

**GUIDELINES FOR THE
QUALITY ASSURANCE AND ACCREDITATION OF UNIVERSITIES IN NEPAL -
2022**

**UNIVERSITY GRANTS COMMISSION
Educational Quality Assurance and Accreditation Council**

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Table of Content

Contents

<i>CHAPTER ONE</i>	4
<i>PREAMBLE</i>	4
1.1 Short title, application and commencement	4
1.2 Definitions of the terms	4
1.3 Objectives	5
1.4 Responsibilities of University	5
1.5 Induction Programs and Facilitation	5
<i>CHAPTER TWO</i>	6
<i>PROCESS OF ASSESSMENT FOR QUALITY ASSURANCE AND ACCREDITATION</i>	6
2.1 Assessment Process for Accreditation of Universities	6
2.2 Methods of Peer Review	19
<i>CHAPTER THREE</i>	21
<i>CRITERIA AND THEIR SCOPES FOR ASSESSMENT FOR ACCREDITATION</i>	21
3.1 Criteria, Sub-criteria and their Scopes	21
<i>CHAPTER FOUR</i>	27
<i>CRITERIA-WISE INDICATORS AND CORRESPONDING MARKS</i>	27
4.1 Criteria-wise Indicators of Assessment for Accreditation	27
<i>ROLES AND RESPONSIBILITIES OF PARTIES ENGAGED IN ASSESSMENT PROCESS</i>	36
5.1 Role and Responsibility of the Members of the Technical Committee	36
5.2 Roles and Responsibilities of the PRT	36
5.2 Responsibility of university being assessed	40
5.3 Responsibility of EQAAC – Preparation of Accreditation Report	40
5.4 Professional Ethics and Code of Conduct of the Parties Involved	41
5.4.1 Professional Ethics and Code of Conduct for the EQAAC and UGC Authorities	41
5.4.2 Professional Ethics and Code of Conduct for the University under Review	42
5.4.3 Professional Ethics and Code of Conduct for the Peer Reviewers	42
5.4.4 Professional Ethics and Code of Conduct for the QAAD Staff Members	43

CHAPTER ONE

PREAMBLE

In accordance with the University Grants Commission Act, 2050 (1993 AD), which has mandated the University Grants Commission (UGC) to ensure the quality and excellence in higher education in the country, the UGC endorsed this guideline, to facilitate to meet the Commission's rights and responsibilities as defined in the Section 6(1) in the UGC Act 2050: e. Plan appropriate programs for enhancing the educational standard f. To manage necessary necessary arrangements for ensuring and maintaining appropriate level of educational standard in Universities; Exercising the authority of Right to formulate regulations, allocated by the Act in Section 19; the University Grants Commission (UGC) hereby makes the following regulations for quality assurance and accreditation of Universities and equivalent institutions:

1.1 Short title, application and commencement

- 1.1.1 The regulations made here shall be called “the University Grants Commission - Guideline for the Quality Assurance and Accreditation of Universities in Nepal - 2022.” In short, it shall be known as “University Accreditation Guideline.”
- 1.1.2 This guideline shall apply to the Universities and equivalent institutions established and operating under the specific Act endorsed by the Government of Nepal.
- 1.1.3 This guideline shall come into effect from the date of its Endorsement from the UGC Board of Nepal.

1.2 Definitions of the terms

In this guideline, unless the context meant to otherwise, shall be understood as:

- 1.2.1 “Commission” refers to the University Grants Commission as defined in section 3 of the University Grants Commission Act, 2050.
- 1.2.2 “Council” refers to the Educational Quality Assurance and Accreditation Council formed under Educational Quality Assurance and Accreditation Regulations 2074.
- 1.2.3 “University” refers to an autonomous, academic degree awarding institution that is established and is operational in Nepal, under the specific legal provision (such as Act) endorsed by the Government of Nepal. This term shall also refer to the equivalent institutions such as Health Science Academy and any Technical Academies established as a university or equivalent institution.
- 1.2.4. “Technical Committee” refers to the Committee formed under Educational Quality Assurance and Accreditation Regulations 2074.
- 1.2.5 “Higher Education Institution (HEI)” refers to the academic institutions which offer the Undergraduate and graduate programs. This also refers to Universities and Health Academy.
- 1.2.6 “Faculty” refers to a person (regular, ad-hoc, guest, temporary, visiting, what-soever) who teaches, supervises, mentors students or other researchers enrolled in or affiliated to an academic institution in any capacity, or conducts research in an academic institution with the responsibilities similar to faculties.
- 1.2.7 “Secretariat” refers to the EQAAC Secretariat or QAAD/UGC
- 1.2.8 “Peer Review” refers to the process of review and assessment of universities and equivalent institutions through the experts (QAA Experts) for the purpose of the accreditation.
- 1.2.9 “Expert” refers to the QAA Experts who meet the minimum criteria defined to become Peer Review Member and Team Leader. It also refers to the Foreign / International Experts

from the roster of the accrediting agency of respective country experts registered in the international QAA agencies / network organizations and those experts who are registered in the accrediting agencies of multiple countries (registered in at least three or more countries) 1.2.10 “Quality Assurance and Accreditation (QAA)” refers to the process of certification of an educational institution for the achievement of minimum standard of quality in education and institutional governance (institutional governance). This also refers to the accreditation of academic program and faculties (qualification and performance of academic staff) accreditation.

1.3 Objectives

- 1.3.1 To make Nepali higher education internationally competitive and credible through QAA system;
- 1.3.2 To facilitate the effective implementation of the provisions made in the Educational Quality Assurance and Accreditation Regulations 2074, and the quality assurance and accreditation-related decisions of EQAAC;
- 1.3.3 To ensure the quality in educational and overall institutional governance and management of the Universities and equivalent institutions operating in Nepal;
- 1.3.4 To set necessary criteria and sub-criteria for quality higher education, define their scopes, and measurable indicators;
- 1.3.5 To define the overall process of assessment for quality assurance and accreditation of University; and,
- 1.3.6 To define stages and steps of assessment and accreditation of University.

1.4 Responsibilities of University

Every universities and equivalent institutions shall approach to fulfill the minimum standard and requirement defined under this guideline and enroll for QAA.

1.5 Induction Programs and Facilitation

1.5.1 The EQAAC Secretariat shall conduct induction program regularly to make the universities aware of the overall QAA process and requirements to complete each of the defined stages. The Secretariat shall include QAA experts, as required, on case / event basis to facilitate the induction program.

1.5.2 The EQAAC Secretariat / UGC shall sensitize the program to general people and specific stakeholders through publication of public notice, and seminars and workshops.

CHAPTER TWO

PROCESS OF ASSESSMENT FOR QUALITY ASSURANCE AND ACCREDITATION

2.1 Assessment Process for Accreditation of Universities

There shall be six stages in the process of assessment to the accreditation of the universities: a. Participation, b. Self-study, c. Review and verification, d. Assessment, e. Response to assessment feedback, and f. Accreditation decision.

Different stages shall have different tasks to be completed, following a due process, and meeting the defined requirement as described in the table 2.1.

Table 2.1: Stages, Steps, and Process of Assessment for University Accreditation

Stages	Steps	Process of Assessment for and minimum requirement
Participation	Eligibility Check	<ul style="list-style-type: none"> • The university accreditation is applicable to the universities (conventional and technical) including, Open Universities, Specialized Academies (Health Science Academies, technical/Poly-technical universities, ..., ...) • The university or equivalent academic institution (autonomous degree awarding) shall have been established as an autonomous institution under the specific Act endorsed by the Government of Nepal. • The University shall submit its institutional profile to the UGC and registered in the National Registry of Higher Education Provider and have obtained a unique code of National Higher Education Provider (NHEP) Number. • The university, if it has affiliated other higher education institutions, or has its central / constituent campus(s) /school(s) as a separate higher education institution / entity, all the constituent entities and affiliates meeting the minimum eligibility criteria to participate in accreditation process, as defined by the Council, have submitted LOIs and got their approval, and the university has developed and endorsed strategic plan to make all of its entities meet minimum eligibility criteria within the defined period (not exceeding five years), the university shall be allowed to submit LOI. In such way, university shall be brought parallel to HEIs - HEIs complete each stage at first, followed by the university. • The university shall constitute an Internal Quality Assurance Policies and Guidelines to practice the system and ensure the internal quality and practice for quality enhancement. There shall be a Secretariat for IQA System to implement the internal quality assurance process, which shall be governed by an IQA Committee, duly approved by the Governing Board / Senate of the University. The Secretariat

	<p>shall be headed by an IQAC Director/Coordinator who shall be the Lesion Officer for the purpose of external accreditation and practicing the internal assessment to ensure quality within the university (centres schools, campuses, departments, research centres, laboratories, industries, constituent campuses, and affiliate, both community and private, campuses).</p> <ul style="list-style-type: none"> ● IQAC shall have its Policy/ operational guideline, meeting minimum requirement of the IQAC Directives – 2077 (https://ugcnepal.edu.np/uploads/webuploadsfiles/IQAC%20Directives%202020.PDF) of the UGC Nepal). ● The university shall have been established at least a decade earlier, have offered academic programs, and have conferred the degrees to its graduates. ● Universities, whether private, public, community, or a trust-managed, deemed-university, shall have majority (60% or above) of their lands and infrastructure related properties under the institution's ownership. No major share of such properties under lease shall be permitted.
	<p>Submission of Letter of Intent (LoI)</p> <ul style="list-style-type: none"> ● Upon meeting the eligibility criteria mentioned above, the university shall submit a Letter of Intent (LoI) at the EQAAC Secretariat in the prescribed format, with supporting documents. The file should also contain the deposit slip (voucher) of a payment of prescribed fee set by the EQAAC. ● After the submission of the LoI in the EQAAC Secretariat, the EQAAC / the UGC, Nepal will verify it, and the Secretariat shall acknowledge the receipt of the LoI. ● The LoI submission file shall be assessed by the EQAAC. The EQAAC may employ external experts (External to EQAAC Secretariat), as required, to assess the LoI. Once the Council finds it acceptable and eligible for participation in QAA process, it accepts the LoI. Thereafter, the EQAAC Secretariat shall issue ‘Acceptance of the Letter of Intent’ letter to the respective university. After the acceptance of LoI, the institution is accounted as ‘under the process of Quality Assurance and Accreditation (QAA).’ ● The acceptance or otherwise, of the LoI shall not take longer than 4 weeks (24 working days) after its registration at the UGC, except in the case of unavoidable circumstances. <p>If the LoI is not accepted, information shall be provided to the university, along with the reason as to why it is not accepted. . In such case, universities shall be allowed to re-submit the LoI within a year, under the same fee paid earlier.</p>

		<ul style="list-style-type: none"> If the university failed to re-submit the LoI within the year, the new LoI should be submitted on payment of prescribed additional fee. The acceptance of LOI to participate in the process leads the university to complete the first stage in the process.
Self-Study	Information / Facilitation from the EQAAC Secretariat	<ul style="list-style-type: none"> The university shall submit its Self-Study Report (SSR) within one year from the date of the ‘Acceptance of the Letter of Intent.’ In case the university produces logical reasons for the extension of time/deadline of SSR submission, the Secretariat, in consultation with the Chair of the EQAAC, may take a necessary decision on extension of additional six months, on behalf of EQAAC. In case of unavoidable circumstances, aforementioned duration may be extended for additional six months, after the EQAAC is convinced of the situation. However, if the university failed to submit its SSR in total of two years, the LOI shall be updated upon the payment of prescribed renewable fee. The EQAAC Secretariat shall arrange an information session to university once the LoI is accepted. This facilitation can be both on-site/physical or off-site. Based on the nature of the information / facilitation, the EQAAC shall invite moderator/ facilitator with the required expertise. Instead, the secretariat shall deliver such information session. The duration of information sessions shall be mutually agreed as necessary (but shall not be for more than 2 days in a single event), excluding the travel time. All the officials of the university shall be invited to participate in the information sessions, with compulsory participation of, Rector/Registrar (for those universities that do not have the post of rector), the IQAC Coordinator, Deans, and Principals. The cost of the travel and remuneration for experts / resource person of the information session shall be covered by the concerned university, as per the facilities prescribed by the EQAAC and endorsed by the UGC. The information session shall be conducted within eight weeks (48 working days) from the ‘Acceptance of the Letter of Intent’ for the first time. Nevertheless, any additional information / facilitation session, if required and demanded by the university, time and duration shall be mutually agreed. The entire cost of the additional information sessions shall also be the responsibility of the host university. The university must not organize such information sessions / training independently, by inviting freelance

		consultants/experts.
	Submission of SSR	<ul style="list-style-type: none"> • The SSR submitted by the university shall be presented to the QAA Technical Committee for both, initial and final review. • The assigned expert(s) / member(s) of the Technical Committee shall carefully review the SSR and check the compliance between the responses and the annexed documents. The reviewer shall also verify the authenticity of submitted documents. The reviewing expert shall present the review report to the meeting of the Technical Committee. • Once the Technical Committee is satisfied with the SSR and declares that the QAA standards and values are met in the SSR, it shall accept the SSR and recommend the EQAAC for the formation of Peer Review Team (PRT) to assess the University for Accreditation. • In case the Technical Committee generates a set of suggestions/recommendations to the university, based on the SSR review and verification of the annexes, it shall be the responsibility of the university to fulfill / address the recommendations before the PRT could be formed. • Acceptance of SSR and recommendation to form the PRT shall be regarded as the completion of second stage i.e. Self-Study.
Review and Verification	Formation of Peer Review Team (PRT)	<ul style="list-style-type: none"> • On acceptance of SSR by Technical Committee and its recommendation to the EQAAC to form a PRT for the review and assessment of the university, the EQAAC shall form a Peer Review Team (PRT), which starts the task of peer review and assessment of the university. • With the formation of the PRT, the university shall be considered to have entered into this stage of QAA process. • The size of the PRT for the quality assessment of the university shall comprise of four to five members, with minimum of one female member in the team. The size of the team shall depend on the size (number and types of programs, number of students, number of affiliations, extension, etc.) of the university. Furthermore, the case-specific size of the PRT shall be decided by the EQAAC. • All the PRT Members of the University Accreditation must hold the PhD Degree (except in the field of Medical Sciences (clinical) where DM/Mch or fellowship after Master Degree in clinical science, may be accepted as equivalent to PhD. However, basic science or public health group should have a PhD Degree) and the Professor, and have adequate experience on assessing higher education institutions for accreditation. In general, a minimum of three years of

	<p>experience in the field of quality assurance and accreditation is must to be nominated in a PRT Member. Additionally, a person who has served as a Chair, Member Secretary (Director of QAAD) or Member of the EQAAC at least for three years, or is a former Vice-Chancellor of a University/equivalent entity and have knowledge on QAA System and Process, or has worked as a Coordinator (Team Leader) of PRTs in at least three HEIs for institutional accreditation, shall be qualified to be nominated as a Member of PRT in the university accreditation. The PRT shall consist at least one international expert who, at least for one tenure, has led the accrediting agency of the corresponding country or has worked as executive, assessor, director, or advisor of the accrediting agency of the country at least for two years, or in has worked in one of the networks of accrediting agencies such as APQN, INQAAHE, in executive position at lease for three years. The qualification of the international expert mush be PhD, with a Professor title awarded by public university.</p> <ul style="list-style-type: none"> • The PRT shall consist of experts from the professional council, whenever relevant. Whenever the Chair or the Registrar is not representing the professional council, the representative nominated by the Chair should meet the following qualifications: Holds a PhD Degree, Professor, and has worked in at least 3 Assessment teams mobilized by the Professional Council for its internal (professional) assessment of the HEIs, or has worked at least in three PRT teams representing professional council in institutional accreditation of HEIs. • The composition of PRT shall be made representative from academic cluster / diversity as far as applicable/possible, to make an interdisciplinary team of experts (Education, Management, Social Sciences, Science and Technology, and specific professional discipline). • The Team Leader of the PRT for university accreditation must have a PhD Degree and Professor title from public university and have led at least five PRTs in institutional accreditation of HEIs. In terms of work experience, he / she shall be the former Chairman of the EQAAC Nepal, former Vice-Chancellor of any university/equivalent entity familier with QAA System and Process, has (except the one who has been the VC of the university being assessed) of Nepal, who completed the assignment of PRT Coordinator / Team Leader for at least three HEIs for institutional accreditation, or had worked as a Director of QAAD at least for three years, or have worked as
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	<p>a Coordinator of QAA Technical Committee at least for a three-year tenure.</p> <ul style="list-style-type: none"> • All the members of the PRT must declare no conflict of interest with the university being assessed. • The university under assessment shall also be given an opportunity to express their conflict/disagreement on to specific member(s) of PRT, if any, whatsoever the reason. • On the demand of the PRT, the EQAAC Council shall form additional different sub-committees, if required, to ease and facilitate the PRT for the assessment of the university. However, this shall be applicable only to the large and complex universities – in terms of size and academic programs. Such complexities must be explained by the PRT to the EQAAC with rationale of requesting for sub-committees. The EQAAC shall have right to form or otherwise, such sub-committee(s).
	<p>Portfolio Meetings of PRT</p> <ul style="list-style-type: none"> • Members of the PRT shall critically review the SSR and verify the annexes submitted by the university being assessed. The Team Leader and each Member of the PRT shall produce individual review reports in a prescribed format. • There shall be at least two portfolio meetings, one before the pre-qualification visit, and another before the PRT assessment visit. • Additional portfolio meetings could be arranged on the basis of the rationale / as demanded by the PRT Members to the EQAAC Secretariat. • The PRT, on completion of review and verification, and production of individual review report, shall gather together for a portfolio meeting, discuss their observations, and agree / build consensus to the issues requiring further clarification from the applicant / university being assessed. • The portfolio meeting may be held both, virtual or physical / or blended / mix of both, as convenient. • Compliance of every indicators with the supporting documents submitted by the university in the SSR should be checked, verified and established the stages, during the review. • In case, portfolio of the PRT generates a set of suggestion(s)/recommendations based on the review of SSR and verified documents, it shall be the responsibility of the university to fulfill/address those recommendations before the assessment / field verification visit could be scheduled. • The portfolio shall set a date for the field verification of the assessment process. On scheduling for the PRT visit, the university enters into next stage i.e. ‘Assessment’

Assessment	Pre-Qualification Assessment (Preparatory Assessment)	<ul style="list-style-type: none"> ● Once the PRT, through portfolio, is satisfied with the institutional reporting of the SSR and associate annexes, the PRT will proceed for pre-qualification assessment / preparatory assessment through direct visit to the university. ● The PRT, via EQAAC Secretariat, shall circulate its visit schedule to the university at least one week (6 working days) prior to the start date. ● The pre-qualification may consist of 2 to 3 members (1-2 experts and one staff-member) PRT, depending on the size of PRT. The size of the team, if the Team Leader of the PRT feels the need of more than 2 members, shall be as per the decision of EQAAC in consultation with the Director of EQAAC Secretariat and PRT Team Leader. ● During the visit, the team shall verify the compliance of documents, critically observes the facilities offered in the university premises, discusses with the authorities about the further plans and implementation progress, and conducts interactions with stakeholders, on the basis of pre-defined schedule. ● The visit shall be of 2 to 3 working-days excluding travel-time, and depending on the size and structure of the university. The majority of the assessment shall be based on desk-review and PRT, at its portfolio meeting, must agreed on the issues to be inspected / verified during the site visit (those elements which are not clear from the data and documents submitted in SSR). The longer duration, shall be as defined by the EQAAC on case-basis, and on recommendation of the PRT Team Leader or Director of the EQAAC Secretariat. ● The visiting team shall prepare its report within the duration of field verification and should share their findings/ suggestions/ recommendations along with report in the ‘Exit Session’ on the final day of visit, in presence of major stakeholders of the University. ● Every pages of the review report should be duly signed by all the members of the PRT and also, at least by the VC, Rector (if provisioned), Registrar, and the Director / Coordinator of the IQAC, and the Deans of the university. ● On behalf of the PRT, the Team Leader shall submit the report to the Chair of EQAAC within 3 working-days after the completion of the visit.
	Response Preparatory Assessment Report	<p>to</p> <ul style="list-style-type: none"> ● It shall be the obligation of the respective university to progress and fulfill the suggestions/ recommendations given by the PRT during the preparatory assessment and submit a formal report. ● The response report of along with the implementation of

		<p>recommendations shall contain information on progress made as of the recommendations after the preparatory visit, including additional annex documents, if any, which shall be submitted to the EQAAC Secretariat within the designated time.</p> <ul style="list-style-type: none"> • In general, the response report should be submitted to the EQAAC Secretariat within nine months from the completion of pre-qualification assessment visit. The Director of the EQAAC Secretariat may extend additional three months for the submission of the report, upon receiving formal request, with explanation requiring extension of deadline. • Extension to deadline in addition to one year from the assessment, if required, shall be presented to the EQAAC, with the university's explanation for further decision. However, whenever a university takes longer than two years to submit the response report, the pre-qualification assessment that has been conducted earlier shall be invalidated. In such case, the university shall update all the information contained in the LOI, SSR, and associated annexes, wherever the change in data and information take place. In such case, a fresh / new pre-qualification assessment shall be scheduled, and same process of pre-qualification assessment shall be repeated. The response report received from the university shall be shared among the PRT Members and shall be presented and discussed in portfolio meeting at first and consensus on the report shall be produced. The PRT has the right to accept the response report, or otherwise, to check if it has met the requirements suggested during the pre-qualification assessment. In case the PRT is not satisfied with the response, the feedback-response cycle shall take place until the response report submitted is acceptable. On acceptance of the response report the consensus statement may be presented to the EQAAC to make the council aware of the status of the On the basis of which PRT assessment shall be scheduled.
	PRT Assessment	<ul style="list-style-type: none"> • In acceptance of pre-qualification assessment report by the portfolio meeting of the PRT after reviewing the response report of the recommendations, the team generate/ build consensus on areas / issues to be verified / receive clarification from the university and design the modality of PRT Assessment visit, and schedules it. • The university being assessed shall be notified two weeks (12 working days) prior to the start of the PRT assessment visit. • The university shall be in contact with the liaison

	<p>person of the EQAAC Secretariat / assigned staff-member for the preparation of the assessment.</p> <ul style="list-style-type: none"> • The majority of the assessment shall be based on desk-review and PRT, at its portfolio meeting, must agree on the issues to be inspected / verified during the site visit (those elements which are not clear from the data and documents submitted in SSR). The duration of PRT visit for the university assessment shall be of four to five days, excluding travel time, depending on the size and structure of the university. The duration of the visit, if required for more than 5 working days, shall be decided /approved by the EQAAC in consultation with the Director of the EQAAC Secretariat and the PRT Team Leader. • All the members of the PRT along with the international expert shall participate in the assessment. However, virtual/online participation can be an option for the one who is unable to attend the field visit physically. • Based on the size of PRT, and size and structure of the university, the PRT can be split into 2 groups and both groups may assess the university in two different schedules. However, this should only be done in prior-approval from the EQAAC and in consensus with the university authorities. The structure of the split-PRT should be approved by the EQAAC Chair on behalf of the EQAAC in consultation with the PRT Team Leader, and the Director of the EQAAC Secretariat, prior to the visit. A clear TOR to different groups shall be made by the PRT, ensuring no overlapping of the tasks/activities. The PRT Team Leader shall assign a role of Deputy Team Leader to a member of the split group in which he is not participating. The visits of the PRT-split teams shall not be more than two months apart. In the case of split of PRT, both teams shall produce their own reports and share/sign jointly with the university authorities. In the case of split-PRT, the reports of two groups should be compiled and consensus between the team members shall be made in a portfolio meeting, before the report is shared with the EQAAC. This should be done within two weeks (12 working days) after the completion of the visit of the second group. • During the PRT assessment, the team shall observe the progress made on the recommendations of pre-assessment, verify the compliance of documents, critically observe the facilities offered in the university premises, discuss with the authorities about the future plans, sustenance of the initiatives and activities, conducts interactions with other stakeholders, within the pre-defined schedule and under the issues listed in the SSR form, and QAA policy-related decisions.
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- The visiting team shall prepare its report within the duration of field verification. The report shall be prepared based on observed / verified evidences. The marking of every indicator shall be accompanied with the logic. The PRT members shall make their individual marking report at first and consensus marking report of the team thereafter. The marking report shall be confidential until the EQAAC decide to share it with the authorities of respective university. So it shall be duly signed by the PRT Members and sealed before submitting it to the EQAAC Secretariat.
- The PRT shall share their findings/ suggestions/ recommendations along with the report with the university authorities and stakeholders in the ‘Exit Session’ on the final day of the visit.
- Every page of the PRT report (general, not marking report) shall be duly signed by all the members of the PRT / involving members of the PRT in case of PRT-split, and also by the university authorities (at least by - VC, Rector, Registrar, Deans and IQAC Director).
- If any member of the PRT disagreed with the main report /specific observation / recommendation, their different opinion shall be acknowledged as ‘Note of Dissent ’ in the main report. However, the university authorities of the university being assessed may not do so!
- The marking shall be averaged, confidentially, from the individual marking of the PRT Members. All the workouts (not signed rough marking) shall also be sealed separately, with the mark ‘rough’ and put them in a single envelope.
- On behalf of the PRT, the Team Leader shall submit the peer review report to the Chair of EQAAC within three working days after the field visit. If any member has produced ‘Note of Dissent’, the details (rationale/ logics / merits of disagreement at least in three points) should be attached to the main report.
- The PRT shall decide, and state in the final report, if the follow-up visit is required, before the university could be accredited. Whenever follow-up visit is required, PRT shall not recommend the EQAAC to accredit the university. A follow-up visit shall be required if a university does not secure required minimum marks in each component (criteria) and required aggregate average marks in the consensus marking of the PRT.
- The follow-up visit would be necessary only if there are PRT recommendations, whether physical or academic infrastructural (soft or hard) development / refinement /

		<p>renovation, to be completed by the university, before it could be accredited.</p> <ul style="list-style-type: none"> The completion of PRT Assessment is considered to be the completion of Assessment stage, which also refers as “peer review completion for QAA”.
Response to Assessment Feedback	Response to PRT Report	<ul style="list-style-type: none"> It shall be an obligation of the respective university to progress and carryout the suggestions / recommendations given by the PRT and submit a formal response report after PRT assessment. The response report of the completion of the recommendation(s)n shall contain information on progress made as of the recommendations of PRT, including additional annex documents, which shall be submitted to the EQAAC Secretariat. In general, the response report should be submitted to the EQAAC Secretariat within nine months from the completion of PRT assessment. The Director of the EQAAC Secretariat may extend additional three months for the submission of the reports, upon receiving formal request, with explanation requiring extension of deadline. Extension to deadline in addition to one year from the assessment shall be presented to the EQAAC, with the university’s explanation, for further decision However, whenever a university takes longer than two years to submit the response report, the PRT assessment that has been conducted earlier, shall be invalidated. In such case, the university shall update all the information contained in the LOI, SSR, and associated annexes, wherever the changes in data and information take place. In such case, a fresh / new PRT assessment shall be scheduled. The response report received from the university shall be shared among the PRT Members. The PRT has the right to accept or otherwise, the response report, after checking if it has met the requirement suggested during the PRT assessment. In case the PRT is not satisfied with the response, the feedback-response cycle shall take place until the response report submitted is acceptable. When the PRT accepts response report, the EQAAC Secretariat shall schedule an EQAAC Meeting where the report shall be shared / presented to verify if the university has made sincere efforts to fulfill the recommendation of the PRT.
	Follow-Up Assessment (Optional)	<ul style="list-style-type: none"> The follow-up assessment shall be an optional activity, so it shall be conducted only if its need has been highlighted in the final assessment report of the PRT and if there are any recommendations related to physical/academic

	<p>infrastructural (soft or hard) development / refinement / renovation has not been completed in PRT response report. Nevertheless, the EQAAC may decide a follow-up snap visit by a team if it felt that is required, to verify the progress been made by the university in reference to the PRT recommendation(s).</p> <ul style="list-style-type: none"> • Unless PRT mentioned the requirement for a follow-up visit in the PRT report, inclusion of the PRT Team Leader shall be optional in follow-up team. • The EQAAC Secretariat shall circulate the visit schedule to the university at least a week (6 working days) prior to the scheduled visit. • The objective of this visit shall be limited to validate the progress made by the university in reference to the given recommendations of the PRT assessment. • The follow-up assessment visit team shall comprise of the PRT Team Leader and QAA Director, in general, in case the PRT report has mentioned the need of follow-up assessment. In the absence of the Director, the Chair of EQAAC shall transfer this responsibility to any of the staff of the EQAAC Secretariat. In other cases, such as EQAAC's decision for a follow-up visit, an EQAAC Member or EQAAC nominated expert, accompanied by the Director or assigned staff of the Secretariat, and the PRT Team Leader (optional), shall be in the follow-up team • The duration of follow-up visit shall be of three to four days, excluding travel time, depending upon the size and structure of the university, and in case of longer than 3 days (excluding travel time), pre-approval from EQAAC shall be obtained. • If the PRT has noted the requirement of a follow-up in its PRT report, the follow-up team shall evaluate the progress made by the university, particularly in the area where the institution has not secured adequate marks and ensured that it has made progress to secure required marks. In such case, same marking form shall be used and the marks obtained by the institution shall be sealed, after signing the marking sheet by the visit team. In case if the PRT hasnot recommended for further marking during the PRT visit, no further marking shall be required during the follow-up visit. • The visiting team shall prepare its report within the duration of field verification and shall share their findings/ suggestions / recommendations, along with report, at the 'Exit Session' on the final day of the visit, in presence of the university authorities and major stakeholders. • Every page of the general report should be duly signed
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		<p>by all the members of the visit team and by the authorities of the university (at least by - VC, Rector, Registrar, Deans, and IQAC Director/Coordinator).</p> <ul style="list-style-type: none"> On behalf of the PRT Team Leader or Team Leader of the follow-up team in case, if PRT Team Leader has not been included in the team, shall submit the follow-up visit report to the Chair of EQAAC within three days from the completion of the visit.
Accreditation Decision	EQAAC Meeting	<ul style="list-style-type: none"> The Member – Secretary of the Council (Director of the EQAAC Secretariat), in consultation with the Chair, prepares the agenda for the immediate meeting of the EQAAC. The EQAAC Secretariat liaises the PRT Team Leader, on behalf of PRT, to prepare a progress matrix as per the response of the university on recommendations of pre-qualification, PRT assessment, and follow-up assessment reports (as applicable) and their presence and present the overall assessment report to the EQAAC Meeting. In reference to the report of the PRT, the Council shall take decision on the following options: <ul style="list-style-type: none"> a. Recommend the UGC Board for ‘Accreditation’ of the university. b. Recognition of ‘Process Completion but Decision on Hold’ and ask the university to submit additional information, and or complete additional tasks, if any. However, for the university to be recommended for accreditation, it shall have secured 66% of the total marks, obtaining at least 60% marks in each of the criteria, during the PRT assessment, all the constituent entities and affiliates meeting the minimum eligibility criteria to participate in accreditation process as defined by the Council are accredited, and the university has developed and endorsed strategic plan to make all of its entities meet accreditation requirement within the defined period, i.e., not exceeding next five years (before completing the first cycle of accreditation). Nevertheless, if a university is not recommended for the ‘Accreditation’, the Council shall provide the information / explanation to the PRT and the university, with the logic, in other categories of decisions, within seven days of the meeting, which shall not be from the assessment criteria, but policy-related issues or any fault/misconduct observed / heard / report received during the assessment process – or disobedience of the Code of Conducts. If the university is recommended for ‘Accreditation’ to the UGC Board, the Member – Secretary of the Council (Director of the EQAAC Secretariat) prepares a detail agenda

		<p>to be presented to the Board from the EQAAC Secretariat, and presents it to the Member Secretary of the UGC to presents the agenda in the UGC Board Meeting. Otherwise, the university shall be given a chance to clarify any issue raised by the EQAAC that caused decision on ‘hold.’ In satisfactory clarification, the EQAAC shall recommend the UGC Board to accredit the university.</p> <ul style="list-style-type: none"> • In case of no recommendation for accreditation, the university shall be given a chance to work on the recommendation(s) of PRT and submit the response report. In such case, a follow-visit of PRT may be conducted, depending upon the nature of recommendations given to the university.
	UGC Meeting	<p>Board</p> <ul style="list-style-type: none"> • Based on the recommendation received from the EQAAC, the UGC Board shall make final decision on accreditation of the university. • A formal program / event shall be organized to award the Accreditation Certificate. The awarding of accreditation certificate by the UGC shall be recognized as “Accreditation”. • The university accreditation shall be valid for a five-year cycle, subject to satisfactory progress made by the university towards quality enhancement. • Unsatisfactory progress on quality enhancement may lead to revoke the accreditation certificate. • It is the university IQAC’s responsibility to submit its annual progress report and plan for the next academic year, to the EQAAC Secretariat, within three months of the completion of academic year / financial year. • On nearing the completion of the first cycle of accreditation, normally in the fourth year of accreditation, the university shall enter into the second cycle of assessment by following the same process.

2.2 Methods of Peer Review

One of the main responsibilities of the peer review team is to assess the compliance of the activities done by the university against the set standard. In general, the following three methods, but are not limited to, if the PRT feels the requirement of additional activities, shall be used during the review process. Nevertheless, these methods and techniques may vary, based on the capacity of the review team and the overall structure of the institution being assessed.

(a) Meetings: The peer review team shall conduct several meetings with the concerned stakeholders, separately, during the review. The main purpose of these meetings shall be to dig out the first-hand / primary information about the overall system of operation and management of the institution, through its stakeholders. The meetings shall include the

issues such as: working process, services and facilities, and stakeholders' satisfaction towards the services provided, and so on during the meetings. Interactive meetings between the PRT and respective stakeholders (specific group such as academic leaders, faculties, staff, students, alumni, community people, entrepreneurs and industrialists, or others as relevant to the institution) shall be the technique to collect related and required primary data. The team may set invoke / provoke the situation so as the participants may be encouraged to express their feelings and raise issues pertinent to the institution. In this kind of discourse, the team shall take a little time and listen to the stakeholders more so that required information / facts can be obtained. Most of such meetings shall be formal; however, the team (any member of the team) may conduct different informal and non-formal meetings or conversations with small groups and individuals to verify / cross-check the information obtained in formal meetings and from the documents.

- (b) Observation:** On-site visit for the observation of all the services and facilities available in the HEI shall be made by the team. These services and facilities shall be assessed against the general standard defined / required in the specific field, and are upgraded / refined as of the international practice and trends. The team shall also assess overall learning environment from a different perspective, beyond the measurable indicators listed in the SSR form. It is the responsibility of the university that it provides facilities required for teaching, learning, assessment and overall development of learners, and job satisfaction of staff (academic and administrative). The purpose of this sort of observation is to assess the adequacy and quality of the service and facilities and ensure that the university is functioning with basic infrastructures and learning resources required for the academic programs it offers. It is anticipated that the PRT shall further assist the university to enhance educational quality in the institution. It is the responsibility of the university to take photographs of the observation / assessment visits for official documentation and institutional memory. However, public sharing of such photographs, except through the formal reports, is not allowed.
- (c) Document Study / Inspection:** All the related documents of the institution, including those referenced in the SSR and respective annexes shall be verified, studied, reviewed, and analyzed critically by the team to assure the compliance of them with the activities implemented by the institution. Using judgmental sampling, some documents could be inspected to verify their functionality and use for daily operation of the institution. The documentation system of the institution and its impact on decision making and quality enhancement shall also be the points for review, which may give clear idea about the institution functioning.
- (d) Others (as required):** The peer review team, based on the need and demand of the situation, may apply other methods of assessment during the review period. The Team Leader, in consultation with the team, may finalize and use of such methods, as needed.

CHAPTER THREE

CRITERIA AND THEIR SCOPES FOR ASSESSMENT FOR ACCREDITATION

3.1 Criteria, Sub-criteria and their Scopes

The universities in the context of higher education in Nepal are primarily the policy making, monitoring and rewarding as well as alerting bodies who have the responsibility of governing the HEIs under their affiliation, whether they are constituent, community, or private. Therefore, the university's role shall be to focus on whether it has followed the aforementioned three tasks or not. In this respect, beyond the scope discussed earlier and the indicators presented below, they shall comply with these tasks, beyond the parameters of assessment.

In the university accreditation, there shall be six core criteria, namely: (1) Governance and Leadership (2) Curriculum Management (Development, Delivery and Assessment) (3) Research, Knowledge Extension / Outreach (Research, Development and Innovations, and Community Engagement), (4) Physical Resources (including ICT, recreational, classrooms) (5) Human Recourse (including recruitment, well-being of academic and non-academic staff), and (6) Student Support and Wellbeing (intake, management, support and alumni relations)]. These core criteria are further elaborated under sub-criteria (altogether 24) and corresponding scopes as presented in Table 3.1.

Table 3.1: Criteria, sub-criteria and Scopes of University Accreditation

Criteria	Sub-Criteria	Scopes of the Criteria / Sub-Criteria (areas shall be covered by assessment indicators)
(1) Governance and Leadership (25%)	1.1 Policy Planning and Governance	<ul style="list-style-type: none"> • Policy planning body; • Representation in policy planning; • Process of policy planning; • Planning and monitoring mechanism; • Policy implementation mechanism; • HEIs affiliation mechanism; • Policy planning and implementation feedback mechanism; • Inclusion and representation; • Policy updates; • Policy guidelines and institutional framework; • Academic calendar; • Grievances readdress system and practice; • University's institutional and program affiliation system; • Budgeting; • Affiliation policy; and, • Merger policy.
	1.2 Leadership	<ul style="list-style-type: none"> • Credibility of educational leaders, selection/recruitment practice, performance appraisal; • Leadership succession policy and practice; • Representation of faculties and students in management; • Organizational management and review of management process;

	<ul style="list-style-type: none"> • Customer /Stakeholders satisfaction survey; • Accountability measures of the university; and, • Monitoring organizational / institutional leadership performance.
1.3 Management Dynamics	<ul style="list-style-type: none"> • Management dynamics at the university: Change management, change management group, and participation in change management; • Fiduciary management and financial maturity of the university; • Financial and management sustainability policy; Emergency response policies;and, • Financing policy of the university.
1.4 Continuous Quality Enhancement (CQE) /Performance Improvement	<ul style="list-style-type: none"> • Minimum standard and regulations related policies; • IQA system, quality control mechanism; • Drivers of change for quality enhancement; • Quality audit criteria, quality education criteria, and quality audio components; • Performance indicators linked up with quality, quality improvement / enhancement measures; • HEIs' quality audit procedures (quality audit of affiliated/constituent HEIs by the university); • Formal linkage / relation of university with HEIs in relation to input for inputs, and for upgrading of inputs for quality; • Quality compliance for / with National QAA Framework; • Assessment and assurance of academic integrity; • Review of process efficiency and meeting of standards; • Research process review, planning and implementation; • Quality enhancement in research output; and, • IQAS policies / practice feedback –response system
1.5 Information System and Public Information	<ul style="list-style-type: none"> • Public information design and dissemination; • Linkages and cooperation; • University Information Management System (UMIS); • Information security and integrity; • Branding of the university (public profile and prestige, innovation, research, performance); and • Stakeholders' feedback on public information (Availability, access, clarity, update frequency).
1.6 Stakeholders Engagement / Participation	<ul style="list-style-type: none"> • Policies and practices on overall stakeholders' participation (Policy design, curricular design/upgrade, LMS, evaluation system, EMIS, public information, Human Resource (HR), quality enhancement, institutional monitoring and public audit); • Stakeholders' participation (practices) in designing /

		<p>developing policies and plans, and monitoring the progress, and collecting feedback, documenting, analyzing and their adoption in further planning; and</p> <ul style="list-style-type: none"> • Stakeholders' engagement / participation in research promotion, feedback on research communication and their practical use; • Stakeholders engagement / participation in HR recruitment / appraisals / and reward system; • Engagement on HR policy formation; and • Engagement on developing governance framework <p>Note: Stakeholders here refers to the public at large . In general, primary stakeholders, who shall be consulted in day-to-day matters are the students, faculties and staff; secondary stakeholders, who shall be consulted at least by semester/year are the parents, community people, local governments, funding agencies, alumni, and employers; while the tertiary stakeholders, who shall be consulted occasionally, once a year or in specific interval for specific purpose, are the market, industries, political leaders/parties and concerned sister organizations, and any others concerned with the overall educational quality and institutional management.</p>
<p>(2) Curriculum Management (Development, Delivery and Assessment) 20%</p>	<p>2.1 Curriculum Development and Dynamics</p>	<ul style="list-style-type: none"> • Recognition of prior learning; • Curriculum development, approval, and feedback collection and updates; • Market relevance and employability; • Coverage and intensity of disciplines and representation of topical issues; • Curricular linkages - horizontal (across the disciplines) and vertical (across the levels / years / semesters); • Course outcomes and educational program outcomes; • Stakeholders' feedback on curriculum; • Level of autonomy given to constituent and affiliated HEIs to include local curriculum (local curriculum from local stakeholders as of the local need / local importance / local priority); • Share / model of practice in (Top-down - expert to the local or bottom-up – local to the expert) curricular design. • International developments in the disciplines and their recognition and adoption; and • Updated curriculum as per international standard.
	<p>2.2 Research-based-Curricula / research</p>	<ul style="list-style-type: none"> • Research based curricula; • Multidisciplinary and interdisciplinary approaches to curricular offerings; and

	embeddedness in curricula	<ul style="list-style-type: none"> Curricula with practical implications - emphasis on skills and practice over the content.
	2.3 Curriculum Delivery (Teaching learning and teaching aids)	<ul style="list-style-type: none"> Curricular induction and dissemination; Curricular delivery process and instruction (student - centeredness in the disciplines); Mechanisms and practices of embedding of technology with teaching and research and research publication; Technology friendly education, equitable access to technology, e-service facilities of the university; Students' access to and use of the devices, technology share, linkage of technology for collaborative work, updating and maintenance of technology; Blending of TPCK (Technology, Pedagogy, Content, Knowledge) in the disciplines; Outreach and extension of technology; Collaboration in the development of disciplines; and Learning resource and educational support.
	2.4 Evaluation System	<ul style="list-style-type: none"> Evaluation system and its credibility; Continuous evaluation; and Feedback and appraisal mechanism on LMS.
(3) Research and Knowledge Extension (R&D and Community Engagement) 20%	3.1 Research and Innovations	<ul style="list-style-type: none"> Research and innovation center; Priority areas of research and innovation; Mechanism to attract quality human resources to the center; Provision for faculty research grants and promotion of the faculty; Linkage with, and collaboration for R and I (with market, industries, government); Research and consultancy; Innovative and high standard outputs; Mechanism to involve students in RDI; Innovations and patenting; Research sustainability and resource generation; Research database management, security, and sharing policy and practice; and, Research ethics and responsible conduct of research (provision of research ethical approval / clearance committee at university level and its effective role in research and publication ethics).
	3.2 Center/s of Excellence / Think Tank	<ul style="list-style-type: none"> University as a center of excellence; Parameters of excellence, continuous policy research, support to young inventors/researchers;

		<ul style="list-style-type: none"> • Policy dialogue platform, continuous research on institutional reform; and • Policy input to the government and international communities.
	3.3 Linkage and collaborations	<ul style="list-style-type: none"> • International linkage and collaborations; • Inter-varsity network, innovations, common platform to share the outcomes; development of technology friendly strategies, and dissemination of findings / innovations for the common goods, partnership in investment and training; • International exchanges, collaborations and research; and, • Domestic linkage and collaborations (government / market /industry).
	3.4 Inter-varsity Standards	<ul style="list-style-type: none"> • Inter-varsity collaboration and compliance policy for standard and quality enhancement; • Culture of enquiry among the varsities, uniform minimum quality performance standards, upgradation of quality standards, sharing of the common standards, Standard Operating Procedures (SOP); • Collaborative research on developing standards and human resource exchange policy and practice; • Partnership in co-creating commonly verifiable indicators; • University Coordination Committee for managing the issues of common interest / concern.
(4) Physical Resources (including ICT, recreational, classrooms) 15%	4.1 Physical Infrastructure	<ul style="list-style-type: none"> • Well-structured / standard physical resources and infrastructure for learning ambient environment; • Maintenance of infrastructure and laboratory / workshop equipment; • Facilities and Services; • Stakeholders' participation, including of students, in management of infrastructure and learning resources (define the stakeholders) • Health centre and health professionals; and • Sports centre and facilities, including necessary courts.
	4.2 Learning Resource and Library	<ul style="list-style-type: none"> • Access and availability; • Quality of resources and sufficiency; and, • Linkage on e-services.
	4.3 ICT Infrastructure	<ul style="list-style-type: none"> • Equitable access;

		<ul style="list-style-type: none"> • Continuously updated ICT; • Standard Operation Procedure (SOP) of ICT infrastructure; • Nature, sufficiency, maintenance (hardware / software); and, • Well-linked ICT centre.
	4.4 Laboratory Infrastructure and supplies / consumables	<ul style="list-style-type: none"> • Standard Operation Procedure (SOP) of all laboratories; • Quality of laboratory infrastructure and equipment; • Stock of supplies / consumables; • Inventory of supplies and consumables for laboratory / workshop • Support staff; • Occupational / environmental health and safety measures; and, • First Aid facilities.
(5) Student Welfare (intake, management, support and alumni relations) 10%	5.1 Welfare, facilities, and well being	<ul style="list-style-type: none"> • Guidance and counseling services; wellbeing ... psycho-social counselling, life-skills; • Students' placement services, students' support services; • Access to vulnerable / disadvantaged students; • Gender and social diversity; and, • Students' outreach program.
	5.2 Engagement in Institutional Management	<ul style="list-style-type: none"> • Students' representation (Students' Quality Circle) in institutional management.
	5.3 Alumni and its cooperation	<ul style="list-style-type: none"> • Students alumni's involvement and cooperation; • Provisions of special services for foreign students; • Alumni mobilization / input to placement services; and • Recognition of alumni for their contribution.
(6) Human Resource (including recruitment, well-being of academic and non-academic) 10%	6.1 Qualification, recruitment and retention	<ul style="list-style-type: none"> • HR recruitment process, qualification and eligibility; • Competitiveness, and competency (including of affiliated institutions) in recruitment; and, • HR quality issue and performance of HR (academic) at university and HEIs levels.
	6.2 Appraisal and rewards system	<ul style="list-style-type: none"> • Performance appraisal system (self, peer, administrative, students) and their continuous documentation; and • Integration of appraisal results in award / progression.
	6.3 Career Progression	<ul style="list-style-type: none"> • Training, further education; and • Faculty development.

CHAPTER FOUR

CRITERIA-WISE INDICATORS AND CORRESPONDING MARKS

4.1 Criteria-wise Indicators of Assessment for Accreditation

For the assessment of universities for accreditation, the following criteria-wise weight (Table 4.1) and corresponding indicators and marks (Table 4.2) shall be used. The minimum marks a university should secure to be recommended for accreditation shall be 66% of the total with at least 60% in each of the criteria.

Table 4.1: Summary of Criteria, corresponding weight and number of Indicators in use

SN	Criteria	Weight	Number of Indicators	Full Marks	Remarks
1	Governance and Leadership	25%	24	25	
2	Curriculum Management	20%	17	20	
3	Research, Knowledge Generation and Extension / Outreach	20%	17	20	
4	Physical Resources	15%	15	15	
5	Students Support Services and Wellbeing	10%	9	10	
6	Human Resource	10%	8	10	
	Total	100	90	100	The university shall have secured 66% of the total marks, obtaining at least 60% marks in each of the criteria, all the constituent entities and affiliates meeting the minimum eligibility criteria to participate in accreditation process are accredited, and the university has developed and endorsed strategic plan to make all of its entities meet accreditation requirement within the defined period i.e., not exceeding next five years (before completing the first cycle of accreditation).

Table 4.2: Detail List of Criteria and Indicators and corresponding marks

S.N	INDICATORS	MARK
1. CRITERION ONE: GOVERNANCE AND LEADERSHIP (25% WEIGHT, 25 MARKS, 24 INDICATORS)		
A. POLICY PLANNING AND GOVERNANCE:		
1. The university has all set of rules and regulations, guidelines, and directives in place: These include, but are not limited to:		
a) Institutional mechanism and policies for the proper planning, monitoring, and evaluation		

	b) Well-designed master plan; strategic plan with clear vision, mission and goals, IQAC policy, including provision of external quality and institutional audit and academic integrity. The policies and plans transformed into year-wise implementation /action plan, implemented and intended outcomes are achieved	5.0
	c) Annual academic calendar and timely implementation of the activities set in the calendar	
	d) Institutional management and leadership succession policy and their practice, together with efforts taken for and achievement of the resource generation and economic growth for institutional sustainability	
	e) Admission /intake policy, including for international/foreign students, eligibility check / test, competitive admission	
	f) Provision and practice of placement and trends of graduates and students' placement in the job market (annual tracer study)	
	g) ICT, Teaching - Learning, including virtual learning policy	
	h) UMIS /EMIS policy, with provision of data security, confidentiality/and sharing	
	i) There is an RMC policy to systematically offer and operate research and consultancy projects, technology-transfer policy; continuous engagement, acknowledgement and rewards to the best (national/international awards winner in research) researchers; university sets priority areas / niche specific performance of research contribution to national and international development	
	j) Defined credit transfer mechanism; curriculum inducts prior learning / training in to the content; and support bridging requirements (support for transition to a course of study) to the students	
	k) Scholarship policy with provision and practice (defined seats) for the scholarship and its scheme	
	l) Plans and policies for emergency response and risk management, safety and security of the stakeholders, as well as infrastructural facilities	
	m) HR Policy: to recruiting / retaining competitive teaching and non-teaching staff; to respond to diversity-and-equity concerns in terms of recruitment; plan/practice of professional development, increasing the percentage of full-time faculties with higher degrees / research degrees; a clear provision for scientific and transparent performance appraisal (self / peer /student / self / executive) system; transparent provision of recognition, rewards and punishment based on the performance outcomes and appraisal results; Code of Conducts for students, faculties, staff, and academic leaders	
	n) HEI affiliation policy	
	o) Policy and practice on merger of HEIs so as all the constituent and affiliated entities meet the eligibility criteria to participate in QAA (LOI Acceptance Criteria).	
2.	IQAC is functional and the university conducts periodic internal monitoring and evaluation of <i>constitueint</i> and affiliated HEIs and properly records its findings along	1.0

	with assets and liabilities.	
3.	The university values the academic autonomy and has delegated certain power to its academic Schools/ Centers/ Departments and constituents as well as to affiliated campuses.	1.0
4.	The university operates on the basis of defined standard operating procedures.	0.5
5.	The institutional and program affiliation system of the university is systematic, need based and in compliance with the national HE policies and priorities.	1.0
6.	The overall fiduciary system including rational budgeting, income and expenditure details along with their outcomes.	1.0
7.	Environmental Management Framework (EMF) & Social Management Framework (SMF) of the institution	1.0
8.	Networking and collaboration of the institution with other international and national organizations.	1.0
B. LEADERSHIP		
9.	The university has set a transparent policy- with set of indicators, in terms of development and recruitment of academic leader and evaluate their accountability and performance.	1.0
10.	The scope of leadership autonomy and decentralization of power.	0.5
C. MANAGEMENT DYNAMICS		
11.	The overall organization of university's academic and non-academic services.	1.0
12.	University's orientation towards e-governance set up and digitization of services.	1.0
13.	Policy for change management and records of related actions.	0.5
14.	The university has set an emergency response policy accompanied by necessary response actions.	0.5
15.	International relation office and its efforts / outcomes in advancing exposure, recognition, research, and exchanges	1.0
D. CONTINUOUS QUALITY ENHANCEMENT / PERFORMANCE IMPROVEMENT (CQI):		
16.	There is a system of Internal Quality Assurance (IQA) and Quality Control (QC) in the university and university conducts internal academic and quality audit and documents them periodically (at least once a year).	1.0
17.	Institutional innovation in terms of academic management and quality assurance and enhancement in terms of academic development, cross- cultural mapping, effective service delivery, and so on.	1.0
18.	Good practices of the university are well documented: which may include but are not limited to:	1.0

- Assessment and assurance of academic integrity;
- Review of process efficiency and meeting of standards;
- Research process review, planning and implementation;
- Quality enhancement in research output

E. INFORMATION SYSTEM AND PUBLIC INFORMATION:

19.	Standard/strength of UMIS system including availability, access, clarity, networking, backup and update are ensured and the information and data are transparent, and has equitable access.	1.0
20.	Publications of resourceful/informative public information: adequate content; public display / placement of institutional information (using various means), formal publications, website and social media platforms.	1.0
21.	Branding of the university (public profile and prestige, innovation, research, performance, history, communication).	0.5
22.	System and practice for data and information security and confidentiality.	0.5

F. STAKEHOLDERS ENGAGEMENT/PARTICIPATION (POLICY):

23.	Institutional system for feedback, feed-forward and grievances redress is operational. <ul style="list-style-type: none"> · Policy development (participation) · Policy implementation · Monitoring and Feedback mechanism 	2.0
(Key areas of feedback to be collected: Institutional operational policies and practices, EMIS and public information, teaching-learning and evaluation, student employment, (faculties, students, staff, local user -employer, experts, ...)		
24.	Participation / inclusion, and representation of stakeholders in university decision making bodies and institutional management, including management of infrastructure and learning resources; (participation of students - SQC, faculties, staff, alumni, parents, market, community);	1.0

Sub-Total

25.0

2.CRITERION TWO: CURRICULUM MANAGEMENT (20% WEIGHT, 20 MARKS, 17 INDICATORS)

(DEVELOPMENT, DELIVERY AND EVALUATION)

A. CURRICULUM DEVELOPMENT AND DYNAMICS

25.	A process has been defined to authenticate the curriculum development, approval, implementation, monitoring, revision and updating process.	1.0
26.	The curriculum of the university does comply and respond to the priorities as identified and set in policy documents related to higher education.	1.0

27.	Coverage, intensity and dynamics (internal evaluation, regular monitoring review and revision in case of HEIs) of disciplines and representation of topical issues as per the international standard in curriculum.	1.5
28.	The overall curriculum structure of the university is of market relevance and employment-oriented and it has a policy to grant curricular autonomy to its constituent and affiliated wings (campuses / colleges) based on defined standards.	1.0
29.	Course outcomes and program educational outcomes are defined and are linked with learning outcomes.	1.0
30.	Curricula of the institution are linked with the 21 st century learning skills as ICT, problem solving, relation building.	2.0
31.	Curricular Linkages - horizontal (across the disciplines) and vertical (across the levels/years/semesters).	1.0
B. RESEARCH-CURRICULA EMBEDDED-NESS		
32.	Mechanism to embed teaching –research –publications and blending of TPCK (Technology, Pedagogy, Content, Knowledge), as well as research and teaching in the curriculum (integration of research findings in the content of the curriculum) are there in the university.	1.5
33.	The university applies multidisciplinary approaches to curricular offerings.	0.5
34.	Curricula have practical implications – emphasis is given to skills and practice over the content.	0.5
C. CURRICULUM DELIVERY (TEACHING LEARNING AND TEACHING AIDS)		
35.	Curricular components (courses/modules, unit plans) well documented along with implementation plan; curriculum orientation, dissemination, refresher training courses to the faculties are organized; and there is a practice of adoption of supplementary/additional approaches to enrich the given curriculum.	1.0
36.	Mechanism developed for delivery of curriculum of local significance, and offered for the students and potential trainees (as a credit/ non-credit elective).	2.0
37.	Practice of collaboration for the development of disciplines and learning resources.	0.5
38.	Curriculum delivery provision includes outreach and extension (with student - centeredness for life-skills as learning outcomes); technology transfer (find place for technology transfer – may be in research and innovation).	1.5
D. EVALUATION SYSTEM AND FEEDBACK MECHANISMS (PRACTICE)		
39.	Regular feedback collection process from faculties, students, parents, and employers in the following aspects:	2.0

	a. Students' need, b. Service delivery and students' support services, c. Curriculum enrichment/ feedback/input from constituent and affiliated wings (campuses), d. Evaluation System, e. Improvement in teaching quality,	
40.	Conduction and evaluation of graduate surveys (Tracer),	1.0
41.	The evaluation system of the university is credible, timely and up to standard.	1.0
	Sub-Total	20.0

3. CRITERION THREE: RESEARCH, KNOWLEDGE GENERATION AND EXTENSION / OUTREACH (20% WEIGHT, 20 MARKS, 17 INDICATORS) (RDI AND COMMUNITY ENGAGEMENT)

A. RESEARCH AND INNOVATIONS

42.	The university has established a dedicated and resourceful (in terms of finance, books/ references/journals, tools and technologies, etc) center(s)/office(s) for the sustenance of research and promotion of innovation, with well-defined priority areas, and qualified human resource.	2.0
43.	Achievement of high standard outputs (innovations, publications with impact, and patenting) along with standard, credibility and contribution to academic journals published from different wings of university.	2.0
44.	Resource generation for research sustainability from research and consultancy (third party funding).	1.5
45.	Research activities are systematically conducted based on the university strategic plan and associated work plan.	1.0
46.	Research database management, security, and sharing policy and practice.	1.0
47.	Research ethics and responsible conduct of research (provision of research ethical approval / clearance committee / council / board at university level and its effective role in all kinds of research and publications).	1.0
48.	Policy and practice for the student's involvement in university research projects.	1.0

B. CENTER/S OF EXCELLENCE/ THINK TANK

49.	University policy and practice to excel as a center of excellence and its set parameters for excellence.	1.0
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50.	Contribution to policy research of national and international scope/scale/significance and frequency of policy dialogues in the university.	1.0
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C. LINKAGE AND COLLABORATIONS

51.	National and internal collaboration of university for the promotion and sustenance of research (Inter-varsity network, Inter-varsity co-creation, International exchanges, collaborations and research) (Market, industry/academic).	2.0
52.	Culture of enquiry among the varsities; uniform minimum quality performance standards, sharing of the common standards, and engaging and retaining senior researchers / professors to promote research culture in the institution.	1.5
53.	Contributions to and communication of the research findings for the community, society, market, state and policy makers.	1.0
54.	Faculty's (institutional) engagement and collaborative research and consultancy works.	2.0

D. Inter-varsity Standards

55	Inter-varsity collaboration and compliance policy for standard and quality enhancement;	0.5
56	Collaborative research on developing standards and human resource exchange policy and practice;	0.5
57	Partnership in co-creating commonly verifiable indicators;	0.5
58	Participation in University Coordination Committee for managing the issues of common interest / concern.	0.5
Sub-Total		20.0

4. CRITERION FOUR: PHYSICAL RESOURCES (15% WEIGHT, 15 MARKS, 15 INDICATORS)

(INCLUDING ICT, RECREATIONAL, CLASSROOMS):

59.	Infrastructure facilities meet the standards set for the public / academic purpose.	2.0
60.	Sufficient lab infrastructure supported with Standard Operation Procedure (SOP) for quality, inventory of standard quality of supplies and consumables for laboratory / workshop with adequate number of support-staff for laboratory / workshop	0.5
61.	Availability, sufficiency and measures taken to make the classrooms and offices conducive and comfortable.	1.0

62.	Availability of auditorium hall, seminar hall and spaces of other significance (meeting and interactions).	1
63.	Universal Design of Learning infrastructure (UDL) – (Disability friendly infrastructures for physically challenged individuals) .	1
64.	Arrangement for electricity and power backup by prioritizing green/renewable energy along with good ICT Infrastructure, media center, and capacity of internet, etc	0.5
65.	Integrated software installed to make work and service delivery effective and automated along with system for backup.	0.5
66.	Approaches and techniques adopted to maintain the cleanliness & beautification of infrastructure and campus premises.	1.0
67.	Arrangement for the supply of pure drinking water along with hot and cold water facility, availability of appropriate level of health sanitation (sufficiency and cleaning of toilets, waste management, supply/sufficiency of drinking water and other water, emergency response to health hazards / basic health facilities) in the institution.	1.0
68.	Annual budget allocated and implemented accordingly for the maintenance of infrastructure and laboratory equipment.	1.0
69.	Optimum utilization of infrastructure and other resources.	1.0
70.	Details of Library : <ul style="list-style-type: none"> a. Total space of library, b. Standard and adequate infrastructure , c. Space & capacity of reading room, d. Total number of books, references & journals (also types), d. Availability and access to e-resources. e. Latest or new arrivals to the library, and f. library automation, g. cataloging. 	1.5
71.	Out-door/ Indoor Sports options offered in the institution and participation in national/ international events or other level of competitions.	1.0
72.	Representation of local cultural / architectural heritage in construction of infrastructure.	1.0
73.	Residential facilities in the institution for students, faculties and staff.	1.0
Sub-Total		15.0
5. CRITERION FIVE: STUDENTS SUPPORT SERVICES AND WELLBEING (10% WEIGHT, 10 MARKS, 9 INDICATORS) (INTAKE, MANAGEMENT, SUPPORT AND ALUMNI RELATIONS):		
74.	Students' access to technology, tech-friendly education, e-services of the university	1.0

	facilities and their updates.	
75.	Services for students counseling (academic, career, psycho-social), wellbeing, and life-skills training are available (considering gender and social diversity).	1.0
76.	Availability of services center to address the students' needs and requirements such as opportunity for soft skill and life skill training for the students.	1.0
77.	Collaboration between students and alumni for the development of the institution and their mobilization to increase the employability/networking of students.	2
78.	Provision and practices to identify student's non-academic special talent and preserve it for cross cultural activities (ECA) on students' recreation and wellbeing	1.5
79.	Information flow system for the students.	0.5
80.	Promoting quality culture among the students in the institution through SQC.	1.5
81.	Provisions of special services for international / foreign students are made and are in practice.	0.5
82.	The support services given to international students: International student service office; special accommodation; induction courses; socio-cultural programs; welfare programs; policy clearance; visa support .	1.0
Sub-Total		10.0

**6. CRITERION SIX: HUMAN RESOURCE (10% WEIGHT, 10 MARKS, 8 INDICATORS)
(INCLUDING RECRUITMENT, WELL-BEING OF ACADEMIC AND NON-ACADEMIC STAFF)**

83.	Measures taken to make the institution's work environment healthy with standard facilities ensuring occupational safety for all the faculties and staff.	1.0
84.	There exists well-defined professional ethics and Code of Conduct for students, staff, faculties, and academic leaders, and they are followed / maintained appropriately.	1.0
85.	Institutional schemes for professional development and capacity building of faculties and non-teaching staff through training and further education.	1.0
86.	HR quantity and quality issue and performance of HR (academic) at university and HEIs level.	2.0
87.	Number / share of highly qualified faculties (PhD and equivalent – DM, MCh in Med Edu.)	2.0
88.	Participation of faculties / staff and students in development and implementation of Extension Services and Outreach activities related to community outreach and sharing of knowledge, and awareness.	1.0
89.	There is a standard practice of scientific and transparent performance appraisal (self/peer/student/executive) system and appraisal results are analysed and documented annually.	1.0

90.	Practice of recognition / reward and punishment, based on the performance outcomes and the results of appraisal system.	1.0
	Sub-Total	10.0
	TOTAL	100.0

CHAPTER FIVE

ROLES AND RESPONSIBILITIES OF PARTIES ENGAGED IN ASSESSMENT PROCESS

5.1 Role and Responsibility of the Members of the Technical Committee

The Technical Committee is the backbone of the QAA system in maintaining the quality of the process. It is mainly responsible to thoroughly assess the SSR submitted by the university and ensures that it is technically fit. It reviews the SSR and presents the review report at the meeting of the committee. On the acceptance of the SSR, the committee recommends the EQAAC to form PRT to assess the university for accreditation. The committee also provides necessary technical backup to the Council, this means, the council may seek feedback of the Technical Committee, whenever the council intends to make major policy change such as adoption of new or revision of existing, policies and process.

5.2 Roles and Responsibilities of the PRT

The PRT is responsible for conducting review of the SSR and associated documents submitted by the university being assessed. Each of the PRT Member shall produce a review report through desk review of the documents submitted by the university and identify actual status of university to make sure that the institution is making desired improvements to adhere to the standards of accreditation.

The major function of the PRT shall be to review the compliance of the policies, plans, programs, and activities of the university and their results and outcomes, further supported by adequate evidences. It shall ensure that the activities are conducted in a systemic way so that the university has made concrete foundations and structures required for quality service in higher education. Furthermore, the team shall assess the adequacy of the improvement being made by the institution. The team shall also identify the strengths and opportunities of the university and suggests for further enhancement of quality and institutional governance. The PRT shall produce individual reports at the time of document review and verification before the portfolio meeting and a common report during the assessment and compliance evaluation. More specifically, the job responsibility of the PRT shall be as given below:

Table 5.1: Job responsibility of the PRT

Phases	Job Responsibility
Pre-nomination	<ul style="list-style-type: none"> • Inform EQAAC, in written, any matters that are or could be perceived to be a conflict of interest in undertaking the review.
At the Time of nomination	<ul style="list-style-type: none"> • Sign and return the Nomination Form and complete any other administrative details, as needed.
On Receipt of Self Study Report	<ul style="list-style-type: none"> • Study the overall QAA Process related documents provided by the EQAAC Secretariat and become thoroughly familiar with the review policies, procedures and criteria for quality and the purpose

Phases	Job Responsibility
	<p>and possible outcome of the review. This shall be compulsory for new members of PRT.</p> <ul style="list-style-type: none"> • Read critically and in detail, the SSR report and verify the associated documentation provided by the university. • Provide written comments (review report) on the SSR and associated documents (in the specified format) to EQAAC, prior to the Portfolio Meeting (i.e., one day meeting of the PRT after all the members review the documents and produced a review report).
<i>During the Portfolio Meetings</i>	<ul style="list-style-type: none"> • Participate in the meeting fully. • Be willing to accept special responsibility for one or more areas or topics. • Refresh the knowledge of EQAAC review method. • Score the SSR based on given marking scheme that comply with the documentation and action done by the university. • Share the review report and provide feedback to the review report produced by fellow members. • Reach a consensus on the review report and develop questions / queries to be asked by the team at the time of their visit to the university.
<i>During the Review Visit</i>	<ul style="list-style-type: none"> • Participate actively in all aspects of the visit, including interview and discussion sessions, team only discussion, and decision-making. • Team members shall respect the agenda agreed upon by the team from various meetings and support the Team Leader of the team. • Where the panel is divided into sub-groups for parallel sessions, panel members may be asked to take lead role in sub-group discussions. This shall be applicable in the case of relatively big PRT that has been made for the assessment of a big and complex university. • Score the assessment by indicators and criteria, using the marking scheme provided by the EQAAC Secretariat, that comply with the documentation and action done by the university. Reach a consensus on the team in overall marking. • Draft the PRT Assessment Report, read and provide comments on draft(s), and reach the consensus. • All team members should be satisfied that the Review Report is accurate and balanced. In the case of the assessment of University and equivalent institution, ‘a note of dissent’ if any, from any PRT Members, supported by three-point explanation in each of the disagreement to the PRT’s decision, shall be accepted. • As desired, provide feedback to EQAAC on the entire review process.

Phases	Job Responsibility
Additional Responsibilities of Peer Review Team Leader	
<ul style="list-style-type: none"> • Call and Chair the Portfolio Meeting. • Welcome the group and introduce other team members at the start of each group meeting. Quickly outline the major items which the team wishes to cover during the discussion. • Accompany in the Preparatory Visit (if deemed necessary, and if EQAAC/UGC approves for it, if case of university for second cycle or later, with QAAD staff to the institution). • Mobilize the PRT, and ensure all members are doing their roles effectively and efficiently. Ensure that all team members fully understand the agreed agenda for each session. • Create critical professional discussion atmosphere with the institution representatives. • Keep the discussion to the agreed time, intervene if the discussion is diverted or stuck on matters that are differences of opinions. • Balance adherence to the agreed program with flexibility in admitting unanticipated issues (along with the QAAD staff member). • Guide team members towards decisions or conclusions which are appropriate and carefully considered. • Lead the team in summarizing the discussions, in the team-only meeting between interviews (along with the QAAD staff member, if she/he is in the team). This maintains an accurate record and assists the team to maintain a collective position. • Guide the team towards decisions or conclusions, which are appropriate, carefully thought through and clearly expressed; at the end of the Review Visit (along with the QAAD staff member). • Ensure that the Deputy Team Leader has an agreed agenda for the session and reports the results of the sub-group for inclusion in subsequent sessions, if for any meeting, the team splits into sub-groups, coordinated by other members of the team. • Present orally an outline of the Team's conclusion and recommendations to the Executive Head of the institution (possibly with other senior staff of the institution), in the Exit-Meeting. The group may seek clarification on some points, substantive discussion shall not occur at this meeting. The Team Leader, may on occasion, need to be firm about this. • Submit formally the report of the review/assessment visit. • Present the overall findings to the EQAAC Meeting, when asked to do so. 	

The QAAD staff member is to perform the managerial assistant to the team. S/he shall work on behalf of the EQAAC to facilitate the review and assessment. The participation of staff-member shall be compulsory in the preparatory assessment and follow-up visit teams since these visits are facilitative, formative, and for monitoring the progress the university has made. However, as it is the actual assessment of the HEIs, the participation of staff-members during the full-PRT assessment visit shall be optional, and shall be decided in individual cases. The inclusion of

staff-member in full PRT shall be decided by the EQAAC Chair in consultation with the Director of the Secretariat (QAAD). Specifically, the staff member's responsibility in the review process and afterward shall be as mentioned below:

Phases	Job Responsibility
Prior to Review Visit	<ul style="list-style-type: none"> • Make available the SSR and formal nomination / appointment letter to the PRT along with respective ToR. • Schedule the dates of the Portfolio Meeting and provide secretarial service to the team. • Make necessary arrangements for the Portfolio Meeting and assist the Team Leader in the conduct of that meeting. • Attend the portfolio meeting with the Team Leader. • Liaison with the institution regarding the team's requests for additional information from the university and ensure that the information is provided within an appropriate level of time after the portfolio, generally, within one week (6 working days). • Liaison with the institution regarding the Review Visits (Preparatory, PRT and Follow-up) and respective working schedule. • Make necessary administrative and logistic arrangements for the Review Visits (Preparatory / PRT / Follow-up Visits) to the institution. • Ensure that all arrangements for the team's accommodation at field (if required), and subsistence are made and they are appropriate.
During the Review Visit (Particularly during the Preparatory and Follow-up visits). It is expected that PRT independently work during the actual PRT (Full-PRT) unless special arrangement is made from the EQAAC	<ul style="list-style-type: none"> • Liaison with the institution's nominated contact person throughout the visit. • Ensure that administrative and logistic arrangements for the visit proceed smoothly. • Assist the Team Leader in the implementation of the activities as scheduled. • Assist the Team Leader in conducting the private (team-only) meetings, if required. • Advise the PRT / Team Leader as necessary and appropriate, for actions and reach the conclusions. • Assist the Team Leader to conduct the Exit Meeting
After the Review Visit	<ul style="list-style-type: none"> • Oversee the process of gaining feedback from the institutions and other team members after the publication of the report. • Record the performance of the team in the given assignment. • Report about the overall review environment to the Director of QAAD and EQAAC Chairperson. • Assist the QAAD to put forward the agenda related to the review in the meeting of EQAAC. • Prepare the Accreditation Report to be presented in the EQAAC and

Phases	Job Responsibility
	UGC Meeting, and in the time of Award Ceremony.

5.2 Responsibility of university being assessed

The institution's stakeholders and community shall be informed about the review, review process, scope and a brief biographies of the team members. This is supposed to be helpful if the staff are aware of the activities. The institutional mechanisms (committees) have vital roles during the institutional review. The points below give a glimpse of the university responsibilities during the peer review:

- Academic welcome to the PRT (in the committee's office, if any)
- Presentation of
 - Annual plan, program, and budget of the committee
 - Operational plan (calendar) of the committee
 - Details of annual activities of the committee
 - Future plan of the committee
 - Problems, issues, and challenges of the committee
 - Way forward
- Demonstration of the related documents
 - Annual/periodic report of the committee
 - Photos of the related activities that are accomplished
 - Documents related to committee's activities
- Commitment of the committee towards quality enhancement

On accreditation, the university shall submit its annual report (in the prescribed format) within the three months from the completion of the academic year or fiscal year, whichever is in practice. The UGC and EQAAC shall consistently monitor the progresses of the accredited university annually, through desk review and occasional field verification (at least once in every two years). Wherever there is a field-monitoring, the QAA Staff accompanied by at least one expert, whether from EQAAC Members, UGC Board Members, or external experts nominated by the Chair of the EQAAC/UGC, shall conduct the annual monitoring. The monitoring shall be of two to three working days, excluding travel time, as per the size and structure of the university. The summary reports, whether it is the desk-review or the field-based, shall be presented in the EQAAC Meeting. Whenever a university's performance is not satisfactory from the perspective of quality enhancement, UGC may reduce the regular grants, make it ineligible for some sorts of public fund, or withdraw the accreditation decision. Nevertheless, in such case, the university shall be given a chance to clarify the issue and reason for poor performance, at the EQAAC, or at the UGC Board meeting.

5.3 Responsibility of EQAAC – Preparation of Accreditation Report

Following the peer review visit, the EQAAC produces a written report on accreditation. The Accreditation Report of an institution describes the institution's QA participation, milestones achieved, arrangements made, and effectiveness / challenges. The Report shall outline the PRT's key findings that lead the institution to be accredited. The Report shall be the public document and belongs to EQAAC's Official Report, not the part of the peer review.

The drafting of the Accreditation Report is the responsibility of the staff at the Secretariat, particularly, the staff member involved in the PRT, and sends the EQAAC for refinement, if any, and the report shall be presented at the UGC Board meeting to provide information to the Members, and presents the same at the Award Ceremony.

As Accreditation Reports shall be the public documents, the Secretariat shall release it publicly immediately after the UGC Decision for accreditation of the university through the Official Website. If any of the accrediting institutions raise concern on the confidentiality of their information such as some personal or commercial information, it shall be respected. Nonetheless, the Secretariat shall publish the report as agreed, with the review team and the institution, on issues related to confidentiality.

5.4 Professional Ethics and Code of Conduct of the Parties Involved

Ethics shall be considered as a social regulator that defines the limits of acceptance. Ethics plays a major role in determining quality and assessing it. Ethics always refers to the values, principles and codes a person, whether natural or legal, to be abide by.

The Code of Conduct (COC) shall be intended for accountability and good governance. It is very crucial in evaluation and assessment related responsibility / job. The adoption of the COC shall be understood for the purpose of:

- Making people self-disciplined,
- Promoting ethics, ethical behavior, and integrity,
- Sticking to values and principles,
 - Helping to handle difficult ethical situations,
- Maintaining a standard of conduct,
- Improving professional ethics,
- Enhancing morality,
- Facilitating smooth working environment,
- Making works credible,
- Increasing competency,
- Assuring trustworthiness.

To ensure the credibility of the review and assessment, the UGC, in recommendation of the EQAAC, has endorsed the following COC, with which, all the parties involved shall disclose conflict of interest, if any, before participating in the process, whether it is assessment or decision related. In addition, the following are the COC for specific parties.

5.4.1 Professional Ethics and Code of Conduct for the EQAAC and UGC Authorities

- a) Authorities of the EQAAC should remain highly moral while involved in QAA related activities,
- b) Authorities of the EQAAC and UGC shall not work as PRT Team Leader or a Team Member as they are the Members of the Committee that makes decision. However, it does not restrict them to involve in such activities as observers during the validity period of tenure, work in the monitoring team and/or as reviewer after three months of the completion of official tenure.

In case of the previous assignment as PRT Team Leader or Member, they shall be given the time required to complete the assignment, yet, are suggested not to participate in the decision making process on the university in which they worked as a Team Leader or a Member of PRT.

c) The authorities shall not keep any kind of relations that signify institutional / personal conflict of interest with the university under review / assessment. In such case, self-declaration in front of the UGC/EQAAC/ Chairperson and leaving the decision making process is highly recommendable.

d) The authorities shall not accept gifts or other forms of treats and offers from the HEIs under review, being particularly relating to the peer review process and decision for accreditation.

e) They are expected to remain highly confidential about the decision until the official process allows the decision to be public.

5.4.2 Professional Ethics and Code of Conduct for the University under Review

a) After entering into the QAA process (Acceptance of LOI), the university shall never seek favor from other concerned agencies or parties of the national QAA system in obtaining accreditation (see the organogram of QAA process for the parties involving).

b) It is restricted to the university under review to invite the PRT Members as experts or as guests in any other academic programs / events until the Peer Review (accreditation) Process is completed.

c) The university under review is not permitted to contact the PRT Members directly, by any means, regarding / seeking facilitation on their assessment and accreditation process. If it is necessary and justifiable, it shall only be made through the EQAAC Secretariat and assigned staff.

d) The university should not publicize the assessment and review process through any means of mass communication including social media, until it gets accredited or until allowed officially.

e) The participation of university in QAA process must not simply be used for the purpose of marketing of the institution.

f) The university shall be proactive to arrange / manage all the events / meetings stated in the schedule, including the time management.

g) The university may offer simple and academic greetings / farewell to the Peer Review Team. That is, a lavish welcome and farewell is against to be a part in the PRT visits.

h) The university under assessment should not offer any gifts or other forms of treats to the Team, during the review process.

i) The university shall not organize any lunch / dinner parties except stated in the working schedule; and the members of the institutions being assessed shall not participate in such lunch / dinner with the Peer Review Team except stated in the schedule.

j) The university should facilitate the PRT to utilize allocated time of the Team without disturbing by other different programs / events irrelevant to the review / assessment.

5.4.3 Professional Ethics and Code of Conduct for the Peer Reviewers

a) Self-declaration and disclosure of "No Conflict of Interest" is primarily a part of professionalism.

b) Human Rights are strictly adhered to in dealing with all the stakeholders of the institution including the students, staff, faculty, administration and the management committee/team.

- c) The gender sensitivity and sensitivity towards diversities in terms of language, religion, ethnicity, economy, disabilities, socially disadvantaged etc. are to be borne with honesty and as far as practicable, language neutral to those diversity shall be used in the meetings and reports.
- d) Sensitivity towards environment and respect to nature and culture is to be maintained with harmony.
- e) The language used during the peer review process shall be formal, unambiguous and direct maintaining an academic decorum.
- f) A decent dress code should be maintained addressing the weather conditions.
- g) Shunning of any activities that may impact the objectivity of the institutional evaluation for accreditation including political grouping, accepting of gifts or other forms of treats, financial benefits, maneuvering of relation etc., from the institution being assessed, either in person or through their representatives or from any other related organization/person; is desirable.
- h) Peer Reviewers are limited to accept any invitation from the university under review, to take part in their activities as experts or as guests in any other academic programs until the Peer Review (accreditation) process is completed.
- i) Peer Reviewers are requested to maintain some degree of distance from the university under review being contacted directly, by any means, regarding / seeking facilitation on their assessment and accreditation process. If it is necessary and justifiable, it shall only be made through the EQAAC Secretariat and assigned staff.
- j) It is generally unadvisable to publicize the assessment and review process related activities including the findings / judgment unless they are authorized to do so; through any means of mass communication including social media, until it is made officially by the PRT, EQAAC Secretariat or UGC.
- k) Accepting the offer of any other lunch / dinner, reception / party except stated in the working schedule; and with the participation of the university team except stated, is controlled.
- l) It does not sound pleasant to utilize the allocated time of the review in other different programs / events, and pleasure trips irrelevant to the review / assessment.
- m) Not to act in anyway, prejudicial to the reputation / credibility of the QAA System, and of the institution being assessed.

5.4.4 Professional Ethics and Code of Conduct for the QAAD Staff Members

- a) Maintain adequate respect to and distance from both the experts of the PRT and stakeholders of the university under review.
- b) Be honest to bear UGC/EQAAC/QAAD spirits and act them accordingly.
- c) Do not solicit undue personal advantages from university.
- d) Maintain high degree of morale and remain highly confidential towards the entire activities performed by the national system of accreditation and the Peer Review Team.
- e) Be apart from any of the activities that violates professional integrity including writing SSR of the university, assisting to prepare other documents/reports, visiting the university unofficially for the purpose of facilitating them, receiving any sorts of benefits from the university related to QAA system and process, and so on. However, it does not hinder to facilitate the university in their QAA process including in guiding them to the preparation of the SSR and performing other related activities, acting as official assignment or on behalf of the office.
- f) Do not criticize any act or decision of the UGC/EQAAC/QAAD related to QAA system and process as well as the peer review of certain university, in public. However, it does not limit

to make available any of such comments / grievances to the concerned agencies / mechanisms in written or verbally.