

PART A

Evaluator's Visit Report

Undergraduate Hotel Management & Catering Technology Programs

Name of the Institution

Name of the Program

Visit Dates

NATIONAL BOARD OF ACCREDITATION

NBCC Place, East Tower, 4th Floor, Bhasham Pitamah Marg,
Pragati Vihar, New Delhi 110003

Tel: +91 112430620-22; 01124360654; www.nbaind.org

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__)				
	Total Students in the Programme 1st to Final Year				
	Average of the previous three academic years including Current Academic Year				
[Placement + Higher studies + Entrepreneurship] %	CAYm1 (20__ - 20__)				
	CAY m2 (20__ - 20__)				
	CAY m3 (20__ - 20__)				
	Averaged over last three assessment years starting from CAYm1				
Faculty (Attach a Copy of faculty list compared with Time Table)	Regular		CAY	CAYm1	CAYm2
		Professor			
		Associate professor			
	Contractual	Assistant professor			
		Professor			
		Associate professor			
	Assistant professor				
	No. of PhD. available in the dept.				
Student - Faculty ratio (averaged over previous three academic years including Current Academic Year)					
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: Minimum 75% should be Regular/ full time faculty and the remaining shall be Contractual Faculty as per AICTE norms and standards.

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 Student Faculty Ratio.

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 BHMCT PROGRAMS

Accreditation for 6 years

- a. Program scoring a minimum of 450 points in aggregate out of 600 points with minimum score of 60% in mandatory fields (criteria 4 to 6)
- b. The number of available Ph.D. in the department shall be greater than or equal to 30% of the required number of faculty averaged for previous two academic years including current academic year.

Accreditation for 3 years

- a. The score for the program is greater than or equal to 360 points with minimum 40% marks in Criterion V (Faculty Information and Contributions).
- b. At least one Professor or one Associate Professor on regular basis with Ph.D. degree is available in the respective Department during previous two academic years including current academic year.
- c. The student faculty ratio in the department under consideration is less than or equal to 1:25 averaged over the previous three academic years including current academic year

No Accreditation

If the program scores less than 360 marks or less than 40% marks in Faculty Information and Contributions (Criterion V) or fails to meet the criteria for award of provisional accreditation for 3 years, the program will not be considered for accreditation.

Name of the Program 1: _____

S. No.	Criteria	Max. Marks	Marks Awarded	Remarks
1	Vision, Mission & Program Educational Objectives	50		
2	Program Curriculum & Teaching - Learning Process	50		
3	Course Outcomes & Program Outcomes	70		
4	Students' Performance	100		
5	Faculty Information and Contributions	120		
6	Facilities and Technical Support	90		
7	Continuous Improvement	60		
8	Governance, Institutional Support and Financial Resources	60		
TOTAL		600		

Signature
(Chairman)

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

**Signature
(Chairperson)**