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| **C:\Users\Admin\Desktop\LOGO HEC (PNG).png** | | **QUALITY ASSURANCE AGENCY**  **MS/M.Phil./Equivalent Program Review University Proforma**  **This Proforma is to be completed by the university prior to the Visit** | | | | | | | **FACULTY PROFORMA** | | |
| **Program Name** | | | |  | | | | | | | |
| **DETAILS OF Ph.D. FACULTY** | | | | | | | | | | | |
| **Sr.No.** | **Name** | | **Designation** | | **Permanent/Visiting** | **Title of degree** | **Specialized area** | **Awarding University** | | **Year of Award of Degree** | **Number of student being supervised** |
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| **DETAILS OF MS/M.Phil. or Equivalent FACULTY** | | | | | | | | | | | |
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**NOTE:**

1. The details of Faculty (Program wise) may please be attached, on the same template.
2. Please Attach extra sheets as per requirement, on the same template.