Evaluator's Visit Report

Undergraduate Pharmacy Program

Name of the Institution

_____

Name of the Program

_____

Visit Dates

_____

NATIONAL BOARD OF ACCREDITATION
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Program Evaluator Summary

Overview

The Expert team of National Board of Accreditation (NBA) conducted a two day accreditation visit from_____to_____ | *<<name of institution>>* | to evaluate UG Pharmacy program | *<<name of the program>>* |.

Pre visit meeting of the expert team was held on_____at_____ to exchange the respective findings with the evaluation team members, based on review of Self-Assessment Report (SAR) and the pre-visit evaluation reports.

During the visit, the visiting team met with Head of the Institution/Dean_____. The briefing on the institution was given by_____and on the program was given by the | *(Name of the respective Head of the Department/Program Coordinator).* | The respective program evaluators also visited the various facilities of the program. Apart from comprehensive review of documental evidences pertaining to various accreditation criteria, the visiting team also held meeting and discussions with the following stakeholders (kindly tick).

Faculty ☐   Alumni ☐

Employers ☐   Parents ☐

Staff members ☐   Students ☐

The Program Evaluation Team found that (general findings about the program to be mentioned)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____.

Program Details

Name of the Program			

	Year	Sanctioned Intake	Actual Admitted
Year of Commencement			

<table>
<tr><td rowspan="6">Student</td><td>Year</td><td>Sanctioned Intake</td><td>Actual Admitted</td></tr>
<tr><td>CAY (20_ _ - 20 _ _)</td><td></td><td></td></tr>
<tr><td>CAY m1 (20_ _ - 20 _ _)</td><td></td><td></td></tr>
<tr><td>CAY m2 (20_ _ - 20 _ _)</td><td></td><td></td></tr>
<tr><td>Average of the previous three academic years including Current Academic Year</td><td></td><td></td></tr>
<tr><td>Total Students in the Programme (1st to Final Year)</td><td colspan="2"></td></tr>
<tr><td rowspan="4">[Placement + Higher studies + Entrepreneurship] %</td><td>CAYm1 (20_ _ - 20 _ _)</td><td colspan="2"></td></tr>
<tr><td>CAY m2 (20_ _ - 20 _ _)</td><td colspan="2"></td></tr>
<tr><td>CAY m3 (20_ _ - 20 _ _)</td><td colspan="2"></td></tr>
<tr><td>Averaged over last three assessment years starting from CAYm1</td><td colspan="2"></td></tr>
</table>

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 (1st to Final Year)		

[Placement + Higher studies + Entrepreneurship] %

Year	
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
Regular		Professor			
		Associate professor			
		Assistant professor			
Contractual		Professor			
		Associate professor			
		Assistant professor			
No. of PhD. available in the dept.					
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

1. **Note**: All 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. However, following will be ensured in case of contractual faculty:
   a. *Shall have the AICTE prescribed qualifications and experience*
   b. *Shall be appointed on full time basis and worked for consecutive two semesters during the particular academic year under consideration.*
   c. *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 (UG Pharmacy Programs)

1. **Accreditation for Six years will be accorded to a program on fulfillment 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 fulfillment 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.

Name of the Program: _____

A.   Program Specific Criteria:

S. No.	Criteria	Max. Marks	Marks Awarded	Remarks
1.	Vision, Mission and Program Educational Objectives	50		
2.	Program Curriculum and Teaching – Learning Processes	150		
3.	Course Outcomes and Program Outcomes	100		
4.	Students' Performance	180		
5.	Faculty Information and Contributions	175		
6.	Facilities	120		
7.	Continuous Improvement	75		
	TOTAL	850		

B.   Institute Level Criteria:

S. No.	Criteria	Max. Marks	Marks Awarded	Remarks
8.	Student Support Systems	50		
9.	Governance, Institutional Support and Financial Resources	100		
	TOTAL	150		
	GRAND TOTAL (A +B)	1000		

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)