

PART A



Evaluator's Visit Report

Diploma 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 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__)			
	Average of the previous three academic years including Current Academic Year			
	Total Students in the Programme (1 st to Final 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)		CAY	CAYm1	CAYm2
	No. of Regular Faculty			
	No. of Contractual Faculty			
	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:

All the faculty whether regular or contractual (except Part-Time), 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 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. _____

Information for Evaluation

Award of Accreditation (Diploma Pharmacy Programs)

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

- i. Program scoring a minimum of 375 points in aggregate out of 500 points with minimum score of 60% in each criterion shall be eligible for accreditation for 6 years.
- ii. Program shall meet all the essential parameter for Accreditation of 3 years.

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

- i. Program with the score of minimum 300 points in aggregate shall be eligible for accreditation for 3 years. Also the program must score minimum 40% marks in Faculty Information and Contributions (Criterion V).
- ii. The admissions in the diploma programs under consideration shall be more than or equal to 50% averaged for the last three years including current academic year.
- iii. Student faculty ratio in the department of the program under consideration shall be better than or equal to 1:25 averaged over previous three academic years including current academic year

3. No Accreditation of the program

If the program scores less than 300 points or less than 40% marks in Faculty Information and Contributions (Criterion V) or fails to meet the criteria for award of accreditation for 3 years, the program will not be accredited.

Name of the Program: _____

S. No.	Criteria	Max. Marks	Marks Awarded	Remarks
1.	Vision, Mission and Program Educational Objectives	50		
2.	Program Curriculum and Teaching – Learning Processes	50		
3.	Course Outcomes and Program Outcomes	60		
4.	Students’ Performance	75		
5.	Faculty Information and Contributions	75		
6.	Facilities and Technical Support	100		
7.	Continuous Improvement	30		
8.	Governance, Institutional Support and Financial Resources	60		
TOTAL		500		

**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)**