

Part B – 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 evaluators.

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

- (iv) 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.

- (v) Please comment on the general behaviour and etiquette of the evaluators 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

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!