## Feedback Form to be filled-in by the Institution Regarding Accreditation Visit

## Purpose

specify.

This form is designed to have a fair opinion of the team which has visited your institution. This will enable the NBA to improve its system and make it more effective. We thank you in advance for the time and effort you are investing in filling out this form.

1. Name of the Instituti	ion:		
2. Programme(s)evalua	nted:		
3. Date(s) of visit:			
4. Name of Chairperson			
5. Names of Evaluators			
1	2	3	
4	5	6	
7	8	9	
10	11	12	
6. Please comment on the	ne evaluation methodology a	dopted by the team during the	visit.
7. Whether the evaluato	ors have tendered any advice	to improve the system? If yes,	please specify.
(i) Name of the (ii) Advice:	Evaluator:		

8. Whether any of the evaluators were specific about the relevant topics related to the programme? If no, please

9. Whether the evaluators interacted with students and faculty in groups or with	n students and faculty in private? If
yes, please specify the name of the students/faculty.	

- 10. Whether the head of the institution or any representative of the management was also present during the interaction? If yes, please specify.
  - (i) Name of the representative:
  - (ii) Observation of the representative about interaction:
- 11. Whether Evaluators have been facilitated by the institution for outdoor activity? If yes, please specify.
  - (i) On whose insistence:
  - (ii) What activity:
- 12. Whether the Exit Meeting met the purpose i.e., to share the Visiting Team's perceptions and general observations about the institution and programmes.
- 13. Specify the participants of the Exit Meeting.
- 14. Please comment on the general behavior of the Visiting Team (Chairperson and Evaluators) during the visit? Whether hospitality was extended to the Visiting Team? If yes, please specify the participants and the kind of hospitality offered.

Signature of the Head of the Institution

Thank you for your feedback!