# **Eligibility Criteria to Participate in QAA Process**

1. HEIs should have submitted the registry form to be registered in the National Registry of the Higher Education Service Provider.[[1]](#footnote-1)
2. The Institutional Details - Name of the HEIs must be Consistent with the Name registered at National Registry of Higher Education Provider, Affiliation, and Office of the Company Registrar or any other places, where the Institution is recognized as a legal entity
3. The number of students required to be eligible is as given in the table below:

**Student size-related eligibility currently proposed is as follows:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Remoteness Category** | **Description** | **Minimum Student number required to be eligible** | **Remarks** |
| The list of the Local Government Units by the Remoteness / level of Accessibility, as per the Ministry of Federal Affairs and General Administration (MOFAGA) is annexed in Annex I :yflgo lgsfosf]k|zf;lgs jlu{s/0f |
| A | Remote Rural / Municipality (Remote - ‘Ka’ | 150 |
| B | Rural / Municipality (Moderately Accessible - ‘Kha’ | 200 |
| C | Rural/Municipalities (Accessible - ‘Ga / Gha’ | 300 |
| D | Metropolitan and Sub-Metropolitan / Cities (Well-Accessible - ‘Gha’ | 400 |

Exceptions: Minimum number of students in the institution described above shall not be applicable to the HEIs offering research degrees such as MPhil and PhD; are Central Departments, Central Schools, or Central Campuses of Universities / Academy, and the HEIs who are offering quota-based programs. Nevertheless, such institutions should have fulfilled at least 80% of the total enrollment capacity / or the approved quota in each program. HEIs having both quota based programs and general programs must have the students number defined above.

1. The HEI must follow the non-conformity of multiple affiliations within the same premises (abiding by the rules and regulations of respective affiliating university) and must not be within the politico-administrative jurisdiction of same local authority (rural/ municipality).
2. HEI shall not have academic programs from different universities and the programs of school education such as grade 11 or 12, as well as vocational programs of CTEVT. In case if the HEI has its feeder school or extension for vocational programs, their institutional management team (such as CMC/BOD), full-time faculties and staff, Account and Financial management, examination system, EMIS, and library as well as other related administrative records must have been clearly separated from higher education.
3. HEIs must have at least 60% full time qualified faculty members against the total number of faculties, and have taken over 75% of course / research supervision load by full-time faculties.
4. Executive Head, Head of the Academic Departments (HoDs), Program Coordinators and the Coordinator of the Internal Quality Assurance Cell / Committee (IQAC) must be the full-time appointees.
5. HEIs must have been established at least five years before the date of LOI submission and should have produced at least one batch of graduates.
6. Internal Quality Assurance Cell / Committee (IQAC) must have been formed and its comprehensive working guidelines should have been developed and approved by governing body of the HEI in accordance to the IQAC Directives – 2077 endorsed by the UGC Nepal (available at for reference: <https://ugcnepal.edu.np/uploads/webuploadsfiles/IQAC%20Directives%202020.PDF>).
7. At least 5% of the total operating budget of the institution offering graduate programs shall be allocated for the promotion and sustenance of research culture within the institution. For the HEIs offering only undergraduate programs, this research budget shall be at least 3% of the total operating budget of the institution. It is the responsibility of the HEI to ensure that the research budget is spent for research promotion (funding the research project of faculties – above 60% of research budget, up to 15% for research methodology workshop/seminars, research publications; up to 15% research supervision, mentoring, evaluation, best-research publication recognition/award; and up to 10% for research administration – meeting logistics and refreshments). No transfer of research budget for other purpose is permitted.
8. The HEI should meet the minimum criteria stated by the professional councils (applicable to HEIs offering professional courses), and shall have been authorized / accredited by Medical Education Commission – Standards and Accreditation Committee, in case of the HEIs offering the programs of Health and Allied Sciences
9. Education Management Information System (EMIS) Unit shall have been formed and its guidelines / Terms of Reference (ToR) shall have been defined / endorsed by governing authority of the institution.
10. Institutions running on leased properties must have a plan for institutional sustainability and continuity, including their own infrastructural development plan and commitment to implement the plan within next five years.
11. The lease period must be longer than 10 years, with the provision of at least one-year’s pre-notification, in case either party intends to end the contract, to the other party. The institution must have allocated at least 10% of its total budget for the academic and institutional development (mostly applicable to private institutions).

**Template of COVER LETTER to submit Letter of Intent to participate in QAA Process**

Date:

The Chairperson,

Educational Quality Assurance and Accreditation Council,

University Grants Commission,

Sanothimi, Bhaktapur, Nepal.

**Subject: Letter of Intent to Participate in the Quality Assurance and Accreditation Process**

Dear Sir/Madam,

In reference to the decision taken by the Campus Management Committee / Board of Directors, we would like to submit our application to participate in Quality Assurance and Accreditation (QAA) process. With this letter we have submitted our Letter of Intent (LoI) in the format provided by the Educational Quality Assurance and Accreditation Council (EQAAC) for approval. In the meantime, we declare that the data and information inserted in the LoI are authentic upto the institutional records and knowledge.

We express our institutional commitment to submit the Self-Study Report (SSR) within the stipulated time.

Sincerely Yours,

….……………………

Authorized Signature:

Title, Name and Designation of the Signatory:

Name of the Institution:

Date:

Official Seal:

**University Grants Commission**

1. **INSTITUTIONAL PROFILE of Higher Education Institutions: *\* Denotes Compulsory***

**A1. General Information**\*

|  |  |
| --- | --- |
| Name of the Institution\*  **Supporting Documents required:** | **…………………** |
| Date of Establishment\* | ……………… (dd/mm/yyyy) AD  ………………. (dd/mm/yyyy) BS |
| NHEP Number (National Higher Education Provider Number) (a unique code / permanent Number given by the University Grants Commission) | ….……………….. NHEP Number |
| Date of Registration on to National Registry of Higher Education Institutions maintained at UGC | ……………………. …..(dd/mm/yyyy) AD  ………………………. (dd/mm/yyyy) BS |
| **Address of Location** |  |
| Province\*: | ………………….. |
| District\*: | ………………….. |
| Name of the Local Government Unit\*: | …………………... |
| Ward Number\*: | ………… |
| Place /Locality / Tole Name\*: | ………………….. |
| Street name / Street Address: | ……………. |
| Building Number: | ………………. |
| Status of locality\*: | ……………. (Located in Metropolitan / Sub Metropolitan City, Municipality, Rural Municipality, Rural Municipality - Remote) |
| Ecological Belts\* | ….………... (Tarai, Inner-Tarai, Hills, Mountain-Valleys, Mountain) |
| Postal Address\*:  P O Box: | ………………………….  …………………………. |
| Telephone Number: | ……………… |
| Mobile Number of institution\*: | ………………… |
| Fax Number: | ……………… |
| Institutions E-mail Address\*: | ………………. |
| Website: | ………………… |
|  |  |
| Type of Institution\*  (tick as appropriate) | **University:**  Comprehensive University:  Open / Distant Education University:  Technical University (Health Academy / Technical University): |
| **Research Institution:**  Research Centre:  Research Laboratory: |
| **Type of College /Campus:**  Constituent Campus:  Technical Institute / Faculty (……..):  Central Department:  School:  Affiliated College: |
| **Type of Affiliated College / Campus:**  Community:  Private:  Trust:  Affiliated to foreign university:  Any Other:  Specify ……………………………………………………. |
| Affiliating University\* | ….………………  Note: If the HEI offers programs under dual or more affiliation, the HEI must be registered separately, either in different name or in different local authority. No dual or more affiliation and no overlapping of name in the same local authority is permitted. Similarly, no multiple institutions at the same premise / building / or address is permitted unless the students size of both of the institutions is over 2000. |
| Does the institution offers education other than higher studies (such as programs of CTEVT, Schools (11 and 12), or any other?\* | Yes:  No:  **Note:** Higher Education Institutions are not authorized to run any other academic programs which are not considered as a part of higher education! |
| Financial Category\* | Source of Financing of the institution (multiple responses are possible):  Government Funded  Self-financing/private  Community  Trust/welfare organization  Other (please specify)………………. |
| Date of IQAC Formation\* | ……………. (dd/mm/yyyy) AD  …………….. (dd/mm/yyyy) BS |
| If accredited, please state the cycle\* | Re-accredited  Accredited  Under Assessment for next cycle  Under Assessment  SSR Submitted  Profile Only  Registered in National Registry of Higher Education Provider (NHEP) |
| Date of First Accreditation (applicable only to accredited institution) | …………………. ………(dd/mm/yyyy) AD  ……………………. …… (dd/mm/yyyy) BS |
| Date of Government (MOEST) approval (applicable only to the Institution affiliated to foreign universities) | ………………………… (dd/mm/yyyy) AD  ………………………..... (dd/mm/yyyy) BS |
| If the institution offers technical/professional degrees, please provide the accreditation evidences or detail list of the programs authorized to offer, from the respective Council\* | ….………………………… Detail list of programs authorized to offer at the institution |

**A2. Information for Communication\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **Name** | **Mobile Number** | **E-mail** |
| CMC (Chair) / Board of Directors (ED) |  |  |  |
| Campus Chief / Principal / Head |  |  |  |
| IQAC Coordinator |  |  |  |
| EMIS Coordinator |  |  |  |
| IRC (Institutional Review Committee) / RMC (Research Management Cell) Coordinator |  |  |  |
| Examination Coordinator / Chief |  |  |  |
| SAT Coordinator |  |  |  |

1. **QUALITY GOVERNANCE**

**B1. Please Tick ( ) if the institution has prepared / has written policy/guidelines/directive for the following sectors:**

* 1. Campus Statute
  2. IQAC
  3. RMC
  4. ICT
  5. Teaching – Learning
  6. Human Resource Management
  7. Performance Appraisal
  8. Recruitment and Promotion
  9. Distance education policy
  10. Financial management
  11. ECA
  12. CCA
  13. Code of Conduct for Faculties / Teaching Staff
  14. Code of Conduct for Non-Teaching Staff
  15. Code of Conduct for Students / Student Charter
  16. Student Support
  17. Career / Placement
  18. Grievances Re-address
  19. EMIS
  20. Admission Policy
  21. Scholarship
  22. Alumni Association
  23. Anti-Harassment policy
  24. Environmental - Social Safeguard policy

**B2. List out compositions of all the committees/sub-committees. Also, mention the frequency of meetings these committees/sub-committees held in the last Three years**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Body/Units/Cells** | **Telephone** | **Email** | **Frequency of Meetings** | | |
| **Year I** | **Year II** | **Year III** |
| **CMC/EC/BOG:** |  |  |  |  |  |
| **IQAC:** |  |  |  |  |  |
| **RMC:** |  |  |  |  |  |
| **ECA:**  …….. |  |  |  |  |  |
| ………. |  |  |  |  |  |
| ………….. |  |  |  |  |  |
| ………… |  |  |  |  |  |

**B3. Graphically present the following:**

1. **Overall Institutional Organizational Structure\***

|  |
| --- |
|  |

1. **Organizational Structure of the IQAC**

|  |
| --- |
|  |

**B4. State the Vision, Mission, Goals and Objectives of the institution\*:**

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| --- |
| ***Vision\*:*** |
|  |

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| --- |
| ***Mission\*:*** |
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| --- |
| ***Goals\*:*** |
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| --- |
| ***Objectives\*:*** |
|  |

**B5. List out all the regular publications of the institution available at present\*.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Publication / Frequency of Publication** | Biennial | Annual | biannual | trimester | monthly | irregular | occasional |
| Annual Report |  |  |  |  |  |  |  |
| Academic Journal |  |  |  |  |  |  |  |
| EMIS Report |  |  |  |  |  |  |  |
| Tracer Study Report |  |  |  |  |  |  |  |
| Academic Audit Report |  |  |  |  |  |  |  |
| Green Audit (Social- environmental) |  |  |  |  |  |  |  |
| Brochure |  |  |  |  |  |  |  |
| Newsletter/s |  |  |  |  |  |  |  |
| Other (specify) ……….. |  |  |  |  |  |  |  |

1. **Academic Program and Students Enrolment**

**C1. Academic Programs currently Offered (Active) at the Institution by level and faculties\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Level** | **Faculty** | **Academic Programs** | **Date of Commencement (dd/mm/yyyy) AD (dd/mm/yyyy) BS** | **Teacher – Student ratio by Academic Program** | **Remarks** |
| Under Graduate |  |  |  |  |  |
|  |  |  |  |  |
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| Masters’ |  |  |  |  |  |
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| M.Phil. |  |  |  |  |  |
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|  |  |  |  |  |
| PhD |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Professional non-degrees (such as PG Diploma) |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total No. of Programs** |  |  |  |  |  |

**Add rows as required**

**C2. List the Departments in the Institution (faculty/institute/school)\***

|  |  |
| --- | --- |
| **Faculty/Institute** | **Name of the Departments** |
| Science and Technology |  |
| Humanities and Social Sciences |  |
| Management |  |
| Education |  |
| Law |  |
| Engineering |  |
| Medicine/Health Sciences |  |
| Agriculture /Vet. Sci. |  |
| Forestry |  |
| Other Faculties (specify) …….. |  |

**Add rows as required**

**C3. Present Status of Student Enrollment by Gender at the institution (…. Year)\***  Number of Students per Semester/Year.

| Level | Faculty | Program | Enrolment / Intake Capacity in the Program | Actually enrolled students number by Semester/Year | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1st | | 2nd | | 3rd | | 4th | | 5th | | 6th | | 7th | | 8th | |
| M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| **Bachelors** |  | Eg. BBS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Masters** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| M.Phil. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PhD |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Total Number of Students** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(add additional rows as required) Note: *M = Male, F= Female*

**C5. Present Status of Student Enrollment by Types of Disability at the institution (…. Year)**

| Physically challenged | | Hearing Impaired | | Vision Impaired | | Hearing and Vision Impaired | | Verbal / Vocal impaired | | Intellectual Disability | | Cognitive Disability | | Hemophilia | | Autism  Multiple Disability | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Note: *M = Male, F= Female*

**C6. Territorial Profile of the students Enrollment**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No of Students Enrolled** | Bachelors’ | | Masters’ | | MPhil | | PhD | | Total |
| M | F | M | F | M | F | M | F |  |
| From the same district where the institution is located |  |  |  |  |  |  |  |  |  |
| From other districts |  |  |  |  |  |  |  |  |  |
| Same province |  |  |  |  |  |  |  |  |  |
| From other province |  |  |  |  |  |  |  |  |  |
| From SAARC countries |  |  |  |  |  |  |  |  |  |
| From other countries |  |  |  |  |  |  |  |  |  |
| **Total Number of Students** |  |  |  |  |  |  |  |  |  |

Note: *M = Male, F= Female*

**C7. Drop-Outs of students by Programs (Last three Years) (arrange semester-wise dropouts – (appeared in semester-end examination against of admitted in the semester)**

| Program | Year of Enrolment | Enrolment Number | Completion year | Completion Number | Completion % = Graduate within postulated time (Cohort Year) / Enrolment of Cohort year \*100 | Drop-out % = 100 -  (number of students appeared in the Final semester or Year exam / Enrolment number of Cohort Year \*100). |
| --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |  |

(add additional rows as required)

**C8. Information on Pass Percentage (Last Three Years) (end of the program/level)\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Faculty** | **Program** | **Semester/Year / Batch** | **Number of students Appeared in Exam** | **Number of students Passed the Exam** | **Pass Percentage** |
|  |  |  |  |  |  |
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(add additional rows as required)

**C9. Student Placement and Progression Records (Last Three Years)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Career / Job** | **Year I (20 ….)** | | **Year II (20 ….)** | | **Year III (20…..)** | |
| **Male** | **Female** | **Male** | **Female** | **Male** | **Female** |
| Civil Service |  |  |  |  |  |  |
| Security Service |  |  |  |  |  |  |
| Private Sector |  |  |  |  |  |  |
| Self-employed / Entrepreneurship |  |  |  |  |  |  |
| Internship (after graduation) |  |  |  |  |  |  |
| Progression to further study (level-wise: Masters / MPhil. /PhD/ beyond the country/ within the country) |  |  |  |  |  |  |
| Domestic (with in the country) |  |  |  |  |  |  |
| SAARC |  |  |  |  |  |  |
| Other foreign countries |  |  |  |  |  |  |
| Scholarships Awardees (Name and number) ……….. |  |  |  |  |  |  |
| Any Other valuable information of Alumni |  |  |  |  |  |  |

**D. HUMAN RESOURCE**

**D1. Number of faculty members at present by their qualifications\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Particulars** | **Academic Qualification** | | | | | | | | Weekly working / teaching hours | | Annual Research Supervision (Master and above) | | Number of faculties not meeting exact the same qualification / experience as defined by the university |
| **Permanent / Full time** | **PhD** | | **M. Phil** | | **Master's** | | **Grand Total** | | **FT** | **PT** | **FT** | **PT** |
| M | F | M | F | M | F | M | F |  |  |  |  |
| Professor |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Associate Professor/Reader |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Assistant Professor/Lecturer |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lecturer/Assistant Lecturer |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Teaching Assistant/Instructors |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Deputy Instructor |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sub-Total** |  |  |  |  |  |  |  |  |  |  |  |  |  |

(add additional rows as required)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part Time Contract** | **PhD** | | **M. Phil** | | **Master's** | | **Grand Total** | | **Weekly working / teaching hours** | | **Annual Research Supervision (Master & above)** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** | **FT** | **PT** | **FT** | **PT** |
| Professor |  |  |  |  |  |  |  |  |  |  |  |  |
| Associate Professor/Reader |  |  |  |  |  |  |  |  |  |  |  |  |
| Assistant Professor/Lecturer |  |  |  |  |  |  |  |  |  |  |  |  |
| Lecturer/Assistant Lecturer |  |  |  |  |  |  |  |  |  |  |  |  |
| Teaching Assistant/Instructors |  |  |  |  |  |  |  |  |  |  |  |  |
| Deputy Instructor |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sub – Total** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Grand Total** |  |  |  |  |  |  |  |  |  |  |  |  |

(add additional rows as required) Note: *M= Male, F= Female*

**D3. Present Status of Academic Staff by type of Disability at the institution (…. Year)**

| Physically challenged | | Hearing Impaired | | Vision Impaired | | Hearing and Vision Impaired | | Verbal / Vocal impaired | | Intellectual Disability | | Cognitive Disability | | Hemophilia | | Autism  Multiple Disability | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Note: *M = Male, F= Female*

**D4. Details of the Non-teaching Staff**

|  |  |  |  |
| --- | --- | --- | --- |
| **Particulars** | **Distribution of Staff by Gender** | | |
| **Male** | **Female** | **Total** |
| Officers |  |  |  |
| Assistants |  |  |  |
| Support/help staff |  |  |  |
| Technical Staff |  |  |  |
| **Total** |  |  |  |

(add additional rows as required)

**D6. Present Status of Non-teaching Staff by type of Disability at the institution (…. Year)**

| Physically challenged | | Hearing Impaired | | Vision Impaired | | Hearing and Vision Impaired | | Verbal / Vocal impaired | | Intellectual Disability | | Cognitive Disability | | Hemophilia | | Autism  Multiple Disability | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Note: *M = Male, F= Female*

1. **financial resource and expenditure (Optional to private institutions)**

**E1. Source of Financing of the institution in the last three years:\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Source of Funding** | **Amount (Rs.)** | | | **Share of Annual Budget in %** | | |
| **Year 1** | **Year 2** | **Year 3** | **Year 1** | **Year 2** | **Year 3** |
| UGC/Government grants |  |  |  |  |  |  |
| Donations |  |  |  |  |  |  |
| Fund Raising Drives/Activities |  |  |  |  |  |  |
| Alumni Association |  |  |  |  |  |  |
| Research and Consultancy |  |  |  |  |  |  |
| Fee from Self-financed /initiated courses |  |  |  |  |  |  |
| Fees from regular programs |  |  |  |  |  |  |
| Any others (specify) ……. |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

(add additional rows as required)

**E2. Produce the audited income and expenditure details of last three Fiscal Year\* (compulsory for public institutions, including community campuses)**

*(Including at least budget details for: Quality Enhancement, Research, Maintenance, Library, Scholarship) (for last 3 years?)*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year I (…………) | | | | Year II (…………) | | | | Year II (…………) | | | |
| Income source / heading | Amount | Expenditure heading | Amount | Income source / heading | Amount | Expenditure heading | Amount | Income source / heading | Amount | Expenditure heading | Amount |
|  |  |  |  |  |  |  |  |  |  |  |  |
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| Total |  |  |  | Total |  |  |  |  |  |  |  |

(add additional rows as required)

1. **INFRASTRUCTURE AND Library /Laboratory RESOURCES**

**F1. Furnish the details in following\*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Utilization of Land** (Mention area in M2 provide conversion table): | | | |
| Total land area owned by the institution | ………….. M2 | | |
| Total land area leased by the institution | ………….. M2 | | |
| Land area used for Academic purpose | ………….. M2 | | |
| Land area used for Sports | ………….. M2 | | |
| Land area used for Garden | ………….. M2 | | |
| Land area used for other recreational activities | ………….. M2 | | |
| Type of Road access to the Institution (Black topped, Gravel, Motorable Track, only Trail) |  | | |
| Distance of institution from National Highway (in KM) |  | | |
| **Construction Details** | | | |
|  | Construction /Built-up area / Space in M2) | No. of Structure | Number of rooms | |
| **Buildings :** | | | | |
| 1. Administrative 2. Academic   b1. Academic Administration  b2. Actual number of class rooms   1. Average class size (M2 / per person) 2. Average room size (M2 / per person for differently able students) 3. Library space (Size in M2) 4. Laboratory (Size in M2) 5. Total space / Size of Workshops 6. Average size of Workshop (M2 / per person) 7. Sports: Name the sports with standard size of courts / peaches available 8. Seminar hall/s (seating capacity) 9. Auditorium/s (Seating Capacity) |  |  |  | |
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| 1. Hostel 2. Number of Rooms in Hostel 3. Bed capacity of the hostel 4. Average room size (M2 / per person) in hostel 5. Average room size (M2 / per person for differently able students) | Yes | No | Remarks | |
|  |  |  | |
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| Rental Infrastructure: Furnish the details: |  |  |  | |
| Faculty housing/staff housing/guest house (Capacity / Number of Bedrooms) |  |  |  | |
| User entitlement (not legal ownership in institutions name, however, authorized agency has given authority to use for defined / undefined period of time) of land / infrastructure use (MOUs): Briefly describe the details |  | | |
|  | | | |
| **Library Resources ( Last three years)** | **Added in the last 3 years** | **Total** | **Remarks** | |
| Text books in the library (item count - only the relevant, not all!) |  |  |  | |
| Text books in the library (Types / varieties - only the relevant, not all!) |  |  |  | |
| Reference books in the library (item count - only the relevant, not all!) |  |  |  | |
| Ratio of reference books to student number (………….) |  |  |  | |
| Reference books in the library (Types / varieties - only the relevant, not all!) |  |  |  | |
| Newspapers / Magazines |  |  |  | |
| Online Journals subscribed by Library / have access from library (Types, and are regular / all volumes/issues after starting subscription) (Latest / Recent additions / volumes / issues) |  |  |  | |
| Number of Computers in library / e-library for students and public use |  |  |  | |
| E-library access to public use (Yes / no) |  |  |  | |
| Photo copier |  |  |  | |
| Seating capacity in the library (reading room/seats) |  |  |  | |
| Seating capacity in the library (reading room/seats) in relation to total students enrolled (in %) |  |  |  | |
| Name of Library software if it is in use |  |  |  | |
| Average number of books issued/returned per day (items) |  |  |  | |
| Average no. of weekly users / visits (person) |  |  |  | |
| Average no. of Documents weekly consulted (items) |  |  |  | |
| Average Log- ins in the e – library |  |  |  | |
| Ratio of Library books to number of students enrolled |  |  |  | |
| **ICT Resources** |  |  |  | |
| Automation status of library (Yes / no) |  |  |  | |
| Total number of computers/ laptops for the use of students |  |  |  | |
| Computers – student ratio in Computer Lab (e-lab) |  |  |  | |
| Total number of computers/ laptops for the use of faculties |  |  |  | |
| Share (%) of faculties with access to computers/ laptops (institutional) |  |  |  | |
| Total number of computers/ laptops for the Office Use |  |  |  | |
| Number of multimedia projectors |  |  |  | |
| Number of television display |  |  |  | |
| Internet capacity |  |  |  | |
| Connection /availability of education roaming (EduRoam) service |  |  |  | |
| Number of smart boards |  |  |  | |
| Number of digital cameras |  |  |  | |
| Number of **Closed-circuit** (CC) Cameras |  |  |  | |
| Number of printers |  |  |  | |
| Number of photocopiers |  |  |  | |
| Number of scanners |  |  |  | |
| Capacity of data Backup facility |  |  |  | |
| Capacity of Power-back-up facility |  |  |  | |
| Total Number of restrooms |  |  |  | |
| Ratio of restrooms to students | Female: | Male: |  | |
| **Other Facilities/utilities** | Yes | No | Remarks | |
| Access to Internet to visitors (Available/not available) |  |  |  | |
| ATM |  |  |  | |
| Health Centre / Sick Room with First Aid Facility |  |  |  | |
| Post office |  |  |  | |
| Student hub (a common place / open space / Hall for students for informal studies and group works, equipt with few working desks, seats, computers, and power sockets to supply power to personal devices) |  |  |  | |
| Career / Placement Cell |  |  |  | |
| SQC |  |  |  | |
| Alumni |  |  |  | |
| Public Info Cell |  |  |  | |
| Student Counselling centre |  |  |  | |
| Changing room/cubicles |  |  |  | |
| Security guard |  |  |  | |
| Fenced /bounded compound |  |  |  | |
| Work place safety (fire extinguisher) |  |  |  | |
| Emergency response mechanism/practice |  |  |  | |
| Emergency escape/exit |  |  |  | |
| Safe Assembly area during the emergency |  |  |  | |
| Cafeteria |  |  |  | |
| Fast-food/coffee shop |  |  |  | |
| Stationary |  |  |  | |
| Gifts/souvenir shop |  |  |  | |
| **For Technical Institutions (Health Sciences):** |  |  |  | |
| Hospital Type | Own:  MoU with Others: |  |  | |
| Average Daily Patient flow (OPD) |  |  |  | |
| Indore Patient Capacity / Bed |  |  |  | |
| Average number of Bed Occupancy |  |  |  | |
| Type of patients in relation to the academic program offered (briefly summarise) |  | | |
| Types and quality of  surgery (briefly summarise) |  | | |
| laboratory |  |  |  | |
| imaging facility |  |  |  | |
| For Technical Institutions (Engineering): |  |  |  | |
| Workshops |  |  |  | |
| Laboratory |  |  |  | |
| Any other information……. |  |  |  | |
| ……………. |  |  |  | |

Add rows as required

1. **RESEARCH PROMOTION**

**G1. Research and research output of the institution in Last Three years (put numbers)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Heading** | **Year I** | **Year II** | **Year III** |
| Budget Allocated for research |  |  |  |
| Share (%) of research budget against total operational budget |  |  |  |
| Amount generated through consultancy services |  |  |  |
| Actual expenditure in research promotion |  |  |  |
| Number of research training conducted by the institution |  |  |  |
| Number of teachers who have taken research related training |  |  |  |
| Total number of research projects offered by the institution |  |  |  |
| Total number of research project awarded to the institution by external agencies |  |  |  |
| Total number of research projects completed |  |  |  |
| Over-head cost set by the institution for the individual faculty’s research project (% of the project) |  |  |  |
| Number of teachers who have received national recognition for teaching/research/consultancy (certificates of appreciation / funding won through competitive way) |  |  |  |
| Number of teachers who have received international recognition for teaching/research/consultancy |  |  |  |
| Number of Teachers who have attended international seminars |  |  |  |
| Number of Teachers who were resource persons at national seminars/workshops |  |  |  |
| Number of Teachers who were resource persons at international seminars/workshops |  |  |  |
| A total number of thesis/dissertation completed in the institution (MA, MPhil. PhD) |  |  |  |
| Number of students who have received Research Award (for MA, MPhil. PhD Research) |  |  |  |
| Number of students who have received scholarship (Full including stipend) |  |  |  |
| Number of students who have received scholarship (Partial) |  |  |  |
| Number of students who have received scholarship (Fee waiver) |  |  |  |
| Research Output / Research Publications: Number of publications by faculty members in the last 3 years (Only scientific publications, in which institution’s name is appeared as an affiliating institution of the author) |  |  |  |
| Number of Publications in Ranked journals (Nature, Q1-Q2) |  |  |  |
| Number of Publications in Ranked journals (Q3-Q4) |  |  |  |
| Number of publications in Peer reviewed, None-ranked International/foreign Journals |  |  |  |
| Number of publications in Peer reviewed, Local (indexed in Nepjol with at least 1 star rating) Journals |  |  |  |
| Number of publications in Peer reviewed, Local (indexed in Nepjol without star rating) Journals |  |  |  |
| Number of publications in Conference Proceeding (full-length articles) |  |  |  |
| Has the institute regularly published its own journal? Yes/no |  |  |  |
| Number of national/regional/international conference the institution has organized in last three years? |  |  |  |
| Number of any professional training conducted by the institution in last three years |  |  |  |
| Number of key extension activities conducted by the institution in last three years |  |  |  |
| Number of national/international visitors visited the institution in the last three years and they have make notes in visitors note book (prominent Professors / Scientist / Entrepreneur/Diplomats – only the higher ranked / Bisistha Shreni Officials / Rt. Honorable, Honorable) |  |  |  |

**G2. Give the number of ongoing research projects and their total outlay.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Name of the Project** | **Principal Researcher** | **Funding Agency** | **Funds (Rs.)** |
|  |  |  |  |  |
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**G3. List-out active national and international collaboration/networking of the Institution with formal MoU.**

National

1.

2.

3.

4.

International

1.

2.

3.

4.

**H. Other Information:**

**H1. State any prominent information of the institution and events / actions executed by the institution in the last three years**

…………….

**SUBMISSION**

**Date of Submission of the Complete Profile of the institution:**

……………………. (dd/mm/yyyy) AD (Drop-down date)

………………………. (dd/mm/yyyy) BS (Drop-down date)

**Declaration:**

# **Declaration of Head of the Institution**

Hereby, we declare that the data and information provided in this form and submitted to the Educational Quality Assurance and Accreditation Council (EQAAC), UGC are true and the evidences produced to prove the information are genuine as per the institution’s records. We bear the responsibility, if any, in case misinformation is detected.

Yours Sincerely,

Authorized Signature:

Name of the Signatory:

Designation:

Name of the Institution:

Date:

Official Seal:

**Document Checklist**

**List of Documents to be submitted by LOI form**

DOCUMENTS (SELF – ASSERTED) REQUIRED TO BE SUBMITTED FOR LOI ACCEPTANCE

1. Cover letter of an applicant institution.

2. Decision of Governing Body regarding to participate in QAA process

3. Document regarding to the Registration - Registered in the National Registry of Higher Education Provided - UGC\*), Registered as per other areas, as applicable - Social Welfare Council, Office of the Company Registrar, Ministry of Education, Science and Technology, the evidence of establishment (Campus Statute/ Regulation/Act).

4. Decision of Governing Body on formation of IQAC, EMIS, and approval / endorsement of respective operational guidelines.

5. Letter of affiliations from respective university together together with the Evidences of regular renewal of academic programs from the affiliating university

6. Appointment/ Nomination letters of all the full time faculties and their JD/ToR.

7. Actual student enrollment record of last two academic years.

8. Annual Operating budget, with clear separation of research budget (5%) and institutional development budget (10%) if the institution is in leased property.

9. Strategic Plan (at least for the next 5 years).

10. Financial Audit Report of last three fiscal year.

11. Annual report of the last year of the campus.

12. Letter of recognition / list of approved programs from the respective professional council (applicable to the HEIs having professional programs) / and or from Medical Education Commission, in case HEI is offering programs of Health and Allied Sciences.

13. Organizational structure (organogram) of the institution, including of IQAC.

14. Official Declaration of CMC/BOD on non-existence of school-level programs, and programs under affiliation of different universities.

15. Copy of latest Accreditation Certificate, if accredited once.

16. Institutional Documents of showing VMGO of the institution

17. MOUs with International Academic Institutions, if any, (if claimed in the form above).

18. Awards / Certificate of recognition by Quality Assessing Agency, if any (if claimed in the form above).

Annex I

The list of Remote - Rural Municipalities, as per the Ministry of Federal Affairs and General Administration (MOFAGA)

[Link to list of Remote Areas](https://ugcnepal.edu.np/uploads/web-uploadsfiles/%E0%A4%B8%E0%A5%8D%E0%A4%A5%E0%A4%BE%E0%A4%A8%E0%A5%80%E0%A4%AF-%E0%A4%A4%E0%A4%B9%E0%A4%95%E0%A5%8B-%E0%A4%AA%E0%A5%8D%E0%A4%B0%E0%A4%B6%E0%A4%BE%E0%A4%B8%E0%A4%A8%E0%A4%BF%E0%A4%95-%E0%A4%B5%E0%A4%B0%E0%A5%8D%E0%A4%97%E0%A5%80%E0%A4%95%E0%A4%B0%E0%A4%A3.pdf)

1. A register maintained at UGC Nepal, The prescribed form is available at <https://docs.google.com/forms/d/e/1FAIpQLScG07Sl_nCIFSuW0QPWvVDB9wsi7k0qJAFU3nFUMbuq4HHQLQ/viewform?usp=sf_link>

   The UGC Nepal will assign a unique code to the HEI as NHEP Number [↑](#footnote-ref-1)