NATIONAL BOARD OF ACCREDITATION

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F.No. 34-18-2018-NBA

Date: 28-05-2019

To

The Vice Chancellor ICFAI Business School, ICFAI University, Dehradun, Rajawala Road, Central Hope Town, Selaqui, Dehradun-248197, Uttarakhand

Subject: Visit of Expert Team to ICFAI Business School, ICFAI University, Dehradun, Rajawala Road, Central Hope Town, Selaqui, Dehradun-248197 during 15th to 16th June, 2019 to evaluate its Masters in Business Administration program for grant of NBA accreditation.

Sir,

This has reference to your application No. 3312-04/12/2018 requesting National Board of program for NBA Accreditation (NBA) for evaluating the Masters in Business Administration accreditation.

An Expert Team has been constituted and visit of the team has been scheduled during 15th to 16th June, 2019 for evaluating the program.

- Please find enclosed herewith the list of documents/records to be made available to the Visiting Team of Experts, for your perusal and necessary action. You are requested to make available to the visiting team the following documents /records also duly certified by the Head of the Institution:
 - Faculty list of the Department pertaining to the above program separate for each year for the (i) academic years CAY, CAYm1 and CAYm2 in the Performa attached in soft copy as well as hard
 - List of students during the current academic year in the program evaluated (separately for 1st (ii) and 2nd Years).
 - List of placements made for the last three academic years providing the data of each (iii) student placed in the following manner: Student name, University Serial No., discipline, year of passing from Institution, On/Off Campus placement, Name of the Employer.

The above documents may be made available to the Team on the first day of the visit.

- One hard copy of the e-SAR may be kept ready and made available to the visiting team during the 3. visit.
- You are also requested to ensure that updated Faculty list of the department pertaining to the above program alongwith their profile including designation, joining date, qualification and nature of association (regular/contractual/adjunct), is put on your Institution's website positively and atleast seven days before the dates of the visit.

You are requested to put the placement data (without Aadhar Card No. of the student) also for the last three academic years on your Institutions' website.

Contd/...

- Please also find enclosed Feedback Form regarding accreditation visit which may be filled up by the Head of the Institution and sent by email to feedback.nba@nbaind.org within 3 days of the visit. Please note that it is compulsory to submit the feedback form. It will enable NBA to not only improve its accreditation process and enhance its effectiveness but also help it in bringing transparency and objectivity in the process.
- Since the team of experts, in the process of evaluation of the program, are to interact with the students, faculty, etc. and assess the program, all the academic activities including regular classes of the program to be evaluated are required to be in progress during the course of the visit.
- The arrangements for video recording of the visit and handing over the Compact Disc (CD) /Pen Drive to the Chairman of the visiting team may also be made.
- Under no circumstances, the Institute its representative or any other person associated with the College shall make any arrangements for Travel/board and lodging or local transport for the visiting team. NBA will take care of all these.
- You are requested to ensure that no official of your Institution/Management meets the members of the Expert Team outside the College premises or visits them at the Hotel either during the period of stay or after the exit meeting.
- In order to maintain transparency and impartiality in the accreditation process and the decision making, you are requested to ensure that no gifts in cash or kind and/or souvenirs are offered by your institution to the visiting Team members. You are further requested not to arrange special function /tour for the Visiting Team Members. A certificate to this effect as per enclosed performa may be sent to the Member-Secretary, NBA, New Delhi within 10 days of the conclusion of the expert team visit.

Yours faithfully,

Member Secretary, National Board of Accreditation

Enclosures:

- 1. List of Documents /Records to be made available during the visit
- 2. Feed Back Form to be filled by the Head of the Institute
- 3. Performa mentioned in paragraph 2(i) above.
- 4. Performa mentioned in paragraph 10 above.

List of Documents / Records to be made available during the Visit (Records of last three years to be made available, wherever a pplicable)

The list below is just a guideline. The Institution may prepare their own list of documents in support of the SAR that they are submitting. The soft copy of these documents in the form of (statements and list only) may be appended with SAR.

Institute Specific

- I.1. Composition of GC/GB, Senate and other Academic and Administrative bodies, their functions and responsibilities. List of all the meetings held in the past 3 years alongwith the attendance records, minutes and action-taken reports of a few meetings of such bodies alongwith the list of current faculty members who are members of such bodies.
- I.2. Rules, policies and procedures published by the Institution including service book and academic regulations alongwith the proof that the employees/students are aware of the rules and procedures.
- I.3. Budgeted allocation and utilization: Audited statement of accounts
- I.4. Informative web site
- I.5. Library resources books and journal holdings,
- I.6. Listing of core, computing and manufacturing etc.
- I.7. Records of T & P, career and guidance cells
- I.8. Records of safety checks and critical installations
- . I.9. Medical care records and usages of ambulance etc.
- I.10. Academic calendar, schedule of tutorial and makeup classes
- I.11. Handouts/files alongwith Outcomes; list of additional topics to meet the outcomes.
- I.12. Set of question papers, assignments, evaluation schemes etc.
- I.13. Feedback form, analysis of feedback and corrective actions
- I.14.Documented feedback received from the stake-holders (e.g., Industries, Parents, Alumni, Financiers etc.) of the Institution
- I.15. List of faculty along with their qualifications teaching first year courses
- I.16. Results of the First Year students.

Program Specific

Each program for which an institution seeks accreditation or reaccreditation must have in place:

- P.1 NBA accreditation reports of the past visits, if any
- P.2 Department budget and allocations (last 3 years data)
- P.3 Admission seats filled and ranks (last 3 years data)
- P.4 List/Number of students who cleared the program in 4 years (last 3 years data)
- P.5 Average Grade point (CGPA) (last 3 years data of students' CGPA/ percentage)
- P.6 Placement and higher studies data (last 3 years data)

- P.7 Professional society activities, events, conferences organized etc.
- P.8 List of students' papers along with hard-copies of the publications; professional society publications/magazines, etc.
- P.9 Sample best and average project reports/theses
- P.10 Details of faculty student ratio
- P.11 Faculty details with their service books, salary details, sample appointment letters, promotion and award letters/certificates
- P.12 Faculty list with designation, qualification, joining date, publication, R & D, irrateraction details
- P.13 List of faculty publications along with DOIs and publication/citation details
- P.14 List of R & D and consultancy projects along with approvals and project completion reports
- P.15 List and proofs of faculty interaction with outside world
- P.16 List of class rooms, faculty rooms,
- P.17 List of program specific labs and computing facility within department.
- P.18 List of non-teaching staff with their appointment letters etc
- P.19 List of short-term courses, workshop arranged and course-modules developed
- P.20 Records of new program specific facility created, if any
- P.21 Records of overall program specific improvements, if any
- P.22 Curriculum, POs, PEOs, Mission and Vision statements
- P.23 Mapping of Outcomes with PEOs
- P.24 Mapping of course outcome with Program Outcomes
- P.25 Course files, plan of course delivery, question papers, answer scripts, assignments, reports of assignments, project reports, report of design projects, list of laboratory experiments, reports of laboratory experiments etc.
- P.26. Rubrics developed to validate the POs
- P.27. Continuous improvement in PEOs
- P.28. Improvement in curriculum for mapping POs and PEOs
- P.29. Direct and indirect assessment to show attainment of POs
- P.30. Stake-holders involvement in the process of improvement of PEOs and POs

Feedback Form to be filled by the Institution Regarding Accreditation Visit

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This form is designed to have a fair opinion of the team which has visited your institution. This will enable the NBA to improve its system and make it more effective. We thank you in advance for the time and effort you are investing in filling out this form.

1.	Name of the Institution:							
2.	Programme(s	s)evaluated:						
	Name of Cha	irperson:		•				
5.	Names of Eva							
	1		2	3				
	4		5	6				
	7		8	99				
	10		11	12				
	(i) Name (ii) Advice	of the Evaluator:						
8. \		f the evaluators w	ere specific abo	out the relevant topics related to the programme? If				
9. V	Vhether the even private? If ye	aluators interacte es, please specify	d with students the name of th	s and faculty in groups or with students and faculty ne students/faculty.				
0.	Whether the h during the inte	ead of the instituteraction? If yes, pl	e or any represe ease specify.	entative of the management was also present				
(i) Name	of the representat	ive:					
(ii) Observ	ation of the repre	sentative about	A linkage of the control of the cont				

11	. Wheth specify	ier evaluators have bee /.	n facilitated	by the	institute	for outdoo	or activity?	If yes,	pleas
	(i)	On whose insistence:	2			*	A 9		
	(ii)	What activity:							
12.	Wheth genera	er the exit meeting me I observations about the	t the purpose institution and	e i.e., to d progra	share t	the visiting	g team's pe	erception	is and
13.	Specify	the participants of the ex	kit meeting.						
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CERTIFICATE

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(Name and designation of the Head of the institution)	hereby certify that no gifts in cash
or kind and/or souvenirs were offered by	
(Name of the	ne institution)
to the members of the Expert who visited the Institution from	m to (visit dates)
	Signatures & Name of the Head of the institution with Seal

Information of Faculty

Please provide the list of faculty in the Department as per the below format separately (year wise) for each year under consideration:

S. No	Name	PAN No.	Qualif icatio n	Area of Speci alizati on	Desig natio n	Date of Joinin g	Date on which Designate d as Professor / Associate Professor	Currently Associat ed (Y/N)	Nature of Association (Regular/C ontract/ Adjunct)	Date of Leaving (In case Currently Associated is "No")
1.										
N.				-						