

Part C – Declaration and Feedback

(To be filled by the Evaluator)

Declaration Form

Name and Address of the Institution visited:

I hereby declare that I am/was not actively associated with the above mentioned institution in any of the following form:-

1. I am neither employed currently nor was employed in the past as faculty, staff or Consultant by the institution;
2. I am neither engaged currently nor was engaged in the past in any discussion or negotiation of employment with the institution;
3. I have never attended the above institution as a student;
4. I have never received an honorary degree from the institution;
5. No close/family relative of mine is a student or employee of the institution;
6. I do not own a membership in the institution's Board of Trustees/Advisory Board/Academic Advisory Board;
7. I have not gone on mock visit to the said institute
8. I have not guided institution for preparation or mock up exercise.
9. I am / was not a member of any committee of the Institution/Department/Program

I hereby declare that I have no conflict of interest in the proposed NBA accreditation assignment for this institution and I will abide by the NBA conflict of interest policy. I shall abide by the code of conduct and will conduct myself in professional manner and uphold the dignity and esteem of the position bestowed upon me.

Name:

Signature:

Date:

Feedback Form to be filled by the Evaluator about the Institution and Chairperson
(Directly to be send only through e-mail to NBA (ID: feedback.nba@nbaind.org)
Not to be handed over to the Chairman of visiting team)

Purpose- This form is designed to have a fair opinion about the team members who have assisted you during the visit. This will enable the NBA to improve its system and make it more effective. We thank you in advance for the time and effort you are investing in filling out this form.

- 1. Please comment on the ability of the chairperson to resolve disputes, if any, between the evaluators.**

- 2. Whether the team chair had done his homework and was aware about the SAR?**

- 3. Did the pre-visit evening meeting evolve a clear methodology based on the homework done by each member of the team?**

- 4. Whether the chairperson was keen to find facts and verify evidences.**

- 5. Whether the chairperson has extended openness with the evaluators? If No, please specify.**

- 6. Please comment on the general behaviour and etiquette of the chairperson during the visit.**

- 7. Please comment on the general behaviour and etiquette of the Head of the Institution / other key officials.**

- 8. Please comment on the cooperation and coordination rendered by the institution.**

- 9. In case of any suspicious/unethical activity, kindly specify.**

Signature of the Evaluator

Thank you for your feedback!

Feedback Form to be filled about Service Provider

Purpose-This form is designed to have a fair opinion about the Service Provider hired by the NBA. This will enable the NBA to improve its system and make it more effective. We thank you in advance for the time and effort you are investing in filling out this form.

1. Name of the Institution:

2. Date (s) of visit:

3. Name of the Service Provider:

4. Kindly fill the following table:

| Basis of Assessment | Rating |
|----------------------------|---------------|
| | |
| Customer Service | |
| Travel Management | |
| Consulting Services | |
| Lodging Requirements | |
| Travel Documentation | |
| Overall Experience | |
| Signature | |

(Kindly rate on scale of 1 to 3, 1 for Excellent, 2 for Satisfactory and 3 for Poor services)

Specific Comments (If Any):

Thank you for your feedback!