



DEAN – INTERNAL QUALITY ASSURANCE CELL (IQAC)

PERFORMANCE EVALUATION SHEET

Maximum Attainable Score: 300 Marks

S. No.	Key Result Area (KRA)	Key Performance Indicators	Attainable Goal	Weightage	Max. Marks	List of Proofs Enclosed
1	Strategic Quality Planning & Continuous Improvement	<ul style="list-style-type: none"> Formulate and monitor the institutional quality assurance plan and annual quality objectives. Review implementation of strategic initiatives and institutional quality benchmarks. Identify quality gaps and recommend evidence-based improvement measures. 	Annual quality plan approved; quarterly progress reviews completed; priority gaps and improvement actions documented and monitored.	15%	45	Approved quality policy and annual quality plan; strategic action plan; KPI dashboard; quality review minutes; gap analysis; action-taken reports.
2	Academic Quality, OBE & Teaching–Learning Review	<ul style="list-style-type: none"> Review WKS, ECs, and SDG's, COs, POs, PSOs and PEOs, and ensure CO–PO/PSO mapping and assessment alignment. Analyze academic results, student progression and graduate outcomes. Review the effectiveness of teaching–learning practices and curriculum improvement measures. 	All applicable Programmes reviewed as per the approved quality calendar; attainment and outcome gaps analysed; improvement actions documented.	15%	45	OBE mapping and attainment reports; course/programme review records; result and progression analysis; graduate outcome reports; teaching–learning review minutes; action-taken reports.

S. No.	Key Result Area (KRA)	Key Performance Indicators	Attainable Goal	Weightage	Max. Marks	List of Proofs Enclosed
3	Accreditation, Rankings & Regulatory Compliance	<ul style="list-style-type: none"> Coordinate institutional accreditation processes, including NAAC, NBA and other applicable agencies. Coordinate AQAR, SSR, SAR, PASS and other applicable institutional quality submissions. Monitor assigned compliance requirements under AICTE, UGC, University and other applicable regulations. Coordinate NIRF and other applicable ranking submissions and review performance gaps. 	All assigned submissions and compliance records validated and completed within prescribed timelines; annual performance gaps documented.	20%	60	Accreditation calendar; AQAR/SSR/SAR/PASS files as applicable; compliance matrix; regulatory checklists; data-validation records; ranking submissions; acknowledgements; comparative analysis.
4	Internal Quality Audits & Corrective Action Monitoring	<ul style="list-style-type: none"> Coordinate Department Academic and Administrative Audits (AAA) as per the approved audit schedule. Verify HoD performance evaluation and quality audits. Verify monthly faculty appraisal records through IQAC and track discrepancies to closure. Verify quarterly pass forms for PhD and Non-PhD faculty and document exceptions. Monitor corrective and preventive actions arising 	All scheduled departmental audits completed; monthly appraisal records verified as scheduled; 100% of applicable quarterly PhD and Non-PhD pass forms verified; at least 90% of corrective actions closed within approved timelines, with overdue items escalated.	15%	45	Approved audit calendar; DAAA checklists and reports; HoD evaluation/audit forms; monthly appraisal sheets and verification logs; quarterly PhD/Non-PhD pass forms; exception tracker; corrective-action and closure records.

S. No.	Key Result Area (KRA)	Key Performance Indicators	Attainable Goal	Weightage	Max. Marks	List of Proofs Enclosed
		from audits and quality reviews.				
5	Stakeholder Feedback & Quality Improvement	<ul style="list-style-type: none"> Coordinate feedback collection from students, faculty, alumni, employers and other defined stakeholders. Analyze stakeholder feedback and recommend corrective measures. 3. Review stakeholder satisfaction and the effectiveness of improvement actions. 	All stakeholder groups specified in institutional policy covered as scheduled; feedback analysed and actions tracked; annual effectiveness review completed.	10%	30	Feedback instruments; response summaries; analysis reports; action plans; action-taken reports; satisfaction trends; review minutes.
6	Institutional Quality Data, Analytics & Performance Monitoring	<ul style="list-style-type: none"> Consolidate and validate institutional KPI data submitted by departments against source records. Review institutional performance trends through dashboards and periodic quality reviews. 3. Ensure traceability, consistency and evidence linkage for institutional quality data. 	All assigned KPI datasets validated; quarterly performance reviews completed; discrepancies and follow-up actions documented.	10%	30	Consolidated KPI database; data-validation sheets; dashboards; trend analysis; source-record index; data dictionary; discrepancy tracker; review minutes.
7	IQAC Governance, Reporting & Documentation	<ul style="list-style-type: none"> Conduct IQAC meetings and monitor decisions, responsibilities and action points. Prepare annual and periodic institutional quality reports and recommendations. 	Meetings and reports completed as per approved schedules; action points tracked; annual evidence repository updated and indexed.	10%	30	IQAC notices; agendas; attendance; minutes; action tracker; annual/periodic quality reports; evidence repository; document index; record-maintenance logs.

S. No.	Key Result Area (KRA)	Key Performance Indicators	Attainable Goal	Weightage	Max. Marks	List of Proofs Enclosed
		<ul style="list-style-type: none"> Maintain an indexed, traceable and accessible institutional quality evidence repository. 				
8	Quality Culture, Best Practices & Institutional Impact	<ul style="list-style-type: none"> Promote quality awareness and institutional knowledge sharing. Document institutional best practices and evaluate their effectiveness and impact. Review applicable institutional development and sustainability initiatives from a quality perspective. 	At least 8 quality-awareness/knowledge-sharing initiatives and 2 documented best practices annually; impact evidence and recommendations recorded where applicable.	5%	15	Circulars; presentations; attendance; best-practice reports; outcome and impact analysis; sustainability review records; improvement proposals.

FINAL EVALUATION SUMMARY

S. No.	Key Result Area (KRA)	Weightage (%)	Maximum Marks
1	Strategic Quality Planning & Continuous Improvement	15%	45
2	Academic Quality, OBE & Teaching–Learning Review	15%	45
3	Accreditation, Rankings & Regulatory Compliance	20%	60
4	Internal Quality Audits & Corrective Action Monitoring	15%	45
5	Stakeholder Feedback & Quality Improvement	10%	30
6	Institutional Quality Data, Analytics & Performance Monitoring	10%	30
7	IQAC Governance, Reporting & Documentation	10%	30
8	Quality Culture, Best Practices & Institutional Impact	5%	15
	TOTAL	100%	300

NOTE:

All achievements shall be supported by verifiable documentary evidence. Evaluation shall be based on achievement against approved targets, compliance with applicable institutional requirements, data validity and the effectiveness of quality improvement measures.

The Dean - IQAC shall present an annual performance review summarising achievements, identified gaps, corrective actions and proposed improvements for the next assessment period.