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)