	JSC «Kazakh University of Technology and Business named after K. Kulazhanov»
	QUALITY MANAGEMENT SYSTEM
	Documented Procedure

APPROVED:
Rector of
JSC «KazUTB named after K. Kulazhanov»
_____ L.K. Baibolova
«10» september 2026

MANAGEMENT ANALYSIS
KazUTB-DSD-DP-9.3-2026-09

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FOREWORD

This Documented Procedure (DP) was developed by the Strategic Development Department of JSC «Kazakh University of Technology and Business named after K. Kulazhanov».

This DP is approved by the Rector of JSC «KazUTB named after K. Kulazhanov» with a personal signature on the title page.

This DP is mandatory for all structural units of JSC «KazUTB named after K. Kulazhanov» regarding their activities related to the quality management system.

A periodic review of this DP shall be carried out by the Director of the Strategic Development Department at least once every three years.

Amendments to this DP are made based on the results of its application within JSC «KazUTB named after K. Kulazhanov» or in the event of changes in regulatory requirements.

Introduced in replacement of the Documented Procedure «Management Analysis» KazUTB-DQAaA-DP-9.3-2025-23 dated June 18, 2025.

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1. TERMS AND DEFINITIONS

The term	Definition
Management Analysis	- Assessment of opportunities for improvement and the need for changes in the organization's quality management system
Documented information	- information that the organization must manage and maintain, and the medium on which it is contained.
Documented procedure	- a document establishing a single procedure for describing processes, powers and responsibilities of officials, information flows, including registration of data and records on quality
Quality	- the degree to which the set of own characteristics fulfills the requirements.
Corrective action	- the action taken to eliminate the cause of the detected nonconformity or other undesirable situation
Management	- coordinated activities for the management and management of the organization
Inconsistency	- Failure to comply with the requirement
Non-conforming products / services	- a product/service that does not meet the requirements established for it
Regulatory document	- A document establishing rules, general principles or characteristics relating to different activities or their results
Responsibility	- the consequences of non-fulfillment or improper performance of the assigned functional duties established by the rules of law
Plan	- a document defining measures aimed at achieving the goals
Quality Policy	- the general intentions and direction of the organization's activities in the field of quality, officially formulated by the top management.
Organizational structure	- obligations, powers and relationships presented in the form of a scheme according to which the organization performs its functions
Continuous improvement	- repetitive activities to increase the ability to meet requirements
Process	- a set of interrelated and interacting types of activity that transforms inputs and outputs.
Risk	- the impact of uncertainty
Effectiveness	- the degree of implementation of the planned activities and the achievement of the planned results
Quality Management System	- Quality-oriented part of the management system
Compliance	- Compliance with the requirement
Quality objectives	- goals that are achieved or sought in the field of quality
Customer satisfaction	- consumers' perception of the degree of fulfillment of their requirements
Quality Improvement	- a part of quality management aimed at increasing the ability to meet quality requirements

2. ABBREVIATIONS AND DESIGNATIONS USED

Reduction	Full name
JSC «KazUTB named after K. Kulazhanov»	Kazakh University of Technology and Business named after K. Kulazhanov Joint-Stock Company
KazUTB-DSR-IKP-5.3/9.3-2026-02	«Process information card»
KazUTB-DSR-DP-7.5-2026-01	Documented Procedure «Documented Information»
KazUTB-DSR-DP-10.2-2026-10	Documented Procedure «Nonconformities and Corrective Actions»
KazUTB-DSR-DP-9.2-2026-08	Documented procedure «Internal Audit»
KazUTB-DSR-DP-6.1-2026-03	Documented Risk Management Procedure
State Educational Standards of the Republic of Kazakhstan	State Compulsory Education Standard of the Republic of Kazakhstan
DP	The procedure is documented
CD	Corrective actions
MC	International Standard
Real DP	Documented procedure «Management Analysis KazUTB-DSD-DP-9.3-2026-09.
OSMK	Quality Management System Department
Faculty	Faculty
CMK	Quality Management System
SD	Structural department
DSD	Department of Strategic Development
Management Analysis	Management Analysis

3. GENERAL PROVISIONS AND DESCRIPTION OF THE PROCEDURE

3.1 Management review is carried out to ensure the ongoing suitability, adequacy, and effectiveness of the Quality Management System (QMS), to assess opportunities for improvement, and to determine the need for changes in processes and the QMS—including the Quality Policy and objectives. It also aims to ensure the involvement of managers at all levels in evaluating process efficiency and effectiveness, conducting analyses, and developing appropriate corrective and improvement actions.

3.2 The process owner for «Management Analysis» who makes the necessary decisions to improve the QMS, is the President/Rector of JSC «KazUTB named after K. Kulazhanov» (hereinafter – the University).

- Overall responsibility for the QMS analysis is assigned to the Rector.
- Responsibility for organizing the workflow and coordinating the activities of structural units during the management review at the University lies with the Head of the Department of Strategic Development (DSD).

3.3 Vice-Rectors for areas of activity, Process Managers, and/or Heads of structural units exercise general management over the review process within their respective processes and/or units. They are responsible for:

The timely submission to the DSD of QMS analysis results, reports, and proposals for improvement regarding their processes and/or units;

- Providing other documented information on the state of the QMS within their scope, as required by the SDD to conduct a comprehensive management review for the University as a whole.

3.4 The analysis of the QMS functioning shall be conducted once a year. If necessary, an unscheduled management review may be carried out.

3.5 Documented information regarding the QMS analysis shall be prepared in the form of a report, which is reviewed at a meeting of the Academic Council and approved by the Rector.

3.6 The results of the management review and the decisions made shall be communicated to the personnel of JSC «KazUTB named after K. Kulazhanov»in accordance with the internal information procedure, via Google Drive or corporate email.

3.7 The management review process comprises the following stages:

3.7.1 Planning of activities related to the QMS management review of JSC «KazUTB named after K. Kulazhanov»;

3.7.2 Generation and compilation of input data for the analysis;

3.7.3 Conduct of the management review;

3.7.4 Presentation of the management review data at the meeting of the Academic Council;

3.7.5 Planning, organization, and implementation of measures to improve the QMS of JSC «KazUTB named after K. Kulazhanov».

4. PLANNING OF QMS ANALYSIS WORK

4.1 The management review at JSC «KazUTB named after K. Kulazhanov» is scheduled, as a rule, for June based on the performance results of the preceding academic year.

4.2 If necessary, an unscheduled management review of JSC «KazUTB named after K. Kulazhanov» may be conducted (e.g., during certification, upon the detection of significant non-conformities, etc.).

4.3 At the end of the academic year, within the timeframes established by the QMS development and maintenance plan of JSC «KazUTB named after K. Kulazhanov», the Director of the DSD shall notify the process managers of the commencement of work on the QMS analysis.

5. GENERATING DATA FOR ANALYSIS

5.1 Within two to three working weeks following the notification of the QMS analysis, process owners, managers of structural units involved in the QMS of JSC "KazUTB named after K. Kulazhanov", and the Director of the DSD shall compile a package of necessary input data for the management review.

5.2 The inputs to the management review shall include the following information:

5.2.1 The results of internal and external audits;

5.2.2 The effectiveness of actions taken to address risks and implement opportunities, in accordance with form F. DSD-6.1-2026-03-02;

5.2.3 The results of customer satisfaction monitoring;

5.2.4 Changes in external and internal issues (the environment) that could affect the QMS;

5.2.5 The status of corrective action (CA) implementation;

5.2.6 Follow-up actions from previous management reviews;

5.2.7 The performance of processes (analysis of the effectiveness of QMS processes, i.e., reports on the self-assessment of process managers and structural units at the end of the academic year) and the conformity of products and services.

5.2.8 The implementation of measures developed based on the results of the previous analysis;

5.2.9 SWOT analysis of the processes;

5.2.10 Recommendations for improving the QMS.

5.3 In accordance with the Requirements for Self-Reports of Process Managers to Summarize the Results of the Academic Year, self-reports on processes shall be compiled using form F. DSD-9.3-2026-05-03. In these self-reports, process managers critically analyze the effectiveness of the process for the reporting period, including:

5.3.1 An analysis of the developed documented information that ensures the functioning of the process;

5.3.2 Key performance indicators (KPIs) and the conformity of products and services over time;

5.3.3 An analysis of the results and effectiveness of external and internal audits, non-conformities, and corrective actions (CAs) implemented within the process.

5.3.4 The effectiveness of actions taken to address risks and implement opportunities within the framework of the process, in accordance with form F. DSD-6.1-2026-03-02;

5.3.5 The implementation of measures developed based on the results of the previous analysis;

5.3.6 The main body of the self-report must clearly demonstrate performance dynamics in comparison with previous years (using graphs, diagrams, and tables), including appendices and the results of feedback from service consumers (feedback results from applicants, students, graduates, teaching staff, and employer representatives);

5.3.7 Conclusions and proposed improvements at the end of each subsection, along with relevant appendices;

5.3.8 SWOT analysis, overall conclusions, recommendations, measures, and proposals for process improvement and the elimination of deficiencies.

6. ANALYSIS

6.1 The DSD shall review, analyze, and synthesize the received documented information, and, if necessary, request clarifications or additional data. The draft "Management Analysis" report shall be submitted by the Director of the DSD to the Rector.

6.2 Based on the prepared draft «Management Analysis» report, the Rector shall summarize the review, draw conclusions regarding the state of the QMS of JSC «KazUTB named after K. Kulazhanov» for the current year, and provide recommendations and proposals for improving the QMS for the upcoming year.

6.3 The «Management Analysis» report shall, as a rule, contain the following sections:

- Introduction

1. AUDIT RESULTS

1.1 Internal Audit of the QMS / ABMS / ISMS

in accordance with Form F. DSD-9.3-2026-05-01;

1.2 External Audit of the QMS / ABMS / ISMS

in accordance with Form F. DSD-9.3-2026-05-02;

2. FUNCTIONING OF QMS PROCESSES

2.1 Analysis of the Policy and Objectives in the field of quality (for compliance with regional goals and objectives, available resources, etc.).

2.2 Process: «Personnel Management»

2.2.1 Analysis of the effectiveness of the process functioning.

2.2.2 Analysis of the results of feedback from service consumers.

2.3 Process: «Information Environment Management»

2.3.1 Analysis of the effectiveness of the process functioning.

2.3.2 Analysis of the results of feedback from service consumers.

2.4 Process: «Formation of student contingent / New enrollment for Bachelor's and Master's degree programs»

2.4.1 Analysis of the effectiveness of the process functioning.

2.4.2 Analysis of the results of feedback from service consumers.

2.5 Process: «International Cooperation and Academic Mobility»

2.5.1 Analysis of the effectiveness of the process functioning.

2.5.2 Monitoring of satisfaction with the quality of customer services provided.

2.6 Process: «Design and Implementation of Additional Education Programs»

2.6.1 Analysis of the effectiveness of the process functioning.

2.6.2 Monitoring of satisfaction with the quality of customer services provided.
2.7 Process: «Planning and Development of Educational Activities (Bachelor's Degree)»
2.7.1 Analysis of the effectiveness of the process functioning.
2.8 Process: «Implementation of Educational Programs (Bachelor's Degree)»
2.8.1 Analysis of the effectiveness of the process functioning.
2.9 Process: «Monitoring and Measurement of Educational Activities (Bachelor's Degree)»
2.9.1 Monitoring of satisfaction with the quality of consumer services.
2.10 Process: «Provision and Management of Resources (Library and Information Services)»
2.10.1 Analysis of the effectiveness of the process functioning.
2.10.2 Monitoring of satisfaction with the quality of customer services provided.
2.11 Process: «Planning and Development of Educational Activities (Postgraduate Education)»
2.11.1 Analysis of the effectiveness of the process functioning.
2.12 Process: «Implementation of Educational Programs (Postgraduate Education)»
2.12.1 Analysis of the effectiveness of the process functioning.
2.13 Process: «Monitoring and Measurement of Educational Activities (Postgraduate Education)»
2.13.1 Monitoring of satisfaction with the quality of consumer services.
2.14 process: «planning and development of scientific and innovative Activities»
2.14.1 Analysis of the effectiveness of the process functioning.
2.15 Process: «Scientific and Innovative Activity»
2.15.1 Analysis of the effectiveness of the process functioning.
2.16 Process: «Monitoring and Measurement of Scientific and Innovative Activities»
2.16.1 Monitoring of satisfaction with the quality of consumer services provided.
2.17 Process: «Educational and Extracurricular Work with Students»
2.17.1 Analysis of the effectiveness of the process functioning.
2.17.2 Monitoring of satisfaction with the quality of customer services provided.
2.18 Process: «Social Support for Students»
2.18.1 Analysis of the effectiveness of the process functioning.
2.18.2 Monitoring of satisfaction with the quality of consumer services.
2.19 Process: «Public Awareness»
2.19.1 Analysis of the effectiveness of the process functioning.
2.19.2 Assessment of customer satisfaction and feedback from relevant stakeholders.
2.20 Process: «Resource Management (Infrastructure, Educational and Process Environment)»
2.20.1 Analysis of the effectiveness of the process functioning.
2.21 Process: «Procurement Management»
2.21.1 Analysis of the effectiveness of the process functioning.
2.22 Process: «Editorial and Publishing Activities»
2.22.1 Analysis of the effectiveness of the process functioning.
2.23 Process: «Ensuring Life Safety»
2.23.1 Analysis of the effectiveness of the process functioning.

3. STATUS OF CORRECTIVE ACTIONS

4. RECOMMENDATIONS FOR IMPROVING ACTIVITIES

7. PRESENTATION OF THE ANALYSIS DATA AT THE ACADEMIC COUNCIL

7.1 The prepared «Management Analysis» Report shall be presented and discussed at a meeting of the Academic Council of JSC «KazUTB named after K. Kulazhanov». At the discretion of the Rector, the meeting may be attended by the heads of relevant structural units and other officials.

7.2 The results of the discussion shall be documented in a protocol (minutes) signed by the Rector. The secretary shall communicate the minutes to all members of the Academic Council and the heads of structural units. The minutes of the Academic Council meeting shall serve as the basis

for developing the Action Plan for the development and maintenance of the QMS for the year, using form F. DSD-9.3-2026-09-04.

7.3 Based on the minutes of the Academic Council meeting on quality and the Action Plan for the development and maintenance of the QMS, the heads of structural units shall develop and implement corrective/process documentation in the manner established by the procedure KazUTB-DSD-DP-10.2-2026-10 «Non-Conformities and Corrective Actions».

7.4 In the absence of any remarks or comments regarding the results of the analysis, the Rector shall approve the «Management Analysis» Report.

7.5 The reports, documented information containing analytical materials, and the Action Plan for the development and maintenance of the QMS shall be stored in the DSD (Development Strategic Department).

8. FORMATION OF A REPORT ON THE FUNCTIONING OF THE QMS IN THE STRUCTURAL UNITS

8.1 at the end of the academic year, within the timeframes established by the qms development and maintenance plan of JSC «KazUTB named after K. Kulazhanov» and the operational plan of the structural unit, all heads of structural units shall analyze the work of their units for the academic year and prepare a report on the functioning of the qms within the structural unit using form **F.DSD-9.3-2026-09-06.**

8.2 methodology for preparing the report: in addition to general formal requirements, when preparing the report in form **F. DSD-9.3-2026-09-06**, the heads of structural units are required to:

8.2.1 provide a direct link between the kpis recorded in the «process information cards» and the results reflected in the report;

8.2.2 correlate the achieved performance indicators with the risk register (form **F. DSD-6.1-2026-03-01**) and the action plan for risk mitigation/elimination (form **F. DSD-6.1-2026-03-02**);

8.2.3 present the dynamics of the core process indicators (comparing the current academic year with the preceding one) using graphic visualization methods (graphs and diagrams);

8.2.4 include a critical analysis of the causes of deviations in the conclusions and proposals section (clause 6.2.9) if the process kpis have failed to reach their target values.

8.3 Composition of reporting documentation (including requirements for risks and processes):

8.3.1 The effectiveness of internal audits;

8.3.2 The effectiveness of external audits;

8.3.3 Information on the implementation of the QMS improvement action plan for the academic year;

8.3.4 Documented information developed by the structural unit during the academic year;

8.3.5 Structural unit risk passport using form F. DSD-6.1-2026-03-01;

8.3.6 Risk mitigation/elimination action plan using form F. DSD-6.1-2026-03-02;

8.3.7 Action plan to improve the QMS for the upcoming year;

8.3.8 SWOT analysis;

8.3.9 Conclusions and proposals for improvement.

8.4 Submission of reports

The report on the functioning of the QMS (in electronic format) shall be submitted to the Office of Quality Management (or relevant QMS department) via the corporate Google Drive storage for internal regulatory documents (VND). It is permissible to compile a single, consolidated report on the functioning of the QMS for departments and research institutes of JSC «KazUTB named after K. Kulazhanov»

8.5 Use of data

The data from the reports on the functioning of the QMS within the structural units shall serve as the basis for preparing the final «Management Analysis» report. Responsibility for the reliability and analytical depth of the provided data lies with the process owner / head of the structural unit.

9. PLANNING, ORGANIZATION AND IMPLEMENTATION OF ACTIVITIES TO IMPROVE THE QMS OF JSC «KAZUTB NAMED AFTER K. KULAZHANOV»

9.1 Based on the approved «Management Analysis» report, the Rector and the Director of the SDD shall, within 10 days, develop an action plan for the development and maintenance of the QMS of JSC «KazUTB named after K. Kulazhanov» for the year, using form F. DSD-9.3-2026-05-04. The prepared action plan for the development and maintenance of the QMS shall be approved by the Rector.

9.2 The Action Plan for the development and maintenance of the QMS shall include decisions and measures aimed at:

9.2.1 Improving the effectiveness and efficiency of the QMS and its processes;

9.2.2 Establishing performance indicators for the improvement of core and support processes.

9.2.3 improving the quality of services provided and products in accordance with the requirements of consumers;

9.3.4 Identification of real needs and optimal allocation of resources.

9.3 The action plan for the development and maintenance of the QMS of JSC «KazUTB named after K. Kulazhanov» is stored in the DSD, familiarization of the JV managers is carried out in the «EDM» of the IRN.

9.4 Control over the implementation of the action plan for the development and maintenance of the QMS JSC «KazUTB named after K. Kulazhanov» is carried out by the Rector. Documented information with the results of the measures taken is an input data for the subsequent analysis of the management of JSC «KazUTB named after K. Kulazhanov»

9.5 Annually, the heads of JSC «KazUTB named after K. Kulazhanov» develop and approve from the head of the department or the supervising vice-rector (according to the organizational structure) the Annual Work Plans of the joint venture in the form **F. DSD-9.3--2026-05-05.**

10. INFORMATION SUPPORT

10.1 Information support for the management review shall ensure:

10.1.1 Informing internal and external consumers, as well as stakeholders of JSC «KazUTB named after K. Kulazhanov» regarding the effectiveness of the QMS and its evaluation by the management;

10.1.2 Informing internal and external consumers and stakeholders about measures taken to improve the functioning of the system, including the distribution of relevant QMS documented information and posting them on the official website of JSC «KazUTB named after K. Kulazhanov».

11. RESPONSIBILITIES AND AUTHORITY

Division	Credentials
Rector	- Approval of this Documented Procedure (DP) and its new versions in the event of changes; - Application of this DP in daily activities; - Conducting the management review (management analysis); - Developing decisions regarding the assessment of QMS effectiveness; - Approval of the Action Plan for the development and maintenance of the QMS, as well as documented quality information; - Development and implementation of this DP; - Management of the «Management Analysis» process; - Organization of work related to the preparation of the Management Analysis Report; - Presentation and reporting at the meeting of the Academic Council; - Drafting and registration of the Action Plan for the development and maintenance of the QMS of JSC «KazUTB named after K. Kulazhanov»

	in accordance with form F. DSD-9.3-2026-05-04, management of documented quality information, and control over their implementation; - Informing internal and external consumers and stakeholders about measures taken to improve the functioning of the QMS of JSC «KazUTB named after K. Kulazhanov».
Director of the DSD	- Compliance of this Documented Procedure (DP) with the requirements of ISO 9001:2015 «Quality Management Systems — Requirements»; - Implementation of this DP within structural units; - Organization of work on the collection of input data from process managers and structural units. - Generalization and synthesis of initial analysis data (inputs) and preparation of reporting documented information; - Provision of all necessary documented information to the Rector for analysis and management review.
Process Managers	- Organization and coordination of activities for the implementation of specific process stages and ensuring the quality of final results; - Periodic analysis of the process and preparation of the annual process self-report; - Preparation of the Risk Passport for the process (form F. DSD-6.1-2026-03-01); - Implementation of actions to address risks and capitalize on process opportunities, including the preparation of the annual Risk Mitigation Action Plan (Plan-report) in form F. DSD-6.1-2026-03-02; - Annual preparation of the process self-report for the «Management Analysis» report in form F. DSD-9.3-2026-05-03.
Heads of the joint venture	- Planning the activities of the structural unit using form F. DSD-9.3-2026-05-05; - Organization and coordination of activities for the implementation of the Action Plan for the development and maintenance of the QMS of JSC «KazUTB named after K. Kulazhanov» (form F. DSD-9.3-2026-05-04) and the structural unit's operational plan (form F. SDD-9.3-2026-05-05), ensuring the quality of final results; - Annual preparation of the report on the functioning of the QMS within the structural unit using form F. DSD-9.3-2026-05-06; - Ensuring the safety, prevention of unauthorized copying of QMS documented information located within the structural unit, and prevention of official information leakage.

12. RISKS ASSOCIATED WITH THE PROCESS AND ACTIONS ON RISK PREVENTION

12.1 Risks associated with:	12.2 Risk Prevention Actions:
- Risk 4: Inefficient channels for internal and external exchange of documented information (untimely receipt of data regarding the functioning of all processes); **- Preventive Actions:** Optimizing the corporate Electronic Document Management (EDM) system and corporate Google Drive repositories, and enforcing strict compliance with document submission schedules. - **Risk 5:** Personnel incompetence, such as a lack of understanding by process managers regarding specific requirements for conducting the	- Conducting internal and external audits at least once a year and ensuring the timely provision of documented information regarding the audit results; - Conducting consumer satisfaction surveys within the scheduled timeframes, analyzing the questionnaire data, and maintaining the corresponding documented information; - Notifying all process managers via the corporate Google Drive storage (IRD/VND) and corporate email regarding the requirement to submit reporting documented information within

management analysis; **- Preventive Actions:** Conducting targeted training sessions, briefings, and methodological consultations by the Development Strategic Department (DSD) for process owners and heads of structural units. - **Risk 6:** Resource constraints, specifically the allocation of insufficient time for the preparation of the Management Analysis Report; - **Preventive Actions:** Advance planning of operational workflows, establishing realistic deadlines within the academic year schedule, and monitoring timeline adherence. - **Risk 7:** Provision of inaccurate or distorted information involving potential compliance or corruption risks; **- Preventive Actions:** Implementing multi-level verification of analytical data, reinforcing the personal responsibility of process owners and heads of structural units for data reliability, and conducting independent internal reviews by the DSD.	established deadlines; - Timely development and updating of this Documented Procedure "Management Analysis" in accordance with the requirements of ISO 9001:2015 *(Note: standard ISO 9001:2015 is used internationally)*; - Publishing approved electronic versions of documented information on the official website and information boards strictly in PDF format; - Allocating and calculating the time required to prepare the Management Analysis Report well in advance; - Exercising rigorous control over the provision of reliable, objective information free from corruption risks.

13. ANTI-CORRUPTION PROVISIONS

13.1 In order to comply with the requirements of the international standard ISO 37001:2016, the management review (management analysis) shall be conducted to assess the effectiveness of the anti-corruption management system, identify corruption risks, and determine opportunities for its continuous improvement.

The management analysis shall take into account reported violations, received complaints, the results of internal and external inspections, as well as the overall effectiveness of implemented anti-corruption measures. Managers at all levels shall participate in this process, ensuring the objectivity of the assessment and the development of appropriate corrective and preventive actions.

The results of the management analysis shall be documented and utilized to make managerial decisions aimed at enhancing the effectiveness and enforcement of the anti-corruption policy.

14. CONFIDENTIALITY

14.1 This Documented Procedure (DP) is an internal regulatory document of JSC "KazUTB named after K. Kulazhanov" and shall not be disclosed, distributed, or submitted to external parties, except for certification body auditors during a certification audit, or to partner consumers with the explicit permission of the Rector.

APPLICATIONS

REQUIREMENTS FOR SELF-REPORTS ON INTERNAL AUDIT / QMS / SMPC / ISMS TO SUMMARIZE THE RESULTS OF THE SCHOOL YEAR

F. DSD-9.3-2026-09-01 (mandatory)

ISO INTERNAL AUDIT SELF-REPORT
to summarize the results of the school year

In their annual self-reports, process managers and heads of structural units shall critically analyze the performance and effectiveness of their assigned processes during the reporting academic year, evaluating target achievements, identifying operational gaps, and determining opportunities for continuous improvement.

1. Key performance indicators

Key performance indicators	20...-20.....academic year	20…-20….. Academic year
Number of audited structural units (SD):		
Number of internal auditors:		
Absence of non-conformities in structural department (SD):		
Number of identified non-conformities:		
Number of open (unresolved) corrective action reports:		

Conclusion:

2. Implementation of measures developed based on the results of the previous analysis.

№	Event Names	Mark of completion / reason for non-fulfillment
1		
2		

- if certain measures are not performed, indicate the reason for non-implementation.

3. Main Part: Indicate the order number, the timing of the internal audit (VA), the applicable ISO standard, and the number of audited areas/processes. If an internal audit did not take place, indicate the reason.

The summary report on the results of the internal audit (VA) for the academic year (with an active link to the VA summary report) was approved, reviewed, and discussed at the meeting of the Academic Council of JSC "KazUTB named after K. Kulazhanov" on _____, Minutes No.

4. Repetition of non-conformities due to non-compliance with ISO requirements is observed in the following structural units (SD): (list the structural department or processes, specifying the recurring non-conformities and root causes).

Conclusion:.....

(If there is an increase in inconsistencies during the academic year compared to the previous year, write the reason).

Positive points:

- …..

Negative aspects:

- …..

5. Dynamics of qualification of nonconformities according to ISO ..... for VA for two academic years

PDCA	Sections of ISO	reporting academic year								Previous academic year							
		SD 1	SD 2	SD 3	SD 4	SD 5	SD 6	and so on.	Total	SD 1	SD 2	SD 3	SD 4	SD 5	SD 6	and so on.	Total
	1	2	3	4	5	6	7										
P-planning	**p.....**																
	p.....																
D- Implementation of the plan	**p.....**																
	p.....																
	p.....																
C - checking what has been achieved	**p.....**																
	p.....																
	p.....																
A - Analysis	**p.....**																
	p.....																
	p.....																
	p.....																
	Total:																

P – Planning, goal setting: Strategic Development Plan of JSC «KazUTB named after K. Kulazhanov»; annual activity area plans; annual plans of structural subdivisions.

D – Implementation (Do): Implementation of planned actions. This stage includes the development of documented information, the provision of services, and the delivery/output of products.

C – Checking (Check): Evaluation of achieved results. This evaluation makes it possible to determine whether everything has been accomplished as planned, whether improvements have been realized, or whether another cycle needs to be performed to achieve the desired effect.

A – Analysis & Action (Act): JSC «KazUTB named after K. Kulazhanov» monitors and systematizes data, compiles reports, and develops proposals for continuous improvement of activities.

Conclusions **and proposals for improving activities:**

APPROVED BY:
_____ **Full Name**
"__" _____ ***20*** **г.**
_____ **Full Name**
"__" _____ ***20*** **г.**
_____ **Full Name**
"__" _____ ***20*** **г.**

Self-reports in electronic format shall be submitted to the Strategic Development Department (SDD) / Quality Management System Department (QMSD) via the corporate Google Drive storage (VND) or corporate email within the deadlines established by the management.

REQUIREMENTS FOR SELF-REPORTS
ON EXTERNAL AUDIT / QMS / SMPC / ISMS
TO SUMMARIZE THE RESULTS OF THE SCHOOL YEAR.

F. DSD-9.3-2026-09-02 (mandatory)

In self-reports, process managers **critically analyze the performance of the process during** the reporting period.

1. Key performance indicators

Key performance indicators	**20...-20.....academic year**	**20…-20….. Academic year**
Number of audited POs		
No inconsistencies in the joint venture		
Number of nonconformities identified		

2. Main part. Indicate the audit period, organization, full name of the auditor, ISO Standard, list the audited JV. If the IA did not take place in the JV, indicate the reason, an active **link to the external audit report**.

3. Dynamics of identified nonconformities according to ISO ..... external audit

Period	**No Act of non-conformity / observation**	**Nonconformities/observations and recommendations identified in the external audit**	**SP Full name of the head**	**Effectiveness of CAs**	**Supporting documents**
20__-20__					
20__-20__					

Conclusion:

- …..
- …….

APPROVED BY:

_____ Full Name
«__» _____ *20__*
_____ Full Name
«__» _____ *20__*
_____ Full Name
«__» _____ *20__*

S elf-reports in electronic format shall be submitted to the strategic development department (sdd) / quality management system department (qmsd) via the corporate google drive storage (vnd) or corporate email within the deadlines established by the management

REQUIREMENTS FOR SELF-REPORTS OF PROCESS MANAGERS TO SUMMARIZE THE RESULTS OF THE SCHOOL YEAR

In their self-reports, process managers shall critically analyze process performance during the reporting period. Processes shall be numbered in accordance with the sections and subsections of the Management Analysis Report.

The ISO 9001 quality standard, applied to the quality management systems of JSC «KazUTB named after K. Kulazhanov», establishes the requirement to monitor information reflecting customer perception regarding the organization's fulfillment of their requirements. This information shall be translated into appropriate measurable indicators of the quality management system's performance. In accordance with the standard, methods for obtaining and utilizing this information shall be established.

Objective data shall be used as indicators of customer satisfaction, including: Student Satisfaction Assessment (bachelor's and master's students regarding: quality and level of knowledge, student competencies, educational facility equipment, material and technical base [MTB], electronic courses and resource equipment, teaching quality satisfaction, etc.); Employer Questionnaires regarding the quality of graduate training; Applicant Questionnaires; Staff and Faculty Satisfaction regarding working conditions at JSC «KazUTB named after K. Kulazhanov».

An analysis of quality satisfaction results across all areas shall be provided concisely in a tabular format.

F. DSD-9.3-2026-09-03 (mandatory)

SELF-REPORT
ON THE ..... PROCESS (TITLE)
FOR THE ..... ACADEMIC YEAR

to the Management Analysis report

Scheme for drawing up a Self-report on the process: The «.....» process is carried out in accordance with the information card of the ..... process.

1. Analysis of the developed documented information that ensures the functioning of the process All developed internal regulatory documents (IRDs) for the process comply with QMS requirements; updating is not required. / Updating or development of documented information is required:

- *(list required updates or new documents)*

2. Key performance indicators

Key performance indicators	**20...-20.....academic year** (previous academic year)	**20…-20….. Academic year** (reporting)

Conclusion: *(If there is a decrease in process performance indicators during the academic year compared to the previous year, state the reason).*

3. Analysis of the results and effectiveness of external/internal audits, non-conformities, and corrective actions taken within the process: *(written briefly, example)*

- Under clause 8.3.2(a): The absence of the approved "Plan for the publication of textbooks, manuals, monographs, guidelines and recommendations, and lecture courses of the departments for the 2024–2025 academic year" was identified. Corrective actions (CAs) were implemented, and all planned activities were completed in full. The non-conformity report (Act) was closed on 24.12.2022.
- If the non-conformity report (Act) is not closed, state the reason.

4. Effectiveness of actions taken to address risks and seize opportunities

Process owners shall organize the collection, analysis, clarification, systematization, and ranking of information on risks and opportunities, accompanied by mandatory monitoring of the implementation of measures designed to manage the most significant risks and opportunities.

F. DSD-6.1-2026-03-02 (mandatory)

RISK ELIMINATION ACTION PLAN

No p/n	**Process Name**	**Name of risk**	**Risk mitigation activities**	**Responsible Full name**	**Deadline**	**Mark on completion** (date)	**Supporting documented information containing information on the elimination of the risk**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**

5. Implementation of measures developed based on the results of the previous analysis.

№	**Event Names**	**Mark of completion/reason for non-fulfillment (** when filling out, indicate active links to supporting documents)
1		
2		

- if certain measures are not performed, indicate the reason for non-implementation.

6. The main part of the Self-Report shall comprise a critical self-analysis of process performance and effectiveness for the academic year, supported by comparative dynamics with previous years (presented via graphs, diagrams, and tables), along with required appendices.

Customer Feedback Results: Findings from surveys conducted among service consumers (applicants, students, graduates, faculty members, and employer representatives).

Monitoring and Analysis Approach: Process managers shall shift their approach toward monitoring and analysis by evaluating questionnaire results using clear, measurable indicators, including comparative and dynamic analyses to foster the continuous development of the specific process.

Survey Period and Target Audience: Between ..... and ....., an electronic questionnaire was administered to ..... via the following link: *(specify link)*.

Dynamics of Questionnaire Results: Evaluation of the results for the "..... *(name)*" survey across two academic years.

Uch. year	**Total teaching staff, employees/ students/ applicants/ employers/graduates**	**Questionnaires passed in %**	**Excellent qty/%**	**Good qty/%**	**Udov. qty/%**	**Unfortunate qty/%**
Question: .....?						
20.....-20....g	Quantity	Quantity (%)	Quantity (%)	Quantity (%)	Quantity (%)	Quantity (%)
20….-20… g	Quantity	Quantity (%)	Quantity (%)	Quantity (%)	Quantity (%)	Quantity (%)
Changes +/-	+/- quantity	+/- Quantity (%)	+/- Quantity (%)	+/- Qty/ %	+/- Quantity (%)	+/- Qty/ %

Question: .....?						
20.....-20....g	Quantity	Quantity (%)	Quantity (%)	Quantity (%)	Quantity (%)	Quantity (%)
20….-20… g	Quantity	Quantity (%)	Quantity (%)	Quantity (%)	Quantity (%)	Quantity (%)
Changes +/-	+/- quantity	+/- Quantity (%)	+/- Quantity (%)	+/- Qty/ %	+/- Quantity (%)	+/- Qty/ %

Conclusions on the survey:

- **……**

Complaints from consumers for ..... school year .....

Conclusion:

7 SWOT – Naming Analysis

• **S (strength) – strengths**	• **W (weakness) – weaknesses**
•	•
• **O (opportunity) – favorable opportunities**	• **T (threat) - threats, obstacles**
• .	• .

Conclusions:

- ……
- ……..

Suggestions for improvement and elimination of deficiencies:

- ……
- ……..

Self-reports in electronic format are sent to the DSM/OSMC through the Google Drive program VND/corporate mail within the time limits determined by the management**.**

F. DSD-9.3-2026-09-04

APPROVED:
Rector of
JSC «KazUTB named after K. Kulazhanov»
_____ Full name
«___» _____ 2026

P L A N
MEASURES FOR THE DEVELOPMENT AND MAINTENANCE OF THE QMS OF JSC "KAZUTB NAMED AFTER K. KULAZHANOV" FOR _____

№	Name of events	Deadlines	Responsible executor, co-executor	Structural unit (JV)	Mark on completion
1 Planning for the maintenance and improvement of the QMS					
2 Management of documented QMS information					
3 User Orientation					
4 Internal information exchange					
5 Management Analysis					
6 Competence, training and awareness					
7 Analysis, Monitoring and Measurement					

Agreed:
_____Full Name
«_____»_____20____

F. DSD-9.3-2026-09-05

APPROVED:
VICE-RECTOR FOR ACTIVITY AREAS
/ HEAD OF DEPARTMENT
_____ FULL NAME
«__» _____ *20* Г.

PLAN
WORK OF THE SP FOR THE 20__/ 20_____ ACADEMIC YEAR

№	Name of events	Deadlines	Responsible executor, co-executor	Mark on completion
1	2	3	4	5

Head of the joint venture _____Full name Date

F. DSD-9.3-2026-09-06 (mandatory)

REPORT ON THE FUNCTIONING OF THE QMS V_____FOR 20..../ 20....
ACADEMIC YEAR.
(name of the joint venture)

1. **Effectiveness of internal audits.**

Total inspections according to the schedule of internal audits: ___
Actual inspections carried out: ___
Grounds for inspections (order, instruction, etc. No) Order ..... years

List of non-corrected non-conformities identified during internal audits and reasons for their failure to eliminate (inconsistencies for unclosed acts are entered in the table)

Abbreviation SP	Item ISO 9001:2015	The content does not correspond to the In this case, there is a lot	Responsible Executor	Necessary remediation measures	Reasons for non-elimination of inconsistencies	Enterprises Measures
1	2	3	4	5	6	7

Analysis of the results: .....
Date: .....
Auditor: .....
Recommendations for improvement: .....

2. **Effectiveness of external audits.**

Total audits according to the schedule of external audits: _____
Actual checks carried out: __
Grounds for inspections (program, plan)_____.

List of non-eliminated non-conformities identified during external audits, reasons for their non-elimination (inconsistencies for non-closed acts are entered in the table)

Abbre Viatura SP	Item ISO 9001:2015	Content of non-compliance	Event-elimination of the causes of non-conformities	Designated executors CD	Expected date of correction / actual date of correction	Reasons for non-fulfillment of CA
1	2	3	4	5	6	7

Analysis of the results: .....
Recommendations for improvement: .....

3. **Information on the implementation of the action plan to improve the QMS for the _____ academic year.**

Date of approval of the plan of the joint venture..... / plan of the QMS of KazUTB named after K. Kulazhanov .....

How many items does the JV plan include / the QMS plan of KazUTB named after K. Kulazhanov ...../.....

Of these, ...

Not implemented: .....

List of unperformed works:

No p/n	Abbreviation SP	Name of the event	Deadline	Responsible executor, co-executors	Reasons for non-compliance	Measures taken
1	2	3	4	5	6	7

Analysis of results: .....
Recommendations for improvement: .....

4. **Developed documented information of the JV, ensuring the functioning of the QMS for the _____ academic year.**

№	Identification number	Name of the document	Approval Date	Date of changes
1	2	3	4	5
Documented Procedures (DP)				
Regulations on the Procedure of Operation (PPD)				
List of Information Cards of QMS Processes (ICP)				
Regulations (R)				

Methodical Instructions (MD)				
Regulations on the Strategic Development Department				
Job descriptions (DI) of employees				

Conclusions and suggestions for improvement

F. DSD-6.1-2026-03-01

5. Risk passport according to ISO 9001:2015 for _____/_____ academic year

_____ (name of the joint venture)

No p/n	**Process Name**	**Name of risk/opportunity**	**Causes**	**Risk probability score**	**Probability of risk consequences**
1	**2**	**3**	**4**	**5**	**6**
1	**Planning and development of QMS (SP)**				
2	**Management Analysis (MP)**				
3	**Public Awareness**				
4	**Human Resources Management (HR)**				
5	**Information Environment Management (ISM)**				
6	**Life Safety (SH)**				
7	**Resource Management (SD)**				
8	..... etc.				

***Note**

- The table shows the processes **that are mandatory** for each SP from processes 1 to 7.
- "8, etc." indicate all the processes in which the PO participates (according to the Album of Process Information Maps).

F. DSD-6.1-2026-03-02

6. Risk Elimination Action Plan
according to ISO 9001:2015 for ____/___ academic year

_____
(name of the joint venture)

No p/n	Process Name	Name of risk	Risk mitigation activities	Responsible Full name	Deadline	Mark on completion (date, signature)	Supporting documented information containing information on the elimination of the risk
1	2	3	4	5	6	7	8

Note: if the level of risk exceeds the established level of acceptability ("=" or ">" 3 points), then measures aimed at reducing risks to an acceptable level should be implemented in relation to it. With respect to opportunities with a low level ("=" or ">" 1-2 points), management measures are not taken **and are not entered in the table.**

7. Action plan to improve the QMS ..... (SD) **for ..... (**upcoming**) year**

№	Name of events	Deadlines	Responsible executor, co-executor	Mark on completion
1	2	3	4	5
1 Planning for the maintenance and improvement of the QMS				
2 Management of documented QMS information				
3 User Orientation				
4 Internal information exchange				
5 Management Analysis				
6 Competence, training and awareness				
7 Analysis, Monitoring and Measurement				

SWOT ANALYSIS

S (strength) - strengths	**W (weakness) - weaknesses**
➢ ➢	➢ ➢
O (opportunity) - favorable opportunities	**T (threat) - trevogi, obstacles**

➢ ➢	➢ ➢

Conclusions:

➢
➢

Suggestions for eliminating deficiencies:

➢
➢

Head of the Joint Venture _____Full Name

Date

Reports on the functioning of the QMS are provided to the OSMC through the "Google Drive" program VND / corporate mail within the established time limits.

F. DSD-9.3-2026-09-07 (mandatory)

STATUS OF CORRECTIVE ACTIONS BASED ON THE RESULTS OF THE INTERNAL / EXTERNAL AUDIT CONDUCTED IN THE 20__-20_____ACADEMIC YEAR

№	Inconsistency	Audited SD	PLANNED CORRECTIVE ACTIONS (CAs)	STATUS OF CORRECTIVE ACTIONS (CAs)
1				
2				
…				

F. DSD-7.5-2026-01-02 (mandatory)

APPROVAL SHEET

Position	Full name	Date	Signature
Vice-Rector for AA	Askarbekov E.B.	09.09.2026	
Vice-Rector for R&I	Aibuldinov Y.K.	09.09.2026	
Vice-Rector for SA&SD	Berdigaliuly S.	09.09.2026	
Director of the DSD	Orazalina D. K.	09.09.2026	
Head of the QMSD	Ernst A.	09.09.2026	

F. DSD-7.5-2026-01-03 (mandatory)

FAMILIARIZATION SHEET

Position	Full name	Date	Signature

F. DSD-7.5-2025-01-04 (mandatory)

CHANGE REGISTRATION SHEET

Number Changes	Change Notice Number	Number of sheets (pages)				Total sheets (after change)	Date of entry	Full name, exercising Introduction changes	Signature of the person who made the changes
		modified	replaced	new	Cancelled				

F. DSD-7.5-2026-07-05 (mandatory)

PERIODIC INSPECTION RECORD SHEET

Verification Date	full name of the person, who performed the Verification	Signature of the person, who performed the check	Wording of comments