



The University of Chitral
Quality Enhancement Cell
Program Team Registration Form

QEC-FORM-01

Department	
Degree Program	

Name	
Designation	
Qualification	
Email Address	
Mobile #	
Office #	

Role in the Program Team : Convener / Head / Member / Facilitator (Please tick one)

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 dead line & 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: The completed form shall be sent to QEC.