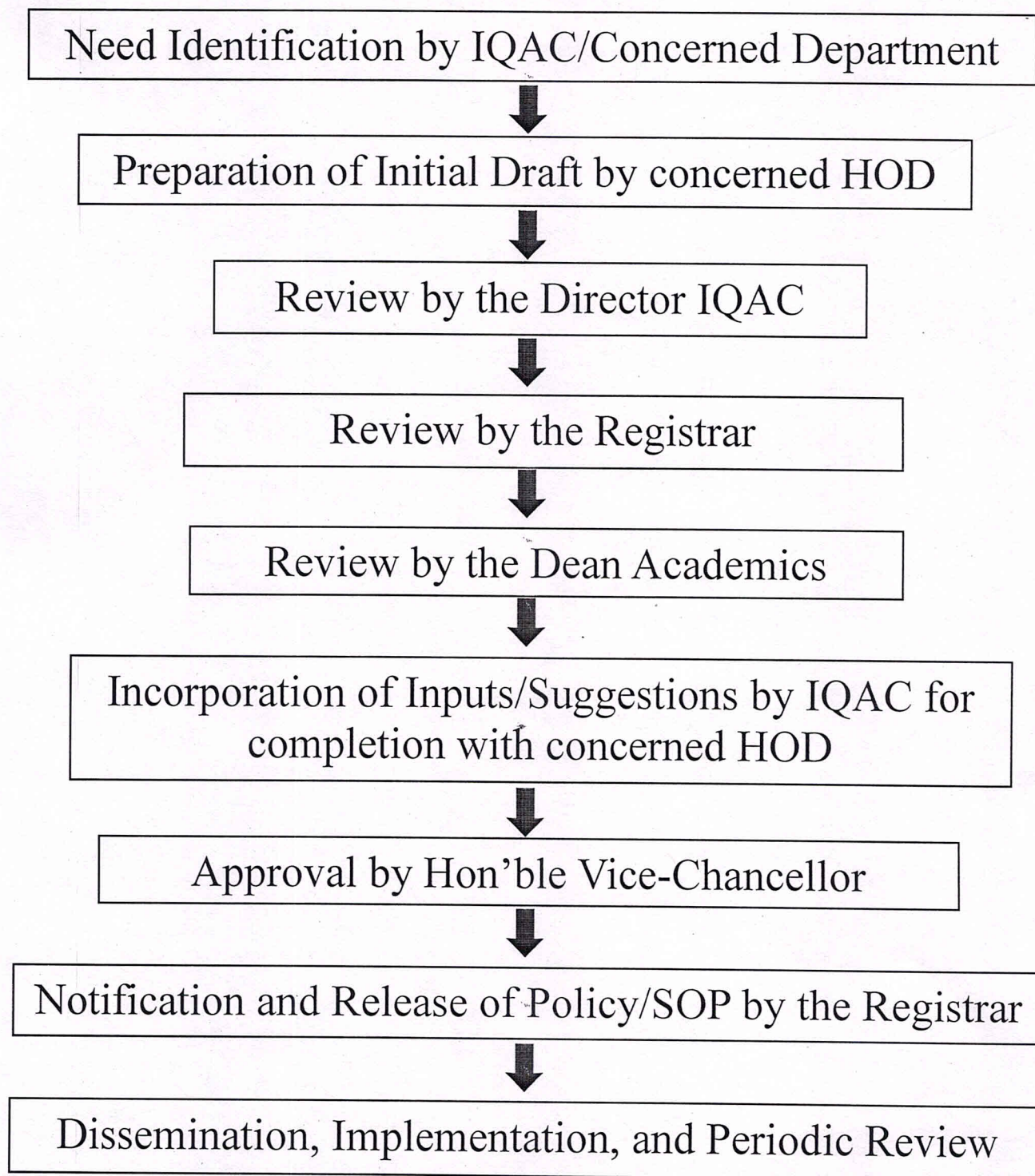
institutional compliance. The SOP/Policy shall normally be reviewed every three (3) years. However, it may be reviewed and revised earlier, if required, due to changes in applicable laws, regulations, statutory requirements, or guidelines issued by the relevant regulatory authorities, or to meet the evolving needs of the University.

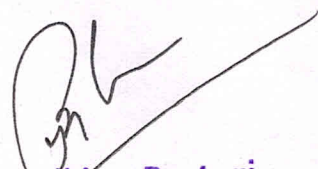


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Policy/SOP Development Process




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