

PART A



Evaluator's Visit Report

Postgraduate 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

Program Evaluator Summary

Overview

The Expert team of National Board of Accreditation (NBA) conducted a three-day accreditation visit from _____ to _____ <<name of institution>> to evaluate PG pharmacy program <<name of the program>>.

Pre visit meeting of the expert team was held on at _____ to exchange the respective findings with the evaluation team members, based on review of Self-Assessment Report (SAR) and the pre-visit evaluation reports.

During the visit, the visiting team met with Head of the Institution/Dean _____. The briefing on the institution was given by _____ and on the program was given by the (Name of the respective Head of the Department/Program Coordinator). The respective program evaluators also visited the various facilities of the program. Apart from comprehensive review of documental evidences pertaining to various accreditation criteria, the visiting team also held meeting and discussions with the following stakeholders (kindly tick).

| | | | |
|---------------|--------------------------|---------|--------------------------|
| Faculty | <input type="checkbox"/> | Alumni | <input type="checkbox"/> |
| Employers | <input type="checkbox"/> | Parents | <input type="checkbox"/> |
| Staff members | <input type="checkbox"/> | Student | <input type="checkbox"/> |

The Program Evaluation Team found that (general findings about the program to be mentioned)

Program Details

| | | | | | |
|--|---|-----------------------------|------------------------|--------------|--------------|
| Name of the Program: | | | | | |
| Year of Commencement | | | | | |
| Student | Year | Sanctioned Intake | Actual Admitted | | |
| | CAY (20__ - 20__) | | | | |
| | CAY m1 (20__ - 20__) | | | | |
| | CAY m2 (20__ - 20__) | | | | |
| | Averaged no.of students admitted in the program over three academic years i.e. CAY, CAYm1 and CAYm2. | | | | |
| Faculty (Attach a Copy of faculty list compared with Time Table) | Regular | | CAY | CAYm1 | CAYm2 |
| | | No.of Professors | | | |
| | | No.of Associate Professors | | | |
| | Contractual | No.of Assistant Professors | | | |
| | | No.of Professor | | | |
| | | No.of Associate Professors | | | |
| | No.of Assistant Professors | | | | |
| | No. of Ph.D. available in the Dept. | | | | |
| | Student - Faculty ratio averaged over CAY, CAYm1 and CAYm2 | | | | |
| | Name of the faculty with the domain specific qualification (with Ph.D) for the program under consideration | | CAY | CAYm1 | |
| No.of Professors | | | | | |
| No.of Associate Professors | | | | | |
| Previous accreditation (if any) | First accreditation | No. of years accredited for | | | |
| | | With effect from | | | |
| | Previous accreditation | No. of years accredited for | | | |
| | | With effect from | | | |

CAY: Current Academic Year

CAYm1: Current Academic Year minus 1= Current Assessment Year

CAYm2: Current Academic Year minus 2= Current Assessment Year minus 1

Consideration of Contractual Faculty means:

All the faculty whether regular or contractual (except Part-Time or hourly based), will be considered. The contractual faculty (doing away with the terminology of visiting/adjunct faculty, whatsoever) who have taught for 2 consecutive semesters in the corresponding academic year on full time basis shall be considered for the purpose of calculation in the Faculty Student Ratio. However, following will be ensured in case of contractual faculty:

1. Shall have the PCI/AICTE prescribed qualifications and experience.
2. Shall be appointed on full time basis and worked for consecutive two semesters during the particular academic year under consideration.
3. Should have gone through an appropriate process of selection and the records of the same shall be made available to the visiting team during NBA visit.

Explicit observations about the program

(Please use additional sheets if necessary to elaborate)

Program title _____

Strengths:

1. _____
2. _____
3. _____
4. _____
5. _____

Weakness/Areas of improvement:

1. _____
2. _____
3. _____
4. _____
5. _____

Deficiencies:

1. _____

2. _____

3. _____

4. _____

5. _____

Other Observations, if any:

1. _____

2. _____

3. _____

4. _____

5. _____

EVALUATION CRITERIA

AWARD OF ACCREDITATION FOR THE PG PHARMACY PROGRAMS

Accreditation for 6 years:

- i. Program should score greater than or equal to 375 with 60 per cent in each criterion.
- ii. Number of Ph.D. available in the department should be greater than or equal to 30 per cent of the required number of faculty, averaged over two academic years i.e. Current Academic Year (CAY) and Current Academic Year Minus One (CAYM1).
- iii. Faculty student ratio in the department under consideration should be less than or equal to 1:15, averaged over three academic years i.e. Current Academic Year (CAY), Current Academic Year Minus One (CAYM1) and Current Academic Year Minus Two (CAYM2).
- iv. At least two Professors or one professor and one associate professor on regular basis with a Ph.D. degree having expertise in the domain of the Program under consideration should be available for two academic years i.e. Current Academic Year (CAY) and Current Academic Year Minus One (CAYM1).

Accreditation for 3 years:

- i. Program should score greater than or equal to 300 with 50 per cent in Criterion-IV (Faculty Contribution).
- ii. The UG Program should be accredited by NBA.
- iii. The UG pharmacy program should have been granted with at least 650 marks out of 1,000.
- iv. At least two Professors or one professor and one associate professor on regular basis with Ph.D. qualification with expertise in the domain of the Program under consideration should be available for two academic years i.e. Current Academic Year (CAY) and Current Academic Year Minus One (CAYM1).
- v. The department should have at least two faculty having Ph.D. qualification for two academic year i.e. Current Academic Year (CAY) and Current Academic Year Minus One (CAYM1).
- vi. Faculty Student Ratio in the department under consideration should be less than or equal to 1:20, averaged over three academic year i.e. Current Academic Year (CAY), Current Academic Year Minus One (CAYM1) and Current Academic Year Minus Two (CAYM2)

No Accreditation

If the program fails to meet the criteria for award of accreditation for three years, it is awarded "Not Accredited" Status

Department/Programme Specific Criteria:

| S. No. | Criteria | Max. Marks | Marks Awarded | Remarks |
|---------------|--|-------------------|----------------------|----------------|
| 1. | Program Curriculum and Teaching-Learning Processes | 100 | | |
| 2. | Program Outcomes and Research Outcomes | 75 | | |
| 3. | Students' Performance | 75 | | |
| 4. | Faculty Contributions | 100 | | |
| 5. | Laboratories and Research Facilities | 75 | | |
| 6. | Continuous Improvement | 75 | | |
| TOTAL | | 500 | | |

Signature
(Program Evaluator 1)

Signature
(Program Evaluator 2)

Declaration of Conformity with Evaluator's Report by the Team Chair

I agree with the observations of the program evaluators on each criterion.

Or

I agree with most of the observations of the program evaluators. However, I have following comments to make on certain criteria:

| Criteria | Comments |
|----------|----------|
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| | |
| | |
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| | |
| | |
| | |

**Signature
(Chairperson)**