

# **Chairperson's Visit Report**

## **Undergraduate Pharmacy Program**

**Name of the Institution**

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**Name of the Program**

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**Visit Dates**

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**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](http://www.nbaind.org)

***Team composition***

Name of the Chairperson: \_\_\_\_\_

Designation: \_\_\_\_\_

**Program Name:**

Program evaluator 1	Name
	Organization:

Program evaluator 2	Name
	Organization:

## ***Institute Details***

1. **Year of Establishment:** \_\_\_\_\_
  
2. **Physical Infrastructure and Ambience:** \_\_\_\_\_
  
3. **Number of programs being run in the Institute\*:**
  - (i) UG- \_\_\_\_\_
  - (ii) PG - \_\_\_\_\_
  
4. **Total Number of Students:**
  - (i) In UG programs - \_\_\_\_\_
  - (ii) In PG programs - \_\_\_\_\_
  
5. **Name of programs applied for accreditation**
  - (i) \_\_\_\_\_
  - (ii) \_\_\_\_\_
  - (iii) \_\_\_\_\_
  - (iv) \_\_\_\_\_
  - (v) \_\_\_\_\_

*\*to be verified from SAR*

## **Information for Evaluation**

### **Award of Accreditation (UG 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 750 points in aggregate out of 1000 points with minimum score of 60% in each criterion shall be eligible for accreditation for 6 years.
- ii. The admissions in the undergraduate programs under consideration is required to be more than or equal to 75% for previous three academic years including current academic year.
- iii. Student Faculty Ratio in the department of the program under consideration is less than or equal to 1:15 averaged for previous three academic years including current academic year.
- iv. At least one Professor and one Associate Professor is available in the respective Department during previous two academic years including current academic year.
- v. The placement, Higher Studies and Entrepreneurship ratio is greater than or equal to 40% averaged of the last three assessment years.
- vi. HODs is required to possess Ph.D. degrees
- vii. Number of available Ph.D. in the department is greater than or equal to 30% (including the director) of the required number of faculty averaged for previous two academic years including current academic year.

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

- i. Program with the score of minimum 600 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 undergraduate programs under consideration is required to be more than or equal to 50% \* for previous three academic years including current academic year.

- iii. Student Faculty Ratio in the department of the program under consideration is less than or equal to 1:20 averaged for previous three academic years including current academic year.
- iv. At least one Professor or one Associate Professor is available in the respective Department during previous two academic years including current academic year.
- v. The placement, Higher Studies and Entrepreneurship ratio is greater than or equal to 40% averaged of the last three assessment years.
- vi. HODs is required to possess Ph.D. degrees
- vii. Number of available Ph.D. in the department is greater than or equal to 20% of the required number of faculty averaged for previous two academic years including current academic year.

### **3. No Accreditation of the program**

If the program scores less than 600 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.

## Overall Observations

1.

S. No.	Name of the Program	Intake	Admissions	Student-Faculty Ratio	Placement (last year)

2. **About the progress since last accreditation (to be filled for institutes who have applied for programs which has got accreditation in previous cycle.)**

Kindly mention the changes made as recommended by NBA, since the previous visit.

3. **Observation on general facilities and about the programs.**

Kindly mention general observations about facilities like labs, library etc. and a general review about the programs.

- Academic Ambience
- Student Support Systems
- Strengths, Weaknesses, Suggestions

4. **Status of imbibing of outcome based accreditation. For Example:**

- Formulation of PEOs, COs and mappings carried out and implemented
- Methodology for assessing the attainment of outcomes
- Continual improvement process status
- Stakeholders (especially the faculty, HOD, students etc.) awareness about the process

**Signature of the Chairperson**

# **Declaration and Feedback**

*(To be filled by the Chairman)*

## **Declaration Form**

Name and Address of the Institution visited:

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I do hereby declare that I don't have or didn't have a close or active association with the above 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. I have not guided institution for preparation or mock up exercise;
6. I do not own a membership in the institution's Board of Trustees/Advisory Board/Academic Advisory Board;
7. I am / was not a member of any committee of the Institution/Department/Program;
8. No close/family relative of mine is a student or employee of the institution;
9. I do not own a membership in the institution's Board of Trustees/Industry Advisory Board.

I hereby declare that I have no conflict of interest in the proposed NBA accreditation assignment for this institution and I will follow the NBA conflict of interest Policies. 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 Chairperson about the Institution and Team Members**

*(to be send to NBA)*

**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. Program Evaluators**

(i) Please comment on the evaluation methodology adopted by the evaluator.

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(ii) Whether the evaluator has tendered any advice to improve the system? If yes, please specify.

a. Name (s) of the Evaluator:

b. Advice:

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(iii) Did each of the evaluators were well prepared and filled the Pre-Visit Report with specific issues for which they wished to gather proper evidence, etc.?

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(iv) Whether the evaluators were specific about the relevant topics related to the program? If No, please specify.

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(v) Whether the evaluator interacted with students and faculty in groups or with students and faculty in private? If yes, please specify the name of the students/faculty.

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(vi) Please comment on the general behaviour and etiquette of the evaluator during the visit.

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### **2. Institution**

(i) Please comment on the general behaviour and etiquette of the Head of the Institution/other key officials.

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(ii) Please comment on the cooperation and coordination rendered by the institution.

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(iii) In case of any suspicious/unethical activity, kindly specify.

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Signature of the Chairperson

*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:**

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**2. Date (s) of visit:**

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**3. Name of the Service Provider:**

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**4. Kindly fill the following table:**

<b>Basis of Assessment</b>	<b>Rating</b>
Customer Service	
Travel Management	
Consulting Services	
Lodging Requirements	
Travel Documentation	
Overall Experience	
<b>Signature</b>	

(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!**