

Higher Education Commission National Computing Education Accreditation Council (NCEAC)



# Zero/Interim Visit Form

Program Name (Batch Name)

Name of Institute: Ins	stitute Name, City			
Type of Institute:	· · · · · · · · · · · · · · · · · · ·			
Degree Awarding Institution:				
Institute Information (Institute Na	ame)			
Institute Address:				
City:		Province:		
Contact No. :		Email:		
Website:	DOE:		Fax:	
<b>Contact Information</b>				
Chief Administrator Officer				
Name:				
Designation:	Email:			
Contact No. :	Fax:			
Dean or Equivalent				
Name:				
Designation:	Email:			
Contact No. :	Fax:			
University Registrar or Equival	ent			
Name:				
Designation	Email:			
Contact No. :	Fax:			
Head of Department (Respective	e Department)			
Name:		Contact No.	:	
Email:		Fax:		
NCEAC Liaison				
Name:				
Designation:	Email:			
Contact No. :	Mobile No. :			





**Program Information Form** Institute Name, City Program Name (Batch Name)

## **Details of BS Program under Evaluation**

- 1. Admission eligibility policy (Provide admission eligibility policy regarding program under evaluation)
- 2. Admission Criteria (Minimum 50% Marks and Mathematics in intermediate is required according to HEC)
- **3.** Policy: How the objectives of the program will be achieved? (Please write clear answer.)
- **4. Policy: How frequently will the program review and revise?** (What is the Process/Procedure?)
- 5. Please provide a summary of the problem solving skills which will be developed by the Program (Please write clear answer.)
- 6. Please provide a summary of the technologies which will be exposed to students (Please write clear answer.)
- 7. Policy: Please list down the assessment standards of the institute (Please write clear answer.)
- 8. How far the program will correlate with existing industrial trends? (Give Details)
- 9. Which emerging technologies will you train your students in? (Please write clear answer.)

# **10. Program Goals** (What are the goals of program under evaluation?)



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# Infrastructure Information Form Institute Name, City Program Name (Batch)

### **Lecture Rooms**

- **1. Total Number of Dedicated Lecture Rooms** (For the Program under Evaluation)
- **2. Total Number of Shared Lecture Rooms** (For the Program under Evaluation)
- **3.** Average Size of each lecture room (In Square Feet)
- **4. Instructional Facilities provided in lecture rooms** (Provide Details)
- 5. Other facilities (For Example: Heating System, ACS etc.)

#### **Computing Labs**

- **1. Total Number of Computing Labs** (For the Program under Evaluation)
- **2.** Average Number of Computers per Lab (For the Program under Evaluation)
- **3.** Average Lifetime of PC in computer labs (No of Years)
- 4. Lab contact hours per credit hour per week (Please write clear answer.)
- 5. Nature & level of Networking (Provide Details)
- 6. Specialized lab facilities & Hours of their availability (Provide Details)
- 7. Is there Logic Design Lab for CS students (Please write clear answer.)
- 8. Is there any exclusive Final Year Lab for CS students (Please write clear answer.)





#### Library

- **1. Total Number of books in Library** (Please write clear answer.)
- 2. Total Number of Unique titles in Library (Please write clear answer.)
- **3. Is connected to HEC digital Library** (Please write clear answer.)
- **4.** Is there any library management system (Please write clear answer.)
- 5. Is there access to IEEE/ACM Journals/Proceedings in library (Please write clear answer.)