**Registration Form**

**Program Team of** (Name of Department / Institute): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No :( Office) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role in Program Team:** Chairman/Member/Facilitator

Besides his/her own Responsibilities, he/she will also be responsible for the following:

• To attend the PREE meetings as and when required.

• To ensure that Self Assessment Mechanism is being implemented as per the given guidelines.

• To prepare drafts of the report on the given dead line and send them to DQA for timely feedback.

• To keep the record of all the supporting documents addressing various standards of the PREE.

• To circulate all the applicable feedback forms to the target stakeholders and include the analysis of the same in the PREE.

• To communicate with the management on the effectiveness and suitability of the Self-Assessment mechanism.

**Declaration of the PT Member:**

I am quite willing to be a part of this team and assure that I would do my best to play my role in the working of Program Team.

Signature of PT Member\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Head of the Department/Institute/College)**

**Note**:- Completed form shall be sent to DQA. (Fill separate from for each PT member)