**Proforma**

1. Name of University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of establishment of Quality Enhancement Cell (QEC):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. QEC Staff:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. #** | **Name** | **Designation** | **Qualification** | **Phone** | **Email** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Number of academic programs being offered at University/HEI: *(Please attach list with details of faculty /department)*

|  |  |  |  |
| --- | --- | --- | --- |
| **PhD** | **MS / MPhil /MBA / MBBS/or equivalent Degree** | **BS/BSc/or equivalent Degree** | **Other** |
|  |  |  |  |

1. Number of academic programs assessed by QEC since inception: *(Please attach list with details of faculty /department)*

|  |  |  |  |
| --- | --- | --- | --- |
| **PhD** | **MS / MPhil /MBA / MBBS/or equivalent Degree** | **BS/BSc/or equivalent Degree** | **Other** |
|  |  |  |  |

1. Number of Self Assessments (SA) initiated in the last 04 years: *(Please attach list with details of faculty /department)*

|  |  |  |  |
| --- | --- | --- | --- |
| **PhD** | **MS / MPhil /MBA / MBBS/or equivalent Degree** | **BS/BSc/or equivalent Degree** | **Other** |
|  |  |  |  |

1. Number of Self-Assessment Reports (SAR) completed: *(Please attach list with details of faculty /department)*

|  |  |  |  |
| --- | --- | --- | --- |
| **PhD** | **MS / MPhil /MBA / MBBS/or equivalent Degree** | **BS/BSc/or equivalent Degree** | **Other** |
|  |  |  |  |

1. Number of Programs Accredited by Relevant Accreditation Body (PEC, PMDC, etc.). *(Please attach relevant details)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Accreditation Status** | **PhD** | **MS / MPhil /MBA / MBBS/or equivalent Degree** | **BS/BSc/or equivalent Degree** | **Other** |
| Full-Cycle Accredited |  |  |  |  |
| Provisionally Accredited |  |  |  |  |
| Non-Accredited |  |  |  |  |

1. Kindly specify if following automation systems are in place.

|  |  |  |
| --- | --- | --- |
| **CMS/LMS** | **QEC Data Collection System** | **Data Collection System for Ranking Parameters** |
|  |  |  |

1. Please list down the corrective measures taken, in last 4 years, in the light of implementation plan with respect to specific programs for improvements and to meet KPIs.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_