|  |  |  |
| --- | --- | --- |
| **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** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| **DETAILS OF MS/M.Phil. or Equivalent FACULTY** |
| **Sr.No.** | **Name** | **Designation** | **Permanent/Visiting** | **Title of degree** | **Specialized area** | **Awarding University** | **Year of Award of Degree** | **Number of student being supervised** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**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.