UIT UNIVERSITY

Policies & Procedures Manual

UIT University

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Note: The policy is effective immediately upon approval and supersedes all previous versions. It will remain in force until revised or replaced by an updated policy issued by the university authority.

Document Control & Record Management Policy

1. Purpose

1.1. This policy outlines the process for Document Control and Record Management at UIT University (UITU) Karachi, ensuring compliance with national regulatory requirements, including the Higher Education Commission (HEC) of Pakistan standards and internal institutional frameworks. The policy aims to establish a robust system for managing UITU documentation and records, supporting academic excellence, governance, and operational efficiency.

1.2. This policy describes:

1.2.1 The methodology for ensuring that UITU's documentation is current, suitable, and accessible for use by Academic Departments, Administrative Units, and Research Centers.

1.2.2 Processes for document creation, review, modification, approval, and communication to ensure stakeholder consultation and input.

1.2.3 Mechanisms to identify and prevent the use of obsolete documents.

1.2.4 Procedures for managing UITU records, ensuring their creation, maintenance, archiving, and disposal comply with legal and regulatory requirements, including the HEC Quality Assurance Framework and Pakistan's archival laws.

2. Definitions

2.1 UITU Documentation: Includes policies, procedures, guidelines, forms, and plans that define UITU's institutional management system, ensuring consistency and compliance in operations.

2.2 Controlled Document or Record: Any document or record requiring controlled distribution and status updates to ensure authorized users access the most current version.

2.3 Document Control: The process outlined in this policy to manage the creation, approval, distribution, and revision of UITU documentation.

2.4 Records Management: The systematic control of the creation, receipt, maintenance, use, and disposal of records, capturing evidence of UITU's business activities (aligned with ISO 15489.1:2016).

2.5 Retention Period: The specified duration for which a record must be retained before it may be destroyed, as per regulatory requirements.

3. Roles and Responsibilities

3.1. Quality Enhancement Cell is responsible for:

3.1.1 Overseeing the custodianship of UITU's institutional management system documentation.

3.1.2 Developing, approving, and reviewing documentation, ensuring accessibility via the UITU Quality Assurance Portal.

3.1.3 Establishing communication systems to disseminate policy requirements to university personnel.

3.1.4 Providing systems to support record management processes.

3.2. Deans, Directors, and Administrative Heads are responsible for:

3.2.1 Implementing this policy at the department/ unit level, aligning with institutional action plans.

3.2.2 Allocating resources and appointing a Document Custodian to manage local documentation and records.

3.3. Document Custodian is responsible for:

3.3.1 Ensuring local UITU documentation is current and sourced from the University Repository.

3.3.2 Managing the creation, modification, and maintenance of local documentation in compliance with this policy.

3.3.3 Maintaining records of institutional activities, ensuring proper documentation of evidence.

3.4. Employees are responsible for:

3.4.1 Complying with this policy and using current documentation and records as part of institutional activities.

4. Procedure

4.1 Electronic Format

4.1.1 All UITU documentation is maintained in a controlled electronic format on the UITU Repository. Only current versions are accessible, and the official website and social media sites must link to the repository to ensure access to reliable documentation.

4.2 Document Creation

4.2.1 New documentation may be initiated by the Vice Chancellor's Office, Director QEC, or Registrar based on:

- 4.2.1.1 Changes in HEC regulations or national laws.
- 4.2.1.2 Internal/external audit findings.
- 4.2.1.3 System failures identified during incident investigations.
- 4.2.1.4 Suggestions from faculty, staff, or institutional committees.
- 4.2.1.5 Changes in university operations or structure.
- 4.2.1.6 Industry best practices.

5. Document Review

5.1. Controlled documentation requires review every year to ensure compliance and relevance.

5.2. Reviews consider:

- 5.2.1 Suitability to UITU's academic and operational needs.
- 5.2.2 Areas for improvement.
- 5.2.3 Effectiveness in achieving institutional outcomes.
- 5.2.4 Compliance with HEC and legal standards.

6. Obsolete Documents

6.1. Obsolete documents are removed from the UITU Repository and archived to prevent unintended use. Locally developed obsolete documentation must be archived electronically or in hard copy by the Document Custodian for audit and legal purposes.

7. Document Format

7.1. UITU documentation follows a standard format, including:

- 7.1.1 Title
- 7.1.2 Purpose
- 7.1.3 Definitions
- 7.1.4 Roles and Responsibilities
- 7.1.5 Procedural Content
- 7.1.6 Performance Measures (where applicable)
- 7.1.7 References
- 7.1.8 Further Assistance

7.2. Exceptions include policy documents that follow HEC formats, forms, and checklists with alternative standards or guidance materials (e.g., brochures and posters).

8. Document Properties

8.1. Each controlled document should display in the footer:

8.1.1 Document Identifier: Title, authoring unit (e.g., Quality Assurance Directorate), and version number (e.g., V1.0 for first approved version, V1.1 for minor updates).

8.1.2 Release Date: Month and year of release.

8.1.3 Page Number: Page X of Y.

8.1.4 Disclaimer: Hardcopies are uncontrolled; refer to the UITU Repository.

8.2. Locally modified documents must include the operational unit, custodian's name, "modified locally," and modification date.

8.3. Documents are assigned a unique identifier, UITU-YYYY-NNN, where:

8.3.1 UITU: Denotes UIT University documentation.

8.3.2 YYYY: Year of creation or last major revision.

8.3.3 NNN: Sequential number (e.g., 001, 002).

8.3.4 Example: UITU-2025-001 for the first document created/revised in 2025.

9. Consultation and Communication

9.1. Consultation on new or revised documents occurs through the Quality Enhancement Cell (QEC) and relevant committees, involving:

9.1.1 Outlining the purpose and required input.

9.1.2 Facilitating feedback from faculty, staff, and stakeholders.

9.1.3 Incorporating specialist expertise where necessary.

9.2. Feedback is documented via meeting minutes or emails and incorporated into final drafts.

10. Document Approval Process

10.1. The relevant statutory body approves final drafts.

10.2. Approved documents are published on the UITU Repository, and relevant requirements are communicated to the appropriate personnel.

10.3. Minor changes (e.g., grammar, formatting) are exempt from formal approval.

11. Document Control Register

11.1. A master document control register is maintained by the QEC, including:

11.1.1 Document Title

11.1.2 Reference Number

11.1.3 Version Number

11.1.4 Date Created/Modified

11.1.5 Review Date

11.1.6 Custodian

11.1.7 Consultation Records

11.2. Local units maintain their registers as given in the table below:

Document Title	Reference Number	Version Number	Date Created/ Modified	Review Date	Custodian
QA Checklist	QA-2025-001	1.0	May 2025	May 2028	A. Khan (Officer)

12. Record Management

12.1. Records are managed to ensure compliance with HEC and legal requirements. Examples include:

12.1.1 Institutional action plans

12.1.2 Audit reports
12.1.3 Risk assessments
12.1.4 Training records
12.1.5 Incident reports

12.2 Records are stored in an orderly, retrievable manner, in electronic or hardcopy format, for purposes such as audits, compliance, or analysis.

12.3 Retention periods are specified in the table below:

QA Documentation	Records Required	Record Location	Responsibility	Retention Period
QA Policy	Master copies of policy proposals, consultation papers, final re ports	QEC Directorate Archive	QEC Directorate	Permanent

13. Implementation and Communication

13.1. This policy is effective immediately and must be implemented across all departments and units.

13.2. This policy will be reviewed every three years to ensure its continued relevance and effectiveness.

14. References

14.1. Higher Education Commission (HEC) Quality Assurance Framework, 2023.

14.2. ISO 15489.1:2016 Records Management.

14.3. Pakistan's Archival Laws and Regulations.

15. Appendices

15.1. Master UITU Records Index

15.2. Local QA Document Register