NATIONAL BOARD OF ACCREDITATION

Pro-forma for Pre-Qualifiers –Diploma Pharmacy Programs <u>PART A- Profile of the Institute</u>

A1. Name and Address of the Institute:-

*Provide Details:

| | 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 Universit | y:- | |
| | City:- | | |
| | State: - | | Pin Code: - |
| | Website: - | | E-mail: - |
| | Phone No: - | | Fax: - |
| A5. | Type of the Institution: | | |
| | Institute of National ImportanceUniversityDeemed University | Autono Any oth | mous er (Please specify) * |

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A6. Ownership Status:

| Central Government | Trust | |
|--------------------|--------------------------------|--|
| State Government | Society | |
| Government Aided | Section 25 Company | |
| Self-financing | Any Other (Please specify) $*$ | |
| *Provide Details: | | |

A7. Campus Information:-

Does the College have its own building:-

Sports Complex:-

Canteen and Hostel (If any):-

Medical Room:-

Computer Laboratories:-

Counselling and guidance:-

A8. Details of all the programs offered by the institution:

| S. No. | Program Name | Year of Start |
|--------|--------------|---------------|
| | | |

A8.1

A9. Program to be considered for accreditation vide this application:

| S. No. | Program Name |
|--------|--------------|
| | |

Table A9.1

PART B- Program information

B1. Provide Information for program applied for: -

| Sr. No. | Name of the program to be considered | Year of Start | Intake | Increase/D ecrease in intake, if any | Year of increase/d ecrease | AICTE Approval | Accreditatio n Status* |
|---------|--|------------------|--------|---|----------------------------------|-------------------|---------------------------|
| | | | | | | | |

Table B1.1

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. Student Admissions (Program specific):-

| Item | CAY | CAYm1 | CAYm2 | Total |
|--|-----|-----------------|---------------|-------|
| Sanctioned intake | | | | |
| Number of students admitted* | | | | |
| % of Students Admitted over last three assessment ye CAY, CAYm1 and CAYm2 (Total Admitted/Sanctioned I | | e current acade | mic year i.e. | |

*Total number of students admitted in first year minus number of students migrated to other institutions, plus the number of students migrated to this institution divided by the sanctioned intake.

CAY: Current Academic Year

CAYm1: Current Academic Year minus 1= Current Assessment Year CAYm2: Current Academic Year minus 2= Current Assessment Year minus 1

B3. Information of Faculty

B 3.1. Faculty in the Department and Program: Please provide the list of faculty in the program as per the below format

| y Member | | Qualificat | ion | tion ual) | ual art time) | | the Institution | Institution | (Yes/No) | salary as ncerned State spective cadre contractual |
|----------------------------|-------------------------|------------|--------------------|--|---|-------------|-------------------------|------------------------|------------------------|--|
| Name of the Faculty Member | Degree (highest degree) | University | Year of Graduation | Nature of Association (Regular/Contractual) | In case of contractual (Mention Full time or Part time) | Designation | Date of Joining the Ins | Date of Leaving the In | Currently Associated (| Whether drawing salary as prescribed by the concerned State Government in the respective cadre (Yes/No in case of contractual faculty) |

Table B3.1.1

B3.2. Detail of Head of the program under consideration:

Name:-

Qualification:-

B3.3. Student-Faculty Ratio (SFR) (15) + Availability of HoD/Principal (5); (20)

- No. of Students in Diploma 1st Year= **d1**
- No. of Students in Diploma 2nd Year= d2
- No. of Students in UG 1st Year= **u1**
- No. of Students in UG 2nd Year= u2
- No. of Students in UG 3rd Year= u3
- No. of Students in UG 4th Year= u4

UG1 = Total no. of students in the UG program

- No. of Students in PG 1st Year= **p1**
- No. of Students in PG 2nd Year= **p2**

p1.1= no. of 1st year students in 1st PG program

p1.2= no. of 1st year students in 2nd PG program

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PG1= Total no. of 1st year students in all PG programs running in the department

P2.1= no. of 2nd year students in 1st PG program

P2.2= no. of 2nd year students in 2nd PG program

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PG2= Total no. of 2nd year students in all PG programs running in the department

(Note: No. of students in other programs being run in the department (For example: For Pharm.D 6 year program provide number of students for all 6 years)

No. of Students = Sanctioned Intake

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

S=Number of Students in the Department = D1 + D2 + UG1 + PG1 + PG2

F = Total Number of Regular Faculty Members in the Department

Student Faculty Ratio (SFR) = S/F

| Year | CAY | CAYm1 | CAYm2 | | |
|--|--------------------------|--------------------------|--------------------------|--|--|
| d1 | | | | | |
| d2 | | | | | |
| D | d1+d2 | d1+d2 | d1 + d2 | | |
| u1 | | | | | |
| u2 | | | | | |
| u3 | | | | | |
| u4 | | | | | |
| UG1 | u1+u2+u3+u4 | u1+u2+u3+u4 | u1+u2+u3+u4 | | |
| p1.1 | | | | | |
| P1.2 | | | | | |
| | | | | | |
| PG1 | p1.1+p1.2+ | p1.1+p1.2+ | p1.1+p1.2+ | | |
| P2.1 | | | | | |
| p2.2 | | | | | |
| | | | | | |
| PG2 | P2.1+p2.2+ | P2.1+p2.2+ | P2.1+p2.2+ | | |
| Total No. of Students in the Department (S) | D1+D2+ UG1 + PG1+ PG2 | D1+D2+ UG1 + PG1+ PG2 | D1+D2+ UG1 + PG1+ PG2 | | |
| No. of Faculty in the Department (F) | F1 | F2 | F3 | | |
| Student Faculty Ratio (SFR) | SFR1=S1/F1 | SFR2= S2/F2 | SFR3= S3/F3 | | |
| Average SFR | SFR=(SFR1+SFR2+SFR3)/3 | | | | |

Note:

- 1. Minimum 75% should be Regular/ full time faculty and the remaining shall be Contractual Faculty as per AICTE norms and standards.
- 2. 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.
- 3. Depending upon the No. of programs in UG and PG the above table has to be updated accordingly. For Ex: if UG="0" and PG="1". The table may be prepared for only one PG program.

Compliance status to Pre-Visit Qualifiers

| S.N. | Pre Visit Qualifiers | Current Status | Compliance Status (Complied/Not Complied) |
|------|---|----------------|---|
| Ess | ential Qualifiers | | |
| 1 | Whether approval of AICTE for the programs under consideration has been obtained for last 5 years including current year | | |
| 2 | Whether admissions in the diploma programs under consideration has been more than or equal to 50% * averaged CAY, CAYm1 and CAYm2. | % Admission | |
| 3 | Whether student faculty ratio in the department of the program under consideration is better than or equal to 1:25 averaged CAY, CAYm1 and CAYm2. | SFR | |
| 4 | Whether two batches have passed out in the programs under consideration | | |

*Total number of students admitted in first year in the respective program minus number of students migrated to other programs/ institutions plus the number of students migrated to this program divided by the sanctioned intake in the respective program.