



**QUALITY ASSURANCE AGENCY**  
**MS/M.Phil./Equivalent Program Review University Proforma**  
 This Proforma is to be completed by the university prior to the  
 HEC Program Review Committee Visit

**Program Name**

(e.g Management Sciences)

**(Details regarding Ph.D Faculty)**

Sr. No.	Qualification Details							Total No. of students being currently supervised
	Name of Faculty Member	Designation	Status	Title of Degree	Area of Specialization	Awarding University	Year of Award of Degree	
			Permanent / Visiting					
1								
2								
3								
4								
5								

**(Details regarding MS/M.Phil. OR Equivalent Faculty)**

Sr. No.	Qualification Details							Total No. of students being currently supervised
	Name of Faculty Member	Designation	Status	Title of Degree	Area of Specialization	Awarding University	Year of Award of Degree	
			Permanent / Visiting					
1								
2								
3								
4								
5								

**Note:**

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