**PROFORMA-20**

**Self-Assessment Exercise**

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| --- | --- | --- |
| **Development of SAR by Program Teams** | | |
| **Program # 01** | | |
| **Department Name** |  | |
| **Program Name** |  | |
| **Program Team Formed** |  | |
|  | |
|  | |
| **Program Team Report Completed** | No. of Criteria Covered (out of 8) |  |
| No. of Standards Covered (out of 31) |  |
| No. & Type of Surveys completed (out of 10) | **Surveys Conducted (04)**  1.  **Surveys Not Conducted (06)**  1.  *Reason:*  2.  *Reason:* |
| **QEC Review of the Program Teams Report** | Date of Submission of the Report |  |
| Report returned to PT and further submission by PT |  |
| Report Finalized |  |

|  |  |  |
| --- | --- | --- |
| **Development of SAR by Program Teams** | | |
| **Program # 02** | | |
| **Department Name** |  | |
| **Program Name** |  | |
| **Program Team Formed** |  | |
|  | |
|  | |
| No. of Criteria Covered (out of 8) |  |
| **Program Team Report Completed** | No. of Standards Covered (out of 31) | No. of Standards Covered (out of 31) |
| No. & Type of Surveys completed (out of 10) | **Surveys Conducted (04)**  1.  **Surveys Not Conducted (06)**  1.  *Reason:*  2.  *Reason:* |
| Date of Submission of the Report |  |
| **QEC Review of the Program Teams Report** | Date of Submission of the Report |  |
| Report returned to PT and further submission by PT |  |
| Report Finalized |  |

**Assessment of SAR by Assessment Teams**

|  |  |
| --- | --- |
| **Assessment Exercise by Assessment Teams** | |
| **Program # 01** | |
| **Department Name** |  |
| **Program Name** |  |
| **Assessment Team Formed** |  |
|  |
|  |
| **Date of Assessment Team** |  |
| **Date of submission of AT Report** |  |
| **Date of AT exit meeting with the Dean, PT & Faculty** |  |
| **Submission of Executive Summary to VC by QEC** |  |
| **Date of Submission of Implementation plan to VC** |  |
| **Evidence** |  |

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| --- | --- |
| **Assessment Exercise by Assessment Teams** | |
| **Program # 02** | |
| **Department Name** |  |
| **Program Name** |  |
| **Assessment Team Formed** |  |
|  |
|  |
| **Date of Assessment Team** |  |
| **Date of submission of AT Report** |  |
| **Date of AT exit meeting with the Dean, PT & Faculty** |  |
| **Submission of Executive Summary to VC by QEC** |  |
| **Date of Submission of Implementation plan to VC** |  |
| **Evidence** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Programs for which**  **Implementation plan finalized/ approved** | **Weaknesses Identified** | **Actions Taken** |
| 1. | Program # 01 |  |  |
| 2. | Program # 02 |  |  |

1. If **Self Assessment Process** not completed in the departments, then specifies the reasons:

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1. Provide action plan for the completion of SA process (specifying time frame for each step not undertaken on the following format) in the departments:

#### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. If no action taken against the weaknesses identified in the Implementation Plans for the departments, then specify the reasons & the expected time frame.

#### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. If feedback on all the Proformas not compiled for the departments, then specify the reasons and time frame for the evaluation of feedback:

#### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Submissions:

The copies of all documents are attached:

1.

2.

3.

4.

## EMPOWERING THE QEC

a. Workshops/ Trainings/ Meetings attended/ organized by QEC at national /international level for awareness on the subject

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Title of the event** | **Date** | **Purpose of the event (Participation/ Contribution)** |
|  |  |  |  |

1. If paper presented in a national/ international forum on QA, give details (title, author, conference etc.):

#### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Membership of national/ international bodies obtained by the QEC

|  |  |  |
| --- | --- | --- |
| **S. No** | **Name of the International organization/ body** | **Date when acquired** |
|  |  |  |

1. If no membership obtained, then specify the reasons & time frame for acquiring membership:

#### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Nonvoting membership of the statutory bodies of the university acquired by the QEC head

|  |  |  |
| --- | --- | --- |
| **S. No** | **Name of the Statutory Body** | **Date when acquired** |
| 1 |  |  |
| 2 |  |  |

1. If no membership obtained, then specify the reasons & the expected time frame for acquiring membership:
2. QEC website development and relevant information uploaded

|  |  |  |
| --- | --- | --- |
| **S. No** | **Activity/Status/Information Uploaded** | |
|  |  | |
|  |  |  |
|  |  |

1. If website/ relevant information not uploaded, then specify the reasons & time frame for making the QEC website functional:
2. QEC expenditures incorporated in university’s recurring budget (Yes/No)
3. **Time bound future course of action for the next quarter**

1.

2.

3.

4.

5.

### Accomplishments during the Reporting Period

List each activity of significant importance accomplished for enhancing the standard of education at university date wise briefly and clearly. A copy of the supporting literature i.e., minutes, reports and lists should also be enclosed as annexure.

1.

2.

3.

4.

5.

### Endorsement:

The report should be signed by report writer (QEC Head or a person authorized on his behalf) and the Vice Chancellor of the Institution.

Person Responsible

Director QEC:

Worthy VC: