NATIONAL BOARD OF ACCREDITATION

Pro-forma for Pre-Qualifiers – Postgraduate Pharmacy Programs

PART A- Profile of the Institute

Name of the program applied for :

A1. Name and Address of the College :

    City :

    State :   Pin Code :

    Website :   E-mail :

    STD Code :   Phone No :

    Fax STD Code: Fax :

A2. Year of Establishment :

A3. Head of the Institution :

    Name :   Designation :

    Status of Appointment:

    Phone No :   Mobile :

    E-mail :   Fax No :

A4. Name and Address of the Affiliating University:

    City :

    State :   Pin Code :

    Website :   E-mail :

    Phone No :   Fax :

A5. Type of the Institution:

    Institute of National Importance ☐   Autonomous ☐

    University   Any other (Please specify)* ☐

    Deemed University

    Provide Details:

A6. Ownership Status:

Central Government	☐	Trust	☐
State Government	☐	Society	☐
Government Aided	☐	Section 25 Company	☐
Self-financing	☐	Any Other (Please specify)*	☐

Provide Details:

A7. Details of all the programs offered by the Department:

Sr. No.	Program Name	Year of Start

Table: A7

A8. Programs to be considered for accreditation vide this application:

Sr. No.	Program Name

Table: A8

PART B- Program information

(To be filled separately for all the programs applied for)

B1. Provide separate Information for each program applied for:

Sr. No.	Name of the program to be considered	Year of Start	Initial Intake	Increase/ Decrease in intake, if any (Mention the no. of seats increased/ decreased, also)	Year of increase/ decrease	PCI/ AICTE Approval Letter No.	Accreditation Status*

Table: B1

Note: Please mention **all increase/decrease intake** starting from the first increase for all programs

 * Write applicable one:
- Applying first time
- Granted provisional accreditation for two/ three years for the period(specify period)
- Granted accreditation for 5/6 years for the period (specify period)
- Not accredited (specify visit dates, year)
- Withdrawn (specify visit dates, year)
- Not eligible for accreditation
- Eligible but not applied

B2. Accreditation Status of Corresponding UG Program
  (Only for the program having corresponding UG Program)

Name of the program to be considered	Corresponding UG Program	Accreditation Status	Total marks

Table: B2

CAY: Current Academic Year
CAYm1: Current Academic Year minus 1
CAYm2: Current Academic Year minus 2

B4. Faculty in the Department

Please provide the list of faculty (mentioning the expertise in the domain of the Post Graduate program) in the Department as per the below format separately (year wise) for each year under consideration

S. No.	Name	PAN No.	Qualification	Area of Specialization	Designation	Date of Joining	Date on which Designated as Professor/ Associate Professor	Currently Associated (Y/N)	Nature of Association (Regular/Contract/Adjunct)	In case of contractual faculty (Full time or Part time)	Date of Leaving (In case Currently Associated is " No")
1.											
..											
N.											

Table B4

Note: *Program shall have at least two professors or one professor and one associate professor with Ph.D. qualification having expertise in the domain of the Program under consideration.*

B5. Student Faculty Ratio
(To be calculated at Department Level)

No. of UG Programs in the Department (n): _____

No. of PG Programs in the Department (m): _____

No. of Students in UG 2nd Year= **u1;**
No. of Students in UG 3rd Year= **u2**;
No. of Students in UG 4th Year= **u3**
No. of Students in PG 1st Year= **p1**;
No. of Students in PG 2nd Year= **p2**

No. of Students = Sanctioned Intake + actual admitted lateral entry, if any

(The above data to be provided considering all the UG and PG programs of the department)

S = **Number of Students in the Department** = UG1 + UG2 +.. +UGn + PG1 + …PGn

F = **Total Number of Faculty Members in the Department** (excluding first year faculty)

Student Teacher Ratio (STR) = S / F

Note: If the Institute/Department is running Diploma, UG, PG programs parallelly, then for the UG & PG programs, total number of faculty will be calculated as mention below:

Total Number of faculty(F) in the Institute/Department **minus** Required number of faculty for Diploma programs (1:20).

Year	CAY	CAYm1	CAYm2
u1.1			
u1.2			
u1.3			
UG1	**u1.1+u1.2+u1.3**	**u1.1+u1.2+u1.3**	**u1.1+u1.2+u1.3**
…			
$u_n.1$			
$u_n.2$			
$u_n.3$			
UGn	**$u_n.1+u_n.2+u_n.3$**	**$u_n.1+u_n.2+u_n.3$**	**$u_n.1+u_n.2+u_n.3$**
p1.1			
p1.2			
PG1	**p1.1+p1.2**	**p1.1+p1.2**	**p1.1+p1.2**
…..			
pm.1			
pm.2			
PGm	**pm.1+pm.2**	**pm.1+pm.2**	**pm.1+pm.2**
Total No. of Students in the Department **(S)**	**UG1 + UG2 +.. +UGn + PG1 + …PGm**	**UG1 + UG2 + .. +UGn + PG1+… + PGm**	**UG1 + UG2 + .. +UGn + PG1+… + PGm**
No. of Faculty in the Department **(F)**	**F**	**F**	**F**
Student Faculty Ration (SFR)	**SFR1=S1/F1**	**SFR2= S2/F2**	**SFR3= S3/F3**
Average SFR	**SFR=(SFR1+SFR2+SFR3)/3**		

Table: B5

***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 two 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 prescribed qualifications and experience.*
    2. *Shall be appointed on full time basis and worked for consecutive two semesters with or without break between the two semesters during the particular academic year under consideration.*
    3. *Should have gone through an appropriate process of selection and the records of the sameshall 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 student's calculation as mentioned in the SAR (please refer table under criterion 4.1)*
- *Faculty Qualification as per PCI guidelines shall only be counted*

Compliance Status to Pre-Visit Qualifiers

Sr. No.	Pre-Visit Qualifiers	Current Status	Compliance Status (Complied/Not Complied)
1	Whether B. Pharmacy program is accredited by NBA.		
2	Whether the B. Pharmacy program has been granted at least 650 marks out of 1000.		
3	Whether at least two Professors or one Professor and one Associate Professor with Ph.D. qualification (on a full-time/regular basis) having expertise in the domain of the Program under consideration during CAY and CAYm1. Also, provide the name of the professor and associate professor concerned.		
4	Whether the department have at leasttwo faculty having Ph.D. qualification during the CAY and CAYm1.		
5	Whether faculty student ratio in the department under consideration is better than or equal to 1:20 averaged over CAY, CAYm1 and CAYm2.		

Note: *Point No. 1 & 2 above will not be applicable to the Post Graduate Program, that do not have B. Pharmacy Program in the institute.*