Evaluator's Visit Report

Undergraduate Engineering Program

Tier-I

Name of the Institution

_____

Name of the Program

_____

Visit Dates

_____

Program Evaluator Summary

Overview

The Expert team of National Board of Accreditation(NBA) conducted a three day accreditation visit from_____to_____ _<<nameofinstitution>>_____ to evaluate UG Engineering program [_<<nameoftheprogram>>_____].

Pre visit meeting of the expert team was held on_<<date>>_at_____ to exchange the respective findings with the evaluation team members, based on review ofSelf-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 _(NameoftherespectiveHeadoftheDepartment/ProgramCoordinator)._ The respective program evaluators also visited the variousfacilities of the program. Apart from comprehensive review ofdocumental evidences pertaining to various accreditation criteria, the visiting team also held meetinganddiscussionswith thefollowingstakeholders(kindlytick).

Faculty	☐	Alumni	☐
Employers	☐	Parents	☐
Staffmembers	☐	Students	☐

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 *(without Lateral Entry)*		
	CAY (20___-20__)				
	CAYm1 (20__-20__)				
	CAYm2 (20__-20__)				
	Total Students in the Programme 1ˢᵗ to Final Year				
	Average of the CAY, CAYm1 and CAYm2				

Faculty (Attach a Copy of faculty list compared with TimeTable)			**CAY**	**CAYm1**	**CAYm2**
	Regular	Professor			
		Associate professor			
		Assistant professor			
	Contractual	Professor			
		Associate professor			
		Assistant professor			
	No. of PhD. available in the dept.				
	Student-Faculty ratio (averaged over CAY, CAYm1 and CAYm2) *(Refer criteria-5.1)*				

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

Note: Consideration of Contractual Faculty means:

- All the faculty whether regular or contractual (except part-time or hourly based), will be considered. The contractual faculty appointed with any terminology whatsoever, who have taught for 2 consecutive semesters with or without break between the 2 semesters in 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 AICTE prescribed qualifications and experience.*

  2. *Shall be appointed on full time basis and worked for consecutive two semesters with or without break between the 2 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*

- *Faculty to be calculated Department wise as per the format given in SAR; Faculty appointment letters, time table, subject allocation file, salary statements and random interaction in person.*
- *No. of students calculation as mentioned in the SAR (please refer table under criterion 5.1)*
- *Faculty Qualification as per AICTE guidelines shall only be counted*

Explicit observations about the program
(Please use additional sheets if necessary to elaborate)

Program title_____

Strengths:

1. _____

2. _____

3. _____

4. _____

5. _____

Concerns:

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. _____

Information for Evaluation

Y= 75% or Above; C= 60% and<75%;W=40% and<60%; D<40%.

Award of Accreditation (TIERI (UG))

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

    i.   There should not be any "Deficiency" or "Weakness" in any of the Criteria and at least Seven Criterion must be fully Compliant with only "Concerns" in the remaining Criteria

Y	C	W	D
>=7	<=3	0	0

    ii. Number of available Ph.D. in the department should be greater than or equal to 30 percent 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. The admissions in the UG program should be more than or equal to 60 per cent, averaged over three academic years (including lateral entry), i.e., Current Academic Year minus One (CAYm1), Current Academic Year minus Two (CAYm2) and Current Academic Year minus Three (CAYM3).

    iv. Faculty Student Ratio in the department should be less than or equal to 1:20 averaged over three academic years i.e. Current Academic Year (CAY), Current Academic Year Minus One (CAYM1)and Current Academic Year Minus Two (CAYM2).

    v.   At least 2 Professors or 1 Professor and 1 Associate Professor on regular basis with Ph.D. degree should be available in the respective department for two academic years i.e. Current Academic Year(CAY) and Current Academic Year Minus One(CAYM1)

    vi. HOD of the program under consideration should possess Ph.D. degree in the Current Academic Year (CAY)

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

i.   There should be at least four criteria fully compliant with zero (0) "Deficiency" in the remaining criteria.

Y	D
>=4	<=0

    ii. The admissions in the UG program under consideration should be more than or equal to 60 percent, averaged over three academic years (including lateral entry), i.e., Current Academic Year minus One (CAYm1), Current Academic Year minus Two (CAYm2) and Current Academic Year minus Three(CAYM3).

iii. At least 2 Professors or 1 Professor and 1 Associate Professor on regular basis withPh.D. degree should be available in the respective department for two academicyears, i.e., Current Academic Year (CAY) and Current Academic Year minus One (CAYM1).

iv. The faculty student ratio in the department under consideration should be less than orequalto1:25 averaged over three academic years i.e. Current Academic Year (CAY), Current Academic Year Minus One (CAYM1) and Current Academic Year Minus Two (CAYM2).

v. Number of available Ph.D. in the department should be greater than or equal to 20 percent of the required number of faculty averaged over two academic years i.e. Current Academic Year (CAY) and Current Academic Year Minus One (CAYM1).

vi. HOD of the program under consideration should possess Ph.D. degree in the Current Academic Year (CAY).

vii. In case of a "**D**" in Criterion – V (Faculty Information & Contributions), the program is not considered for accreditation.

3. No Accreditation of the program:

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	Grade (Y,C,W, D)	Remarks
1.	Vision, Mission and Program Educational Objectives	50			
2.	Program Curriculum and Teaching-Learning Processes	100			
3.	Course Outcomes and Program Outcomes	175			
4.	Students' Performance	100			
5.	Faculty Information and Contributions	200			
6.	Facilities and Technical Support	80			
7.	Continuous Improvement	75			
	TOTAL	780			

_____
Signature
(Program Evaluator1)

_____
Signature
(Program Evaluator2)

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

_____
Signature
(Chairperson)