

Chairperson's Visit Report

Diploma Pharmacy Program

Name of the Institution

Name of the Program

Visit Dates

NATIONAL BOARD OF ACCREDITATION
NBCC Place, East Tower, 4th Floor, Bhisham Pitamah Marg, Pragati
Vihar, New Delhi 110003
Tel: +91 112430620-22; 01124360654; www.nbaind.org

Team composition

Name of the Chairperson: _____

Designation: _____

Program Name:

Program evaluator 1	Name
	Organization:

Program evaluator 2	Name
	Organization:

Institute Details

1. **Year of Establishment:** _____

2. **Physical Infrastructure and Ambience:** _____

3. **Number of programs being run in the Institute*:**
 - (i) Diploma - _____
 - (ii) UG- _____
 - (iii) PG - _____

4. **Total Number of Students:**
 - (i) In Diploma Program - _____
 - (ii) In UG programs - _____
 - (iii) In PG programs - _____

5. **Name of programs applied for accreditation**
 - (i) _____
 - (ii) _____
 - (iii) _____
 - (iv) _____
 - (v) _____

**to be verified from SAR*

Information for Evaluation

Award of Accreditation (Diploma Pharmacy Programs)

1. Accreditation for Six years will be accorded to a program on fulfilment of the following requirements:

- i. Program scoring a minimum of 375 points in aggregate out of 500 points with minimum score of 60% in each criterion shall be eligible for accreditation for 6 years.
- ii. Program shall meet all the essential parameter for Accreditation of 3 years.

2. Accreditation for Three years will be accorded to a program on fulfilment of the following requirements:

- i. Program with the score of minimum 300 points in aggregate shall be eligible for accreditation for 3 years. Also the program must score minimum 40% marks in Faculty Information and Contributions (Criterion V).
- ii. The admissions in the diploma programs under consideration shall be more than or equal to 50% averaged for the last three years including current academic year.
- iii. Student faculty ratio in the department of the program under consideration shall be better than or equal to 1:25 averaged over previous three academic years including current academic year

3. No Accreditation of the program

If the program scores less than 300 points or less than 40% marks in Faculty Information and Contributions (Criterion V) or fails to meet the criteria for award of accreditation for 3 years, the program will not be accredited.

Overall Observations

1.

S. No.	Name of the Program	Intake	Admissions	Student-Faculty Ratio	Placement (last year)

2. **About the progress since last accreditation (to be filled for institutes who have applied for programs which has got accreditation in previous cycle.)**

Kindly mention the changes made as recommended by NBA, since the previous visit.

3. **Observation on general facilities and about the programs.**

Kindly mention general observations about facilities like labs, library etc. and a general review about the programs.

- Academic Ambience
- Student Support Systems
- Strengths, Weaknesses, Suggestions

4. **Status of imbibing of outcome based accreditation. For Example:**

- Formulation of PEOs, COs and mappings carried out and implemented
- Methodology for assessing the attainment of outcomes
- Continual improvement process status
- Stakeholders (especially the faculty, HOD, students etc.) awareness about the process

Signature of the Chairperson

Declaration and Feedback

(To be filled by the Chairman)

Declaration Form

Name and Address of the Institution visited:

I do hereby declare that I don't have or didn't have a close or active association with the above institution in any of the following form:-

1. I am neither employed currently nor was employed in the past as faculty, staff or Consultant by the institution;
2. I am neither engaged currently nor was engaged in the past in any discussion or negotiation of employment with the institution;
3. I have never attended the above institution as a student;
4. I have never received an honorary degree from the institution;
5. I have not guided institution for preparation or mock up exercise;
6. I do not own a membership in the institution's Board of Trustees/Advisory Board/Academic Advisory Board;
7. I am / was not a member of any committee of the Institution/Department/Program;
8. No close/family relative of mine is a student or employee of the institution;
9. I do not own a membership in the institution's Board of Trustees/Industry Advisory Board.

I hereby declare that I have no conflict of interest in the proposed NBA accreditation assignment for this institution and I will follow the NBA conflict of interest Policies. I shall abide by the code of conduct and will conduct myself in professional manner and uphold the dignity and esteem of the position bestowed upon me.

Name:

Signature:

Date

Feedback Form to be filled by the Chairperson about the Institution and Team Members (to be send to NBA)

Purpose- (This form is designed to have a fair opinion about the team members who have assisted you during the visit. 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. Program Evaluators

(i) Please comment on the evaluation methodology adopted by the evaluator.

(ii) Whether the evaluator has tendered any advice to improve the system? If yes, please specify.

a. Name (s) of the Evaluator:

b. Advice:

(iii) Did each of the evaluators were well prepared and filled the Pre-Visit Report with specific issues for which they wished to gather proper evidence, etc.?

(iv) Whether the evaluators were specific about the relevant topics related to the program? If No, please specify.

(v) Whether the evaluator interacted with students and faculty in groups or with students and faculty in private? If yes, please specify the name of the students/faculty.

(vi) Please comment on the general behaviour and etiquette of the evaluator during the visit.

2. Institution

(i) Please comment on the general behaviour and etiquette of the Head of the Institution/other key officials.

(ii) Please comment on the cooperation and coordination rendered by the institution.

(iii) In case of any suspicious/unethical activity, kindly specify.

Signature of the Chairperson

Thank you for your feedback!

Feedback Form to be filled about Service Provider

Purpose-This form is designed to have a fair opinion about the Service Provider hired by the NBA. 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 Institution:

2. Date (s) of visit:

3. Name of the Service Provider:

4. Kindly fill the following table:

Basis of Assessment	Rating
Customer Service	
Travel Management	
Consulting Services	
Lodging Requirements	
Travel Documentation	
Overall Experience	
Signature	

(Kindly rate on scale of 1 to 3, 1 for Excellent, 2 for Satisfactory and 3 for Poor services)

Specific Comments (If Any):

Thank you for your feedback!