

**Quality Enhancement Cell**

**Karakoram International University Gilgit-Baltistan**

**Program Team Registration Form**

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| --- | --- |
| **Department Name** |  |
| **Degree Program** |  |
| Name |  |
| Designation |  |
| Qualification |  |
| Email Address |  |
| Mobile # |  |
| Office # |  |

Role in the Program Team: Convener / Head / Member / Facilitator (Please **Bold** anyone)

Besides my own departmental responsibilities, I will also be responsible for the following:

1. To attend the SAR meetings as & when required.
2. To ensure that Self-Assessment Mechanism is being implemented as per the given guidelines.
3. To prepare drafts of the SAR on the given deadline & send them to the QEC for timely feedback.
4. To keep records of all the supporting documents addressing various standards of the SAR.
5. To circulate all the applicable feedback forms to the target stakeholders & include the analysis of the same in the SAR.
6. To communicate with the QEC on the effectiveness & suitability of the SA mechanism.

**Declaration of the PT Member:**

I am quite willing to be a part of this team and assure that I would do my best to play my role in the working of Program Team.

(Signature of the PT member) Date: \_\_

Approved by: (Head of the Department)

*Note: Please fill form in soft, print, and submit after signatures to QEC*