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| **Faculty Development Program - Report # ISNC/PFT/252** |
| **Title of Faculty Development Program (FDP):**  |  |
| **ISNC FDP Registration Number:** |  |
| **Department: (Conducted the FDP)** |  |
| **Program:****(Conducted the FDP)** |  |
| **Was program Conducted as per scheduled time and Venue**  | □ Yes □ No If No. Give Reason |
| **Were all planned facilities were available** | □ Yes □ NoIf No. Give Reason |
| **Difficulties Encountered in conduction of FDP (if any)** |  |
| **Percentage of Staff attended FDP as per the planned number** |  |
| **Rating of the staff for the FDP from the analysis of the feedback (Likert’s Scale)** |  |
| **Open ended Comments in the feed back** |  |
| **Signatures with Date** | **Applicant** | **Head of Department** | **Vice Dean**  |
|  |  |  |

CHECKLIST (To Be Submitted With FDP Report – Only Printed Copies)

□ Staff Attendance Sheets

□ Presentation/s of the Faculty Development Program

□ Handouts provided to the attendees (Copy)

□ Feedback summary report (from survey section) and forms



**ISNC/PFT/252**