RECEIVED VIDE email: wed 11/19/2025 11:27 and in hard vide letter No. 4(2)-HU/Reg/2025/1625 dated 19 Nov 2025

FNo. *HU/DQE/INT/CORSP/2025/* *23 Nov* 2025

Analysys/Evaluation of CAR (as received from Registrar) by IQC – STEP Cycle
COMPLIANCE CQI PROCESS STEP-4:
IQC-REVIEW OF THE "COMPLIANCE AND CORRECTION-Report"
SUBMITTED BY REGISTRAR HAZARA UNIVERSITY

Upon CIP of SECOND (2nd) SELF-REVIEW OF INSTITUTIONAL PERFORMANCE AND ENHANCEMENT (S-RIPE) (HELD ON 11-13 AU 2025)
FOR PERIOD OF REPORT IPER 2024-25 OF HAZARA UNIVERSITY MANSEHRA

CORRECTION ACTION REPORT (CAR) *submitted by Registrar as per COLUMN#V*
vide: **emails Tue 11/18/2025 09:52 & wed 11/19/2025 11:27 and letter . *No.* 4(2)-HU/Reg/2025/1625 dated 19 Nov 2025**
EVALUATIVE REVIEW BY DQE on *23 Nov 2025* and IQC's CQI review on COLUMN#VI

The **2nd *Self-Review of Institutional Performance and Enhancement (S-RIPE)*** of the Hazara University was held from 11 to 13 August 2025. Institutional Performance and Enhancement Report (IPER) for the period *01 Jul 2024 to 30 June 2025* was prepared according to the ***16 Quality Standards as per new HEC Policy PSG-2023*** upon compilation of the ***IPER document*** and provision of the ***answers to questionnaire by the relevant administrative/managerial Directorates/Sections & Registrar Office***. The reviewers examined the evidence by checking the originals of the documents and carried out their detailed discussions with the Deans, Chairpersons, faculty members, graduate & undergraduate students, administrative heads, officers and staff regarding the below mentioned standards and also visited on-site departments, Library and various Laboratories;

1- *Vision, Mission, Goals and Strategic Planning*
2- *Governance, Leadership and Organization*
3- *Institutional Resources and Planning*
4- *Audit and Finance*
5- *Affiliated Colleges/Institutions*
6- *Internationalization of Higher Education and Global Engagement*
7- *Faculty Recruitment, Development and Support Service*
8- *Academic Programs and Curricula*
9- *Admission, Progression, Assessment and Certification*
10- *Student Support Services*
11- *Impactful Teaching and Learning and Community Engagement*
12- *Research, Innovation, Entrepreneurship and Industrial Linkage*
13- *Fairness and Integrity*
14- *Public Information and Transparency*
15- *Institutional Effectiveness, Quality Assurance and Enhancement*
16- *CQI and Cyclical External Quality Assurance*

The University activities were reviewed and evaluated as per HEC's described criterion. The Reviewing team draft the report during the review days (2 & 3) simultaneously and was signed, while both the external members finalized it via online/emails. The report is approved by the Competent Authority on **26 Aug 2025** for implementation. the CIP was consented by the IQC in its 4th meeting held on 07 Aug 2025. The CIP was sent to Registrar from implementation/compliance(s) accordingly vide DQE letter No. HU/DQE/INT/CORSP/2025/160 dated 23 Sep 2025.

The compliance by various administrative and academic quarters of the Hazara University has been compiled in **column V** in the form of "**CORRECTIVE ACTION REPORT (CAR)"** by the Registrar of the University and has submitted in soft vide emails Tue 11/18/2025 09:52 & wed 11/19/2025 11:27 and in hard format vide letter No. 4(2)-Hu/reg/2025/1625 dated 19 Nov 2025. **The same is submitted for onward preview by the IQC 5th meeting /Directorate Quality Enhancement and inclusion in the Yearly Progress Review (YPR).**

The review evaluation frame work (key) : As per CQI **360O Mechanism, Evaluation Matrix and judgmental framework.**
EIR -Effective: GREEN
Limited Improvement Required (LIR) – Progressive: BLUE
AIR – Average/Ineffective: YELLOW
SIR – Poor: GREY

STANDARD – 1: VISION, MISSION, GOALS AND STRATEGIC PLANNING

I SNo.	II S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	III IMPLEMENTATION Activity/Action Plan	IV TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
1	**1.1 COMMENDATIONS** University has prepared its mission statement and to some extent publicized it, as it is mentioned in the prospectus and available on the website. -			-	-
	1.2 FINDINGS 1.2.1 Strategic plan matured in 2023 while new strategic plan is drafted for 10 years that is 2024 to 2034. This plan is comprehensive and addresses all the components of vision and mission providing direction to the university for all activities. However, the strategic plan yet to be approved by the statutory bodies. 1.2.2 The university vision and mission well devised and approved from relevant bodies. Moreover, revision in the vision and mission are reprint with the consultation of relevant stakeholders recently. 1.2.3 University vision and mission drives the strategic planning and along with that all the activities of the university should be aligned with the strategic plan, including the management of its academic resources appropriate to the needs of its students and its wider group of stakeholders. Subsequently, the vision and mission of the departments and programs require revision and alignment with the new vision and mission statement of the university. The realignment will require statutory approvals.			**To be noted**	**OK**

I SNo.	II S-RIPE's REPORT- FINDINGS/RECOMMENDATIONS	III IMPLEMENTATION Activity/Action Plan	IV TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
1.	**1.1 COMMENDATIONS** University has prepared its mission statement and to some extent publicized it, as it is mentioned in the prospectus and available on the website.		-	-	
	1.3 FINDINGS 1.3.1 Strategic plan matured in 2023 while new strategic plan is drafted for 10 years that is 2024 to 2034. This plan is comprehensive and addresses all the components of vision and mission providing direction to the university for all activities. However, the strategic plan yet to be approved by the statutory bodies. 1.3.2 The university vision and mission well devised and approved from relevant bodies. Moreover, revision in the vision and mission are reprint with the consultation of relevant stakeholders recently. 1.3.3 University vision and mission drives the strategic planning and along with that all the activities of the university should be aligned with the strategic plan, including the management of its academic resources appropriate to the needs of its students and its wider group of stakeholders. Subsequently, the vision and mission of the departments and programs require revision and alignment with the new vision and mission statement of the university. The realignment will require statutory approvals.		**To be noted**	FINDINGS noted for compliance	**OK**
	1.2 RECOMMENDATIONS 1.2.1 Finalize statutory approvals for the strategic plan and align all departmental/program statements with the updated university vision and mission. 1.2.2 Once the strategic plan is approved, all academic and non-academic activities are suggested to be aligned with the university vision and mission. 1.2.3 Strategic plan progress review process is proposed for follow-up, review of the progress, and timely actions.	Approval of Strategic Plan of Hazara University from Statutory Bodies i.e Syndicate and Senate for better understanding of all stake holders. ***[Actn: REGISTRAR]***	**Immediate** **Not later than 25-11-2025**	Letter sent to Directorate of planning & development vide 1331 dated Oct, 2 2025 for compliance.	***Evidence: The compliance evidence is Nil .*** **Currently the Hazara University has no strategic-plan for its functionality.** The same expired in year 2023. (1) 1st SRIPE observation: The due time stated in last year is expired much before. During the compliance of 1st RIPE, the correspondence-record (ref: Registrar to P&D; 4(2)Hu/Reg/2023/1446 dated Oct 02, 2023 & reminder 4(2)Hu/Reg/2023/1679 dated Oct 26, 2023 and P&D response *HU/P&D/2024/671 dated 08 Jan 2024) that strategies formulated/incorporated* and pending for approval of authorities (Syndicate/Senate).

					(2) **2nd S-RIPE reminding-observation:** The matter is still not complied. Already more than two years passed which is a very long time. This time there is no complying status/reply from the Directorate P&D. ***The approval pending for so long/more than a year has absolutely no justification.*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***Significant Improvement Required (SIR)- Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting.**
		Through *Deans' Committee/other manner;* aligning all academic and non-academic activities with the university's mission and vision and to design check lists as per 1.3.2. ***[Actn: REGISTRAR]***	**Completion in 03 MONTHS By 28-12-2025**	Noted for compliance	***Evidence: Nil*** **So far in accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** *Significant Improvement Required (SIR)- Poor* **Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**

		Preparation of the process to follow-up, review of the progress and actions of strategic plan of Hazara University and Complete Report to be submitted to Vice Chancellor about the process effectiveness. ***[Actn: Director P&D Coord: REGISTRAR]***	**Quarterly report on 30-09-2025 31-12-2025 31-03-2026 30-06-2026 and onward.**	Letter sent to Directorate of planning & development vide 1331 dated Oct, 2 2025 for compliance.	***Registrar Action: YES (due date given to the quarter 09-10-2025)*** ***Corrective Measure: Nil*** ***IQC Review:*** ***Significant Improvement Required (SIR)- Poor*** **Follow up review:** **(1) CAR progress update to be submitted to Registrar on 31-12-2025 and 31-03-2025.** **(2) FINAL complete report related to effectiveness, to be submitted to Vice Chancellor through Registrar with copy to IQC Secretary: Final due date 30-06-2026.**

STANDARD – 2: GOVERNANCE, LEADERSHIP AND ORGANIZATION

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
2.	**2.1 COMMENDATIONS** Some of the University Authorities/statutory bodies (like Syndicate, Academic Council, F&P Committee, Advanced Studies and Research Board) are holding their meetings on regular basis as per their statutes, however the Senate meetings did not held during the evaluation period as well BOS & BOF found deficient.		-	-	-
	2.2 FINDINGS 2.2.1 System of organization and governance is well responsive to the present and future needs, and it is reflected in the variety of academic programmes as well as in the development of infrastructure. Meetings are taking place as per the requirement of the act and the meeting merits and decisions are well recorded and notified on time the power and functions of every statutory position as well defined and in place according to the act and statutes. 2.2.2 Since the approval of it is observed that the last approved organogram is not recent while several positions in the administration note present in the approved organogram for example QEC, ORIC etc. 2.2.3 Job descriptions of the administrative positions other than the positions mentioned in the act are not prepared nor approved. 2.2.4 Communication policy formally approved to 2.2.5 The regular administrative positions, that is registrar, treasurer, director works, director A&R, P&D, admin, Provost are on additional charge Which affects the efficiency and effectiveness of work. 2.2.6 Research projects found to be very limited. It is also found that weightage is not assigned in the ACR for the research projects. 2.2.7 Classrooms are not equipped with the latest technology which might affect the learning and teaching efficiency and effect to create and sustain an environment in which high quality teaching and learning can be fostered. 2.2.8 The learning objectives and outcomes of the program are not reviewed to understand the student progression. 2.2.9 Limited faculty development programme entraining on the pedagogical knowledge to enhance the teaching of the curriculum and appropriate use of assessment has been reported. This affects the understanding of modern techniques and use of contemporary teaching style that can benefit students in the current time. 2.2.10 Top management meetings with the students and the student bodies are limited which limits their engagement in decision making. Under the purview of PSG 2023, students are the centre of every activity in the university including their presence in the IQC.		**To be noted**	-	**OK**

	2.2.11 Currently faculty feedback and course review are the only surveys conducted to get valuable input from the students. However, there is no mechanism to make each non-academic and support service departments feedback at library, examination, student affairs, career counselling, IT, department, transportation, hostel, cafeteria, sports, QEC, ORIC etc. 2.2.12 To increase the university efficiency and productivity automation and operational CMS is in place. The website is updated regularly, and all notifications and policies are uploaded to the website for the information of stakeholders however at the same time a lot of paperwork and decisions are approved as well as circulated in the heart form. Keeping in view the environmental aspect and sustainable practices automation and paperless environment is not yet fully functional. 2.2.13 Grievance redressal committees what time and time again communicated by HEC to be notified along with the scope and TORs. It was observed that student's grievance committee faculty grievance committee and grievance committee for the admin officers/staff are not developed nor notified. Only TTS grievance committee is formulated. 2.2.14 Faculty/teachers annual appraisal system does not exist. The excellent and poor teachers are dealt with the same measure.			
	2.3 RECOMMENDATIONS 2.3.1 Approval of updated organogram from relevant forum/Senat to reflect current positions, including QEC, ORIC & Dir A&R. 2.3.2 Develop job descriptions for all administrative roles and especially the senior position like Directors/Provosts/Director works etc. 2.3.3 Approve job descriptions through statutory processes and to be notified by Principal Administrator. 2.3.4 Fill key administrative positions on a substantive basis. 2.3.5 Increase the number of research projects undertaken by the institution. 2.3.6 Upgrade classroom technology to support modern teaching methods.	"UPDATED-ORGANOGRAM" of the University to be approved from the relevant Authority (Syndicate/Senat) as per 2.3.1 ***[Actn: Registrar]***	**By 20-12-2025**	Committee already notified and same committee is working on UPDATED-ORGANOGRAM	***Evidence:*** *Notification* 4(1) HU/REG/2025/938 dated 09 Oct 2025, five members committee. Convener: Prof Dr Inamullah Dean Faculty of BHS Secretary: Mr Minhaj ul Islam AR(Estab) Due date: Not mentioned. ***IQC Review:*** *Committee report awaited* *LIR- Progressive* **Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**
		Clear JOB Description (JDs) to be approved from the relevant Authority (Syndicate/Senate) and notified for each post especially for senior positions (against each appointment) by the University as per 2.3.2 & 2.3.3. ***[Actn: REGISTRAR]***	**IMMEDIATE & MOST ATTENTIVE.** **Not later than 30-11-2025**	Committee already notified vide 4(1) HU/REG/2025/1562 Dated 7/11/2025 for working on clear JOB Description. After finalization these will be submitted to relevant Authority (Syndicate/Senate) for approval.	***Evidence:*** *Notification* 4(1) HU/REG/2025/1562 dated 07 Nov 2025, five members committee. Convener: Prof Dr Saleh Muhammad Dir A&R Secretary: AR(Estab) Due date: 04 weeks of the issuance date.

	2.3.7 Establish formal mechanisms for student engagement in decision-making processes. 2.3.8 Form Centralized-Standing-Grievance-Committee for Faculty, Administration and students with representation of the three categories other than the ex-officio members. 2.3.9 Notify the grievance committee with defined terms of reference for each category. 2.3.10 Create a feedback system for all non-academic and support service units. 2.3.11 Faculty annual appraisal system (FAAS) to be approved from competent forum. 2.3.12 The performa for the FAAS to be designed and approved.				The above committee is a update-constitution on the original committee No.4(1)HU/Reg/2025/347 dated 28 Feb 2025 in compliance to 1st RIPE report (2023-24). ***Target date: 30-11-2025*** ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** *Significant Improvement Required (SIR)- Poor* **Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**
		Advertising/Filling the key administrative Positions on immediate basis as per law/statutes/criteria. ***[Actn: REGISTRAR]***	**IMMEDIATE**	Already in practices. Post of Treasurer have been announced.	**OK** *EIR -Effective* ***Evidence: NIL***
		Proper mechanism to be framed for increasing the number of research projects for university. ***[Actn: Director ORIC Coord: REGISTRAR]***	**By 30-11-2025**	Noted for compliance	***Target date: 30-11-2025*** ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** *Significant Improvement Required (SIR)- Poor* **Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**

		Upgrading the Classroom as per the latest standards introduced for supporting the teaching methods. ***[Actn: REGISTRAR & Director IT]***	**IMMEDIATE**	Letter sent to Deputy Registrar Academics vide 4(2) HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Following response submitted by Academic section. Letter issued to all chairpersons/HODs for needful vide no. Acad 4(15)/HU-REG/2025/456 dated November 12, 2025.	***Evidence: As stated, copied to IQAE office.*** ***IQC Review:*** *EIR -Effective* ***Limited Improvement Required (LIR) – Progressive*** *AIR – Average/Ineffective* *SIR - Poor*
		Making arrangements & devising Regulation for involving Students/Student's body for participation in the University's governance system. ***[Actn: REGISTRAR]***	**By 30-11-2025**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Following response submitted by Academic section. Nominations for the students in the governance system of the university is being implemented through SCALE.	***Evidence: As stated, copied to IQAE office.*** ***IQC Review:*** *EIR -Effective* ***Limited Improvement Required (LIR) – Progressive*** *AIR – Average/Ineffective* *SIR - Poor*
		Development of mechanisms to avoid conflict of interest at the level of each Authority/statutory body. Formation of Centralized-Standing-Grievance-Committee for Faculty, Administration and students with representation of the three categories and to be notified accordingly. as per 2.3.8 & 2.3.9. ***[Actn: REGISTRAR]***	**IMMEDIATE NOT LATER THAN 25-10-2025**	Centralized-Standing-Grievance-Committee notified by the establishment section	***Evidence: (1) Mechanism: Nil*** ***(2) Notification No.4(1)HU/Reg/2025/1616 dated 18 Nov 2025*** ***(i) The committee is composed of ex-officio members only.*** ***(ii) The representation of the three categories i.e. faculty, administration and students not included.*** ***(iii) The terms of reference is mentioned as a whole while requirement as per 3.9 (each category faculty, administration, student) not fulfilled.*** ***IQC Review:***

					In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED in true spirit". ***IQC Review:*** *EIR -Effective* *(LIR) – Progressive* ***Adequate Improvement Required – Average/Ineffective*** *SIR - Poor*
		Preparation of separate feedback system/Policies for Non-Academic and Support Service Units. ***[Actn: REGISTRAR]***	**By 15-12-2025**	Noted for compliance	***Evidence: Framed policy required.*** ***SIR - Poor*** **Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**
		Preparation for FAAS Proforma and Approval of Faculty Annual Appraisal System (FAAS) and Proforma from the competent forum (Syndicate/Senate). ***[Actn: REGISTRAR]***	**By 15-12-2025**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Following response submitted by Academic section. The required proforma has been prepared and will be placed before the ensuing meeting of Syndicate for approval.	***Evidence: pages 62-65 of hard copy*** ***OK*** ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED in true spirit".** ***IQC Review:*** *EIR -Effective* ***(LIR) – Progressive*** *AIR – Average/Ineffective* *SIR – Poor* **Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**

STANDARD – 3: INSTITUTIONAL RESOURCES AND PLANNING

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS / IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
3.	**3.1 COMMENDATIONS** The university is having good infrastructural facilities. The university has appropriate resources, and the institution demonstrates effective utilization and development of these resources. The facilities at hostel, digital library/E-brary and smart classroom are adequate.	-	-	-
	3.2 FINDINGS 3.2.1 Academic blocks newly established Is purpose built; however the distribution mechanism requires revisiting to ensure that the available infrastructure efficiently utilized and distributed in the most efficient manner. 3.2.2 Hostel and housing facilities are upgraded new development is well planned. Master plan of the university needs to be aligned with the strategic plan and future requirement of the university 3.2.3 Academic classrooms are equipped with multimedia without any computers and digital screens that can enhance the classroom learning and teaching experience. Faculty members are not provided with laptops currently they are expected to teach while connecting their personal laptops you want the multimedia in the classroom which limits their capabilities and ability teach effectively. 3.2.4 Procurement process and procurement committee are as per the rules, however the procured items utilization report is not prepared. Similarly, the resource allocation and resource need assessment reports are not practiced. 3.2.5 Keeping in view the financial position of the universities in the province, alternate revenue sources and self-sustainability are on the priority of the provincial government. Alongside the strategic plan well thought and well-planned document to generate alternative revenue from other sources are essential for the sustainability of universities. 3.2.6 The technological infrastructure of Hazara university is limited and it needs upgradation to ensure seamless connectivity availability of reliable Internet backup and storage and classroom upgradation. 3.2.7 The electricity issue was observed during the visit and some of the backup generators what also found out of order. 3.2.8 Industry academia linkages are essential and most important for the university. Around 90 MOUs are signed power this is a no use what note operational or 4 X5 means to be reactivated and utilized 4 linkages with the local industry. 3.2.9 Services for the community comprising of corporate and local training programme, micro credentials and alumni engagement very limited.	**To be noted**	**Noted**	-

	3.2.10 The library comprises 76,000 books, however huge amount of books outdated editions and it was also found that the last purchases in the library in 2020 to 23 the library was not asked for budget demand in the current fiscal year. Most of the old books are still in the record which needs to be phased out and replaced by new books in the current budget 1.2 million is allocated for the library and purchase of books.				
	3.3 RECOMMENDATIONS 3.3.1 Review and optimize space allocation in academic and administrative areas. 3.3.2 Upgrade classroom technology to include multimedia systems and digital screens.	The academic blocks must be revisited and reviewed for optimization of space allocation to ensure that the available infrastructure is efficiently utilized and distributed in the most efficient manner. ***[Actn: Registrar & Dir Admin]***	**PRIORITY**	Noted for compliance for optimization of space allocation to ensure that the available infrastructure is efficiently utilized and distributed in the most efficient manner.	**OK** *EIR -Effective*
	3.3.3 Provide institutional laptops to faculty members. 3.3.4 Prepare annual-resource-utilization reports (ARUR). 3.3.5 Conduct annual needs assessment for resources. 3.3.6 Develop a formal alternate revenue generation plan. 3.3.7 Upgrade IT infrastructure to ensure reliable connectivity and backup systems. 3.3.8 Modernize library holdings by replacing outdated books. 3.3.9 Allocate an annual budget for the purchase of updated library materials. 3.3.10 Strengthening industry linkages through active engagement and partnership programs. 3.3.11 Facilitate QEC and ORIC in establishing databases (based on modules at CMS) and reporting as required.	To equip the classrooms with state-of-the-art technology (multimedia & digital screens) for facilitating the students in provision of quality education. ***[Actn: Registrar & Dir IT & Deans]***	**PRIORITY**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Letter also sent to all Deans vide 1333 dated October 2, 2025 for compliance. Subsequently Dean Faculty of Arts and Dean Faculty of Natural & Computational Science issued the letter to their concerned Departments for compliance. Academic section submitted following response. Letter issued to all chairpersons/HODs for needful vide no. Acad 4(15)/HU-REG/2025/461 dated November 13, 2025	***Evidence: pages 54 and 60*** ***IQC Review:*** (1) The directives issued from Registrar Office to Chairpersons vide 461and to Deans vide 1333. (2) The Dean Faculty of Arts & Humanities and Dean Faculty of Natural & Computational Sciences issued onward directives to its departmental HODs for necessary steps. (2) The Departments and Deans (Law & Social Scs and Biological Scs) did not address the matter and compliance-report is not available at the Registrar office yet. **In accordance with the recommendations of S-RIPE REPORT the observation is "PENDING FOR OBTAINING COMPLAINCE FROM CHAIRPERSONS AND DEANs".** ***IQC Review:*** ***Limited Improvement Required (LIR) – Progressive***

	3.3.12 Lab assessment for the lab operational staff is proposed for fulfillment of the requirements.				**Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**
		Preparation & approval of the policy for issuance of Institutional laptops to faculty members for their maximum contribution. ***[Actn: Registrar & Dir IT]***	**By 25-12-2025**	Noted for compliance	***OK***
		Preparation of Annual Reports of *Resource Utilization* and present them to the forum concerned for approval. ***[Actn: Registrar, Dir P&D & Treasurer]***	**(Each year by 05 January) By 05-01-2026**	Letter sent to Directorate of planning & development vide 1331 dated Oct, 2 2025 for compliance. Letter also sent vide 1328 dated Oct, 2 2025 to treasurer office for compliance and they submitted following response. Annual Reports (Resource Utilization Reports) are presented on HEC prescribed proforma in Financial Reports to Finance & Planning Committee, then Syndicate and finally to the Senate of Hazara University Mansehra for approval of annual budget and presentation of annual utilization report.	***Evidence: pages 55 & 56*** ***IQC Review:*** The directives issued from Registrar Office to P&D vide 1331 and to Treasurer vide 1328. Reports to be obtained in due time. ***IQC Review:*** ***Limited Improvement Required (LIR) – Progressive*** **Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**
		The need assessment for resources must be conducted on Annual Basis by the Need-Assessment-Committee for clear picture and allocation of required resources. ***[Actn: REGISTRAR, Treasurer and Deans concerned]***	**(Each year by 05 January) By 05-01-2026**	Noted for compliance. Letter also sent to all Deans vide 1333 dated October 2, 2025 for compliance. Subsequently Dean Faculty of Arts and Dean Faculty of Natural & Computational Science issued the letter to their concerned Departments for compliance. Letter also sent to treasure vide 1328 dated Oct, 2 2025 In this regard the treasurer office submitted following response. Entire Procurement Process is based on Need Assessment and on Assessment Basis, no single purchase is made without recommendations of Need Assessment Committee constituted by the Registrar Office. Need Assessment Committee	***Evidence: pages 56*** ***OK*** ***IQC Review:*** ***EIR -Effective***

				also constituted for Teacher: Students ratio as per HED developed profarma and as per requirements of HEC. In addition, Space Allotment Committee also constituted to allot the available space for best utilization of resources.	
		Develop a formal policy/plan for revenue generation along with the student fee for smooth running of university operations and get it approved by the concerned body. ***[Actn: Registrar+Dir P&D+Deans Advisor:Treasure]***	**By 25-12-2025**	Letter sent to Directorate of planning & development vide 1331 dated Oct, 2 2025 for compliance. Letter also sent to treasurer office, vide 1328 dated Oct, 2 2025 in this regard the treasurer office submitted following response. As per directives issued by the Senate Hazara University in its 20th meeting held on 18 July, 2025 and as per HEDP framework, University developed a strategic plan of commercial activities to generate revenue. Major steps taken are establishment of Food point by department of Tourism, Guest House and establishment of physioFit Rehabitation Centre is in process. In addition, Investment committee also constituted by the Syndicate for investment of University funds.	***Evidence: pages 55 & 56*** ***IQC Review:*** The directives issued from Registrar Office to P&D vide 1331 and to Treasurer vide 1328. ***IQC Review:*** ***(LIR) – Progressive***
		Upgrade IT infrastructure to ensure reliable connectivity and backup systems. ***[Actn: Registrar & Dir IT]***	**IMMEDIATE.**	**Noted for compliance**	***OK***
		Replacement of outdated books with the newly updated books to Modernize library holdings ***[Actn: Librarian, Coord: Registrar]***	**PRIORITY**	Letter sent to librarian vide 1327 dated Oct 2, 2025 for compliance	***Evidence: pages 50*** Directives issued by Registrar vide 1327. Report due date from Library was 09-10-2025. Report still awaited/not submitted. ***IQC Review:*** ***AIR – Average/Ineffective*** **Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**

		Allocation of annual budget for the purchase of updated library materials to equip with the latest trends. ***[Actn: Treasurer & Registrar Coord: Librarian]***	**BY 15-01-2026**	Letter sent to treasurer office vide 1328 dated Oct 2, 2025 for compliance and treasurer office submitted following response. Sufficient Budget Provision is allocated in the Budget of FY 2025-26 to update and digitalization of main library. The library space is also equipped keeping in view the need of the students i.e special space is designed for study of disable persons, digital lab is fully equipped to facilitate the research activities.	***Evidence: pages 56*** ***OK*** ***IQC Review:*** ***EIR -Effective***
		MoUs should be initiated for strengthening industry linkages through active engagement and partnership programs. ***[Actn: Dir ORIC Coord: Registrar]***	**PRIORITY**	**Directorate of ORIC already doing** active engagement in this regard	***Evidence: list/Not provided*** ***IQC Review:*** ***AIR – Average/Ineffective*** **Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**
		Databases for QEC and ORIC must be established (based on modules at CMS) to facilitate them for best output for the university ***[Actn: Dir IT and Registrar]***	**Most urgent Compliance Not later than 15-11-2025**	Noted for compliance	***Evidence: Modules do not exist.*** No action taken in this regard. The CMS is used to obtained lists (various students/faculty etc), the rest all processing for different returns, issues, matters and submissions to HEC/HED are processed manually. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED in true spirit".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**
		Need-Assessment for the lab operational staff must be conducted for fulfillment of the requirements.	**PRIORITY**	Noted for compliance	***OK***

		[Actn: Registrar and Deans Concerned]			

STANDARD – 4: AUDIT AND FINANCE

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
4.	**4.1 COMMENDATIONS** The university has good financial overall. University is dependent on own sources mostly and revenue is generated from many sources and activities. University has well defined procedures for finance and other related activities. Formal alternate revenue generation plan is required.		-	-	-
	4.2 FINDINGS 4.2.1 Finance and Accounts department is performing and preparing the budget as well as financial forecast as required. 4.2.2 HEC requires at least 10% of the students with financial support including fee exemption and scholarships on a need basis, however, in HU the percentage is around 3%.		**To be noted**	-	-
	4.3 RECOMMENDATIONS 4.3.1 Expand financial aid programs to meet or exceed HEC's 10% benchmark.	A proper mechanism may be developed to meet the HEC's benchmark of 10% by expanding the Financial Aid Programs. ***[Actn: Director UFAO Coord: Registrar and Deans]***	**Within six months' time**	Noted for compliance	**OK** ***IQC Review:*** ***(LIR) – Progressive***
		Awareness sessions must be conducted for the students at departmental levels for clear understanding of the financial support and scholarships on need basis. ***[Actn: Director UFAO, Deans & Deprtt. Focal Persons]***	**Regular Basis**	Noted for compliance. Letter also sent to all Deans vide 1333 dated October 2, 2025 for compliance. Subsequently Dean Faculty of Arts and Dean Faculty of Natural & Computational Science issued the letter to their concerned Departments for compliance.	***Evidence: pages 54*** ***OK*** ***IQC Review:*** ***(LIR) – Progressive***

STANDARD – 5: AFFILIATED COLLEGES/INSTITUTIONS

SNo.	S-IPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
5.	**5.1 COMMENDATIONS** The Academic section look after the affairs of the Affiliated Colleges (Acs). University has approved colleges affiliation statutes. The faculty members and students from affiliated colleges are encouraged to participate in the seminars, workshops and conferences organized by the university. There is also Quality Enhancement Cell for Affiliated Colleges (QECAC) functioning effectively, however the project completed and formal approval for permanent QECAC does not exist.		-	-	-
	5.2 FINDINGS 5.2.1 27 colleges are affiliated with Hazara university the HEC affiliation policy is adopted. 5.2.2 Inspection committee and inspection procedures annual review are also taking place at regular interval guidelines are provided colleges for quality improvement. 5.2.3 QC chapter for affiliated colleges is established in Hazara university. 5.2.4 The representation to affiliated colleges in statutory bodies are not provided. 5.2.5 Exams are conducted as per the HEC guidelines. 5.2.6 Affiliation office is mixed with Academic Section, which has not focused on data collection and keeping watch on other activities (e.g. regular BOG meetings etc) due to heavy workload of the academic activities of the university, therefore a separately dedicated Affiliation Office or Section is required in the university. 5.2.7 During observation on transparency, the documentation shows that several cases for demand of information related to governance and management are kept pended and not replied/data not provided and more worrisome that the Khyber Pakhtunkhwa Right to Information Act is being complied in this regard.		**To be noted**	-	-
	5.3 RECOMMENDATIONS 5.3.1 Establish a dedicated affiliation office within the university (i.e. separate from Academic Section) under the Registrar of the University. 5.3.2 Structure, organization and terms of reference of the above-mentioned Affiliation Office to be	Establishment of a *"dedicated affiliation office"* under the Registrar, separating it from Academic Section. ***[Actn: Registrar]***	**Initiation 25-11-2025** **Formalities completion 31-03-2026**	**Letter sent to Deputy Registrar Academics vide** 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Academic section submitted following response. Proposal submitted to the Vice Chancellor for approval.	***Evidence: page 72*** Action initiated. ***IQC Review:*** ***(LIR) – Progressive*** **Follow up review:** **CAR date First week of July 2026, updated record to be included in IPER document for FY 2025-26**

	approved formally from relevant competent forum. 5.3.3 Separate the affiliation function from academic operations. 5.3.4 Provide representation to affiliated colleges in statutory bodies. 5.3.5 Ensure full compliance with the RTI Act by responding to all information requests in a timely manner in regard to affiliation/affiliated colleges issues.	The Affiliation Office and its structure, organization and terms of reference must be approved from the relevant forum/body. ***[Actn: Registrar]***	**BY 31-03-2026**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance.	***-do-***
		Proper and separate mechanisms may be developed for affiliation functions that should be apart from academic operations. ***[Actn: Registrar, Coord: DR(Acad/Affiliation)]***	**ATTENTIVE ACTION BY 31-03-2026**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance.	***Evidence: page 72*** Action initiated. ***IQC Review:*** ***(LIR) – Progressive*** **Follow up review:** **To be included in IPER document FY 2025-26**
		College's representation must be included in the statutory bodies and proper approval may be sought from the competent forum. ***[Actn: Registrar]***	**BY 31-03-2026**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance.	***OK*** *(LIR) – Progressive*
		Introduction of sub-portal for responding the information requests in a timely manner regarding affiliation/affiliated colleges issues in the University website as per 5.3.5. ***[Actn: Registrar & Dir IT]***	**IMMEDIATE AND PRIORITY**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Following response submitted by Academic section. The HEC has prepared an online portal for the subject purpose which is being updated by the University.	***Evidence: page 72*** The letter 1334 contains directives, action required in order to facilitate the stackholders/users of HU. The HEC portal is official usage data available only to the Focal Person on confidential account. Directives to IT directorate for handling the matter do not exist. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **CAR date 15 Feb 2026 to be presented to 6th IQC meeting.**

STANDARD – 6: INTERNATIONALIZATION OF HIGHER EDUCATION AND GLOBAL ENGAGEMENT

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
6.	**6.1 COMMENDATIONS** The university is promoting the integration of curriculum that should incorporate global issues, cross-cultural competence, and international standards to prepare students for diverse challenges and international contexts. University has signed MoUs with national organizations to boost academic and industry linkages. The University is constantly engaged in adopting digital technologies for virtual classrooms, online courses, and global e-learning aspects to enhance global collaboration, making education accessible and engaging despite geographical limitations.		-	-	-
	6.2 FINDINGS 6.2.1 International collaboration with the donor agencies and funding agencies hey well utilised institutional collaboration I'm agreements with similar universities at international level is weak. There is no dedicated office to collaborate and coordinate with the international partners with rest to student and faculty exchange programmes, staff and statutory position experience exchange program, joint and collaborative research, involvement of the international partners in academic improvement, and improvement in governance and quality assurance mechanism. 6.2.2 The quality enhancement cell s not being provided opportunities for international exposure and learning from the international best practices through physical or virtual participation in international QA networks, seminar, workshop, trainings. 6.2.3 HU is established for more than 2 decades. During this time sufficient efforts could have been initiated for international accreditation for example ABET, AACSB etc. At present there is no evidence of such accreditation being in process. 6.2.4 Student, faculty and staff exchange mechanism hey not developed due to wedge limited guidelines are available and no guidance with respect to encouraging students and faculty in academic mobility is evident. Due to wedge there is limited opportunities being exploited and no formal training or means of communication are available. 6.2.5 Hazara university participation in the ranking is encouraging at present staff from quality enhancement cell hey working on Sri international rankings. The staff training on international rankings is limited which limits the capabilities of the concerned staff.		**To be noted**	-	-

	6.3 **RECOMMENDATIONS** 6.3.1 Establish an international office or designate to any relevant section to manage global partnerships, student/faculty/staff exchange and collaboration. 6.3.2 Initiate processes for international accreditations such as ABET and AACSB. 6.3.3 Develop formal faculty and student exchange policies. 6.3.4 Provide QEC staff with training and exposure on international quality assurance practices. 6.3.5 Expand participation in international rankings. Training and visits of the staff concerned to the universities perform exceptionally well on the rankings.	A full-time Office of Global engagement may be established or designated to any relevant section to manage global partnerships, student/faculty/staff exchange and collaboration. ***[Actn: Registrar and Dir ORIC]***	**PRIORITIZE**	**Noted for compliance**	**OK**
		The Processes for International Accreditations must be initiated. ***[Actn: Registrar]***	**PRIORITIZE**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Following response submitted by academic section. Letter issued to all chairpersons/HODs for needful vide no. Acad 4(15)/HU-REG/2025/456 dated November 12, 2025	***Evidence: page 60*** *letter Acad4(15)/HU-REG/2025/461 dated 13 Nov 2025 copied to DQE.* Directives related to initiation issued. ***IQC Review:*** ***(LIR) – Progressive*** **Follow up review:** **To be included in IPER document FY 2025-26**
		Developing formal policies for faculty and student exchange at both national and international levels. . ***[Actn: Registrar, Dir ORIC and Deans]***	**BY 31-03-2026**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance	***Evidence: Nil*** *Compliance: Nil* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR – Poor*** **Follow up review:** **To be included in IPER document FY 2025-26**
		The QEC staff must be given the opportunities (Trainings) for getting the exposure on international quality assurance practices.	**ATTENTIVE**	Following Response is submitted by academic section.	***Evidence: Nil*** *Compliance: Nil, the observation relates to the QEC staff of HU and* ***not to the HEC staff.*** *Further esposure on*

		. ***[Actn: Registrar]***		The staff of the **HEC** has been nominated for International Trainings under the project of PANQAE	***international level*** *is taken up in the observation, the reply relates to national matter.* ***There does not exist any such project "project of PANQAE".*** (1) Rather PNQAHE is a national agency for networking the quality assurance institutions / practitioners / auditors in HE and according to the HEC directives Hazara University has obtained membership of it. (2) It arranges its annual/biennial conference and GBM where the HU team participates as member. (3) PNQAHE and other institutions arranges workshops/trainings on national level, the DQE team summaries for attending were not honoured by the management of HU for lack of finances since 2019. (4) In FY 2024-25 and since 2019 the international conferences missed for non support on financial base and the summaries never returned from the approving quarters. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR – Poor*** **Follow up review:**

					To be included in IPER document FY 2025-26
		For international ranking the visits of exceptional performing universities should be arranged for the staff concerned. . ***[Actn: Registrar]***	**PRIORITIZE**	Noted for compliance	**Noted**

STANDARD – 7: FACULTY RECRUITMENT, DEVELOPMENT AND SUPPORT SERVICES

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
7.	**7.1 COMMENDATIONS** There are well qualified PhD faculty members at university. The faculty is motivated to excel in the university. The faculty appointment/hiring process is comprehensively defined in the university statutes which is followed in true spirit. There is regular mechanism of faculty teaching/course evaluation that is carried out at the department level. However, the overall Annual Appraisal system does not exist in the university to judge the performance of teachers. A total of 60% of the faculty members hold PhD degrees. The university provides opportunities and encourages/facilitate faculty members to participate in professional training/workshops for their professional development that are organized at National/International level.		-	-	-
	7.2 FINDINGS 7.2.1 Faculty appointment according to the statutory provisions pand it is well documented. 7.2.2 For the newly hired faculty and staff there is a lack of orientation mechanism an orientation policy. It is very important for the universities to provide orientation that ensures all faculty members have mandatory advance knowledge of the university governance structure, about the act, statutes, rules and regulations, and communication as well as pedagogical skills. 7.2.3 Faculty development policy non existing due to wage institutional mechanism to provide necessary facilities and support to the faculty for career development training and capacity building is limited. 7.2.4 Faculty engagement with the industry his limited, a handful number of faculty out of 390 faculty hey having any or connection with the industry which effects the capability of faculty 2 provide contemporary and industrial driven knowledge and skills students. 7.2.5 Merely any faculty is having active research project. The performance over the past 5 years with reference to research project awarded by any donor agency is very limited. For example, in 2018 only one project was awarded. In 2021, 3 projects were awarded while in 2022, 12 projects were awarded. 2023-24 only 4 projects were awarded while in 2025 only one project has been awarded. Numbers in comparison to 390 faculty is not encouraging. Similar pattern is evident in conferences, workshops, trainings, community engagement and related activities.		**To be noted**	-	-

	7.2.6 Visiting faculty load is high while the regular faculty was underload as per the record of the course surveys and CMS.				
	7.3 RECOMMENDATIONS 7.3.1 Develop and implement an orientation policy for new faculty and staff. 7.3.2 Establish a comprehensive faculty development policy. 7.3.3 Increase faculty engagement with industry. 7.3.4 Encourage faculty participation in research projects. 7.3.5 One publication as first author to be made mandatory for annual increment. 7.3.6 Review faculty workload distribution to balance teaching between regular and visiting faculty. 7.3.7 Introduce annual appraisal scheme of teachers in the university.	The university may constitute committee(s) to frame the following policies: a. Faculty Orientation Policy b. Faculty Training and Development Policy ***[Actn: Registrar]***	**BY 15-12-2025**	Policy already drafted & complied by the committee and approved by the Academic Council in its 34th meeting . Copy attached	***Evidence: Nil (attachment: NIL)*** *Compliance: Nil* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **(1) Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting and** **(2) also to be made part of IPER document FY 2025-26.**
		Developing a mechanism where faculty members can easily engage with industry in accordance with their research interest. ***[Actn: Dir ORIC Ensure: Registrar]***	**PRIORITIZE ACTION**	Noted for compliance	***Evidence: Nil*** *Compliance: Nil* (1) Noted for compliance, action reflects nil. (2) The mechanism require to be developed and notified on priority basis as early as possible. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **(1) Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting and**

					(2) also to be included in IPER document FY 2025-26
		Prepare a system for faculty maximum participation in getting the research projects. ***[Actn: Dir ORIC Ensure: Registrar & Deans]***	**PRIORITIZE ACTION**	Noted for compliance	***Evidence: Nil*** *Compliance: Nil* (1) Noted for compliance, action reflects nil. (2) The system require to be developed, converted into written policy or to be notified on priority basis as early as possible. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting and**
		For faculty annual increment One publication as FIRST Author to be made mandatory. ***[Actn: Registrar, Deans and Chiarpersons]***	**ATTENTIVE POLICY DECISION** **25-12-2025**	Response submitted by academic section . Needs the amendment in the policy. The matter will be placed before the relevant forum for appropriate decision.	***Evidence: Nil*** ***Response: Unsatisfactory*** ***Action: Nil*** The policy TITLE is not mentioned in which amendment is required? Several meetings of the authorized forums held the matter was not produced. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor***

					Follow up review: **(1) Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting and** **(2) also to be included in IPER document FY 2025-26**
		The faculty teaching/work load distribution must be reviewed. SEE 7.3.6 ***[Actn: Dean/Chairperson, DR(A)]***	**PRIORITIZE ACTION**	The faculty teaching/work load distributed as per HEC Policy	***Evidence: required.*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		Annual appraisal scheme of teachers may be introduced as per 7.3.7. ***[Actn: Registrar in consultation with Deans]***	**ATTENTIVE YEARLY BASE BY 31-12-2025 Each year**	Following response submitted by academic section. The required proforma has been prepared and will be placed before the ensuing meeting of Syndicate for approval. Hard PAGE-62	***Evidence: 62-65*** ***Compliance:*** *initiated* ***IQC Review:*** ***(LIR) – Progressive*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**

STANDARD – 8: ACADEMIC PROGRAMMES AND CURRICULA

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
affiliation8.	**8.1 COMMENDATIONS** The departments, through departmental committees design the academic programs offered by university. Courses are designed in the light of HEC approved curricula and sent for approval of programs to academic council. The final approval of the program is granted by Syndicate. Curricula are not revised for long. Master copies of curricula and approved schemes of studies are not available in relevant offices i.e. Academic Section and Directorate A&R.		-	-	
	8.2 FINDINGS 8.2.1 Hazara university has well established academic rules and regulations. These rules and regulations are reviewed and improved regularly. 8.2.2 The curriculum is approved from all statutory bodies and revised as per the NCRC guidelines. However, involvement of relevant industry and other stakeholders is very limited. 8.2.3 Research & publication policy related to Advance/Graduate studies and its publishing alongwith the graduate scholars ethics and supervisory ethics does not exits and COPE committee is not notified. 8.2.4 Inclusion of the input from faculty (course review) and students (course review) are not taken into consideration during preparation for the review and revision of the curriculum. Both surveys are conducted by QEC and accessible to the departments. 8.2.5 Skill assessment e.g. critical thinking, creativity, collaboration, communication, etc. are assessed as a part of curriculum. However, these assessments may require other mechanism to track progress of the individual students. These skillsets are essential demand of the industry which may not be reviewed in the traditional grading system. 8.2.6 Curriculum approved by the statutory bodies has not been recorded in the academic section and neither available in the Directorate of academic & Research. Master files of all approved curriculum for correspondence and proper record keeping in the registrar office (relevant section) are required in sequence yearwise or approval date-wise. 8.2.7 Mission, PLOs and PEOs are reported in SAR (PREE), however, attainment of the PLOs and PEOs is not reported. For example, graduating survey, alumni survey, and employer surveys are fundamental to review PEOs' attainment progress.		**To be noted**		

	8.2.8 New programs i.e. BS Statistics with Data Science and BS Mathematics with Finance has a nomenclature not aligned with NQF and deviation from the degree nomenclature guideline of HEC. 8.2.9 BS-Forestry has been commenced/offered under the department of Botany, for which prior commencement the accreditation with the relevant Council (NAEAC) is required. Further, the main Main-field of Forestry is "Agriculture, forestry, Fisheries and veterinary" and does not fall under relevance of the Botany which is itself narrow field of Biological Sciences. Hence the relevancy of teachers & program are required to be done by the University relevancy/feasibility committee in formal manner.				
	8.3 <u>RECOMMENDATIONS</u> 8.3.1 Involve industry stakeholders in curriculum development. 8.3.2 Incorporate faculty and student feedback in curriculum revisions. 8.3.3 Develop mechanisms for tracking skill attainment. 8.3.4 Maintain a centralized master file of approved curricula in the academic section. 8.3.5 Scan copies to the Master copies to be kept on HU-web/CMS. 8.3.6 Conduct surveys to measure PLO and PEO attainment. 8.3.7 Align program nomenclature with HEC guidelines. 8.3.8 Seek required accreditations for all existing programs and seek it for new programs before commencement. 8.3.9 75% attendance is mandatory requirement of HEC. The same reflected in uniform semester guidelines is adopted, however, it is not practiced. It is recommended ensure compliance of the HEC policy. 8.3.10 Relative grading system for the class strength above 20 students	The stakeholders from the industry should be the members of Curriculum Development Committee for aligning the curriculum with the industry's needs and requirements. ***[Actn: Registrar]***	**PRIORITIZE ACTION**	**Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Following response submitted by academic section.** There is a BOS for each department which can, and which are co-opting stakeholders from the industries for development of the curriculum to cope with their needs	***Evidence: not provided*** *Compliance: initiation claimed* ***<u>IQC Review:</u>*** ***(LIR) – Progressive***
		The university may frame **"Curriculum-Review-Policy"** to streamline the review of the academic programs regularly. The policy may cover the consideration of teacher and student feedback. ***[Actn: Registrar and DR (Acad)]***	**Within three months** **By 25-12-2025**	**Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance.** **Academic Section constituted a committee vide 459 dated 13 Nov , 2025.** Hard PAGE-62	***Evidence: 58l*** *Compliance: target not achieved. Committee for framing policy notified.* ***<u>IQC Review:</u>*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***<u>IQC Review:</u>*** ***AIR – Average/Ineffective*** **<u>Follow up review:</u>** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		Development of mechanisms for tracking skill attainment for identifying, cataloging, and monitoring skills within an individual and organization to create a dynamic	**IMMEDIATE**	**Noted for compliance**	***Noted*** For graduate students/scholars the supervisory system exists and six-monthly

	may be considered as per the HEC guidelines.	record of capabilities, identify gaps, and plan for future development ***[Actn: Registrar]***			progress reports mentios & describes such capabilities of the student/scholar. For UG students a mechanism is required specially in fields where technical work exists (e.g. Computers, softwares, medical techs, etc).
		A centralized Master File of approved curricula must be retained with the Academic-Section of the University. ***[Actn: Registrar]***	**HIGH PRIORITY FOCUS ACTION**	Following response submitted by academic section Advisory issued to Director IT Hard PAGE-61	***Evidence: 61*** *Compliance: Nil* The MASTER-FILE in hard relates to the Academic Section and not to the Director IT. If the MF is scanned, for keeping/uploading on web/CMS then shall be referred to Dir IT for action only. **1st action:** preparation of MF by Academic Section/Dir A&R **2nd action:** uploading by Dir IT on web/CMS ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **(1) Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting and** **(2) to be included in IPER document FY 2025-26**
		Scan copies of the approved curricula to be uploaded on the University website and CMS for the information of public and all stakeholders.	**IMMEDIATE**	Following response submitted by academic section. Advisory issued to Director IT vide 462 dated November 13, 2025.	***-do-***

		[Actn: Director IT Ensure: Registrar]		Hard PAGE-61	
		Surveys must be conducted to measure the Program Learning Outcomes (PLOs) and Program Educational Objectives (PEOs). ***[Actn: Deans and Chairpersons Coord: Registrar]***	**By the end of each semester Regularly**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Following response submitted by academic section. Advisory issued to Director IT vide 462 dated November 13, 2025. Hard PAGE-61	***Evidence: 61*** *Compliance: Action/Committee claimed* ***IQC Review:*** ***Limited Improvement Required (LIR) – Progressive*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		A report shall be prepared by academic section of the university for "Aligning the Nomenclature of all degree programs with HEC guidelines (NQF & PQR)". ***[Actn: Registrar]***	**ATTENTIVE COMPLIANCE By 25-12-2025**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Committee constituted by the academic section.	***Evidence: not provided*** *Compliance: Report of the committee awaited.* **Convener:** Dean Concerned **Secretary:** Registrar/Nominee **Due date in Notification:** Not given? ***IQC Review:*** ***(LIR) – Progressive*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		A committee comprise of Concerned Dean, Director A&R, Director QE, Controller of Examination and officers from Registrar office may prepare "Academic Programs Accreditation Report" covering the status of existing programs and all the new programs planned for future before launch and submit their	**BY 25-12-2025**	Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Academic Section constituted a committee vide 458 dated Nov 13, 2025 Hard PAGE-57	***Evidence: 57*** *Compliance: Report of the committee awaited.* **Convener:** Dean Concerned **Secretary:** Registrar/Nominee **Due date in Notification:** Not given? ***IQC Review:***

		recommendations to competent forum. ***[Actn: Registrar]***			***Limited Improvement Required (LIR) – Progressive*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		The Chairmen must ensure a. The mandatory attendance requirement of HEC for students before appearing in final exams. b. 75 % attendance policy is in practice. ***[Actn: Chairperson, Deans Coord: Registrar]***	**Before the Examination in each semester**	ALL academic departments of the university follow the mandatory attendance requirement of HEC for students before appearing in final exams	***OK*** *EIR -Effective*
		Relative grading system may be considered as per HEC policy SEE. 8.3.10. ***[Actn: Deans and Chairperson]***	**ATTENTIVE**	**Noted for compliance**	***OK*** Already HU has adopted the HEC semester rules policy. *EIR -Effective*

STANDARD – 9: ADMISSION, PROGRESSION, ASSESSMENT AND CERTIFICATION

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
9.	**9.1 COMMENDATIONS** The university has well-defined and approved policies for admission of students in different academic programs. The university has a well-established Admission and Student Affairs office responsible for contacting prospective students individually through various means, i.e messaging and use of social media. There is also a good mechanism for the award and disbursement of scholarships and financial aid for students through different donor agencies.		-	-	-
	9.2 FINDINGS 9.2.1 Admission mechanism is standardized and compatible with the institutional mission and objectives. The system is transparent and reliable. 9.2.2 Admission strategy/policy is not devised. Similarly, the marketing strategy is not explicitly drafted in accordance with the university's strategic plan. 9.2.3 The course drop (withdrawal) ratio in fall-2024 and spring 2025 is high. 1047 students dropped students as per the provided list from CMS. The number is quite high and requires further investigation. 9.2.4 Retention rate in some departments e.g. Conservation studies, Education, Tourism & Hospitality, Pharmacy (no data), Zoology, and Physics is in double digits (more than 10%). Fact finding committee under the Deanship to probe the matter after discussion with the dropped students. 9.2.5 Pharmacy program/department record is not available/updated on CMS related to all matters.		**To be noted**	-	-
	9.3 RECOMMENDATIONS 9.3.1 Develop a formal admission strategy. 9.3.2 Prepare a marketing plan aligned with the strategic plan. 9.3.3 Investigate high course drop rates. 9.3.4 Identity and address causes of low retention in specific departments.	Development of a formal and clear admission strategy that shall be aligned with Graduate Education Policy (GEP) and Undergraduate Education Policy (UEP). ***[Actn: Dir SSC and Provost Ensure: Registrar]***	**ON PRIORITY By 31-12-2025** **PRE-ADMISSION ACTIVITY**	Letter sent to provost vide 1508 dated oct 29, 2025 for compliance. Letter sent to Director SSC vide 1330 dated Oct, 2, 2025 for compliances' and SSC submitted following response. Hard PAGE-69 Development of Formal and Clear Admission Strategy Aligned with GEP and UEP In compliance with the observation made under S-RIPE 2024–2025, a formal and transparent	***Evidence: pages 66-71*** *Compliance:* ***OK*** *strategies framed.* **To be notified formally from Registrar office.** ***IQC Review:*** ***EIR -Effective***

	9.3.5 Pharmacy department/program formal data to be kept on CMS.			Admission Strategy to ensure that all admission processes are consistent with the principles and guidelines outlined in the Graduate Education Policy (GEP) and the Undergraduate Education Policy (UEP) of the Higher Education Commission (HEC). The Admission Strategy aims to promote merit, equity, transparency, and accessibility in the admission process across all programs offered by the University. The key components of the strategy are as follows: 1. **Policy Alignment and Standardization** Admission criteria, procedures, and timelines have been standardized in accordance with the provisions of GEP and UEP. All faculties and departments are required to strictly adhere to the approved admission policy and merit determination criteria. 2. **Admission Planning and Governance** An Admission Committee has been constituted at the University level to oversee the admission process, ensure policy compliance, and recommend necessary improvements. Each department is responsible for implementing the approved strategy	

				under the supervision of the Faculty Dean and the Admissions Office. 3. **Merit-Based and Transparent Selection** Admissions are granted purely on merit as per the prescribed eligibility and evaluation criteria. Graduate admissions (MS/MPhil and PhD) are conducted through an Entry Test and Interview in accordance with GEP. Undergraduate admissions follow UEP guidelines, ensuring equal opportunity for all applicants. 4. **Digitalization and Monitoring** The University's Campus Management System (CMS) is used for online application submission, merit generation, and record keeping ensuring efficiency and transparency. Periodic monitoring and evaluation of admission data are conducted to maintain quality and fairness. 5. **Communication and Outreach** The Admission Office, in collaboration with the Centralised Admissions Committee, undertakes outreach initiatives, including digital campaigns, brochures, and open-house sessions to	

				inform prospective students about available programs and procedures. 6. **Admissions Facilitation and Support Mechanism** To ensure smooth and efficient implementation of the admission process, a dedicated Admissions Facilitation Team has been established under the Student Services Centre (SSC). This team comprises trained SSC employees along with selected student volunteers who assist prospective applicants and visitors throughout the admission process. All applicant queries are addressed promptly through dedicated telephone lines, mobile numbers, official email accounts, and social media platforms. This multi-channel communication ensures timely and accurate responses, thereby enhancing the applicant's experience and promoting transparency and accessibility in the admission process. The team provides on-ground and online support for: • Guidance in online application submission and document uploading.	

				• Assistance to visitors during campus visits; and facilitation of communication between applicants and the relevant academic departments. 7. **International and Special Admissions** A framework for international and quota-based admissions has been incorporated, ensuring that such admissions also comply with the principles of GEP and UEP. 8. **Documents Verification Process** Admissions are initially granted provisionally and confirmed after the verification of documents by the office of the provost. The documents verification started after the closing of admissions. Physical files are prepared at the office of SSC (Admissions office) and handed over to the provost office for verification and physical record. The provost office 9. **Continuous Review and Improvement** The admission strategy will be reviewed annually to incorporate feedback, evolving policy directions, and best practices in higher education admissions. This structured and policy-aligned admission strategy ensures that Hazara University's	

				admission processes are **consistent, transparent, and compliant** with the Graduate and Undergraduate Education Policies, thereby upholding the University's commitment to quality education and inclusivity.	
		The university may prepare the marketing plan that will be aligned with the Strategic Plan of the University. ***[Actn: Registrar]***	**BY 20-01-2026**	**Noted for compliance**	***Evidence: Nil*** *Compliance: Nil* **Strategic plan of the university does not exist since 2024 onward, hence marketing plan is also a querry?** ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		A committee may be constituted for investigation of high course drop rate and will prepare the report/recommendations for overcoming the high drop rate. ***[Actn: Registrar]***	**IMMEDIATE**	**Academic section constituted a committee vide 460 dated November 13, 2025, for compliance .** Hard PAGE-59	***Evidence: page 59*** *Compliance: Report of the committee awaited* **Convener:** nil **Secretary:** Registrar/Nominee **Due date in Notification:** Not given? ***IQC Review:*** ***(LIR) – Progressive*** **Follow up review:**

					Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting
		A committee may be constituted to identify and address the causes of low retention in specific departments and submit their recommendations accordingly. ***[Actn: Registrar]***	**BY 20-02-2026**	**Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance.**	***-do-***
		Pharmacy department/program formal data to be kept on CMS. ***[Actn: Dir IT Ensure: Registrar]***	**IMMEDIATE ON PRIORITY**	**Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance.**	***Evidence: Nil*** *Compliance: Nil* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**

STANDARD – 10: STUDENT SUPPORT SERVICES

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
10.	**10.1 COMMENDATIONS** The university has formulated student-related policies viz. admission policy, student guidelines etc., through statutory process. These policies are being reviewed and are also being updated frequently. The University has an active web portal for online admission from the year 2020 and admissions via online system has been processed successfully. There is Provision of curricular and co-curricular facilities/resources (libraries, computer labs, recreation, hostel, mess and sports facilities etc.), invitations to events, and participation in activities to all the students irrespective of the program/area of study and without any discrimination. The policy of awarding scholarships is available and implemented by the Finance office in coordination with departments. Financial aid programs, scholarships and grants do exist. Feedback from course evaluation, teacher evaluation is conducted by the respective departments with the facilitation from the QE directorate.		-	-	-
	10.2 FINDINGS 10.2.1 Students are the major stakeholder as per the PSG-2023. Engagement of students in committees at departmental level and university level is recommended under PSG. At present, student involvement is limited. 10.2.2 SCALE is not notified. 10.2.3 Student support services review and progress review are not conducted. Periodic review and decision-making process helps in improving support services. 10.2.4 Formal mechanisms to solicit and take account of student and other stakeholder feedback are missing. 10.2.5 Hazara University has thousands of graduated students. The alumni engagement, including alumni association, is weak. Hazara University has very limited record of graduated students and weak bonding with alumni. Extensive involvement and engagement with alumni are highly beneficial for the university and students. 10.2.6 Records of the employers of the alumni are not provided.		**To be noted**	-	-
	10.3 RECOMMENDATIONS 10.3.1 Increase student representation in committees. 10.3.2 Notify and operationalize SCALE.	Devise a system for representation of students in committees concerning students matters. It will help in minimizing the conflicts of students. **[Act: Registrar, Deans and Chairperson]**	**Regular feature**	**Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance.** **Following response submitted by academic section.** **Noted for compliance**	***Evidence: Not provided*** ***Compliance:*** *Nil* ***IQC Review:***

	10.3.3 Conduct periodic reviews of student support services. 10.3.4 Establish formal feedback mechanisms for students. 10.3.5 Create and maintain an alumni database and prepare action plan for alumni engagement. 10.3.6 Internship arrangements has become a major challenge for the universities. CCPC has limited capacity to facilitate student placement. The role of ORIC linkages office and faculty advisors is important in ensuring internship placement. A framework may be devised for smooth functioning. 10.3.7 Classroom audits by Deans is suggested on on-going basis to provide timely feedback to the faculty. 10.3.8 The Deans and HoDs may conduct random classroom visits to ensure conducive learning environment.				**In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		The policy for **Student Council for Academic Learning & Enhancement (SCALE)** has been framed by a committee and submitted to Registrar for approval. The SCALE shall be notified and operationalized accordingly. **[Act: REGISTRAR Coord: Deans & Chairperson]**	**BY 10-11-2025**	**Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance.**	***Evidence: Not provided*** ***Compliance****: Nil* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		Periodic surveys and review reports of Student Support Services may be prepared and published by Student Support Services section. **[Act: Dir SSC Coord: Registrar]**	**First report By 31-12 2025 and onward periodically**	**RESPONSE SUBMITTED BY SSC. AVAILABEL AT ANNEXURE**	***Evidence: page 66-77 does not contain the survey/review reports. Rather is policy document.*** *Compliance: Nil* The periodic report(s) as per the annexed policy documents is required to be prepared, approved from the competent authority and during the University annual review to be presented to the RIPE/SRIPE ppanel. The same reports not available in order to enhance the performance by

					removing the loop holes via corrective measures. Without review improvement is impossible. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		The Feedback system for students is available on CMS which needs to be properly monitored by Chairpersons and Deans and further prepare the reports for the student's feedback results. **[Act: Chairpersons and Dean Ensure: Registrar]**	**First report By 31-12 2025 and onward periodically**	**Noted for compliance**	***OK*** ***Regular feature.***
		(1) The office of Alumni Association may be created. (2) Maintain alumni database and prepare action plan for alumni engagement in different activities. **[Act: Incharge Alumni Office Coord: Registrar]**	**By 25-12-2025**	The office of Alumni Association already available.	***(1) OK*** ***(2) Needs focus for improved working.***
		A framework may be devised for smooth functioning of Internship arrangements. The role of CCPC, ORIC linkages office and faculty advisors may be defined as which is important in ensuring internship placement **[Act: Incharge CCPC and Registrar**	**By 15-02-2026**	**Noted for compliance**	***Noted.***

		Coord: Dir ORIC & Faculty Advisors]			
		a. Dean's directives to be issued to its Faculty's Chairpersons/HoDs to conduct random classroom visits to ensure conducive learning environment and b. The Dean conducts the Classroom Audits on an ongoing basis to provide timely feedback to faculty. c. The Deans submits the consolidated report of classroom visits/audits to the Vice Chancellor. **[Act: Dean(s) of each faculty]**	**Regular Feature** **Report BY 31 Dec 2025**	**?**	***The observation is not responded.*** ***Evidence: Deans reports signed by Vice Chancellor required.*** *Compliance: Nil* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**

STANDARD – 11: IMPACTFUL TEACHING AND LEARNING AND COMMUNITY ENGAGEMENT

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
11.	**11.1 COMMENDATIONS** The university has well-managed and well-maintained teaching facilities such as classrooms, libraries (including centralized digital library), laboratories, grounds, material, technology etc. The university is fully equipped with cost-effective resources but also to be quality controlled and well-maintained departments. Self-assessment report of academic programs is available and regularly monitored. Multiple Scholarships are available and processed through a centralized financial aid office.		-	-	
	11.2 FINDINGS 11.2.1 Enabling environment to support teaching with technology is essential for learning using modern teaching pedagogies. However, the classrooms are not equipped with digital tools for teaching. 11.2.2 Hazara University has only one smart classroom. 11.2.3 Old books in the library. No recent purchases have been made in the last three years. 11.2.4 Efforts are being made to educate students about SDGs and the university is also participating in the impact ranking.		**To be noted**		
	11.3 RECOMMENDATIONS 11.3.1 Increase the number of smart classrooms. 11.3.2 Upgrade digital teaching tools in the existing classroom. 11.3.3 Increase access to modern learning resources. 11.3.4 Prepare action plan to shift towards paperless environment as compliance with the sustainability practices. 11.3.5 Training need assessment of the administrative staff and officers is	Smart Classrooms are not enough an urgent need of more smart classrooms is required. ***[Actn: REGISTRAR & Dir IT]***	**IMMEDIATE ON PRIORITY**	**Letter sent to Deputy Registrar Academics vide 4(2)HU/REG/2025/1334 dated OCT 2, 2025 for compliance. Following response submitted by academic section.** Advisory issued to Director IT vide 462 dated November 13, 2025.	***Evidence: page 61*** *Compliance:* **Action:** Advisory issued ***IQC Review:*** **Compliance awaiting** ***IQC Review:*** ***(LIR) – Progressive*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**

	recommended for onward capacity building.	University may develop a mechanism for upgradation of digital teaching tools in the existing classrooms and to increase the access to modern learning resources as described in 11.3.2 & 11.3.3. ***[Actn: Dir IT Coord: Deans & Registrar]***	**BY 31-03-2026**	**?**	***Not responded?*** ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		Development of policy towards paperless environment as mentioned in 11.3.4 and get it approved by the bodies. ***[Actn: Registrar]***	**BY 20-01-2026**	**Noted for compliance**	***Noted***
		A proper mechanism must be developed for training need assessment of administrative staff and officer for capacity building. ***[Actn: Registrar & Dir Training]***	**IMMEDIATE ON PRIORITY and onward periodically**	**Already in practices**	***Evidence: Nil*** The written duly approved mechanism (policy) does not exist. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**

STANDARD – 12: RESEARCH, INNOVATION, ENTREPRENEURSHIP AND INDUSTRIAL LINKAGE

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
12.	**12.1 COMMENDATIONS** The university has established the Office of Research, Innovation, and Commercialization (ORIC) which effectively facilitates faculties' as well as students in research contributions. The office assesses the faculty's engagement in continuing education activities, such as attending conferences, workshops, and pursuing additional certifications. Encourage lifelong learning and professional growth to stay abreast of emerging trends and technologies in all disciplines. It also recognizes the faculty's involvement in community outreach programs, volunteer initiatives, and public awareness campaigns. Highlight their contributions to addressing disparities, promoting education, and improving access to services in underserved areas.		-	-	-
	12.2 FINDINGS 12.2.1 ORIC is not yet registered with HEC. Moreover, the BIC registration is also pending. 12.2.2 ORIC has not prepared policy on research, innovation, and entrepreneurship. 12.2.3 Intellectual property rights policy is in draft stage. 12.2.4 Research ethics policy is not approved. 12.2.5 Research integrity policy is not approved. 12.2.6 Spinoff policy for staff and faculty is not prepared. 12.2.7 Industrial linkages record is incomplete and communication with the departments is limited. The activities organized and conducted by the departments with the industry are not shared with ORIC office. Mechanisms for centralized databases is not defined. 12.2.8 ASRB is actively performing the tasks as per requirements. 12.2.9 Training for the research students and research related workshops is limited. 12.2.10 Training on patent filing is not conducted. 12.2.11 Support from ORIC for the faculty to write winning research proposals for the award of projects from the donor agencies and industry are not evident.		**To be noted**	-	-
	12.3 RECOMMENDATIONS 12.3.1 Register ORIC and BIC with HEC.	The University to ensure that ORIC and BIC are registered with HEC. . ***[Actn: Registrar & Director ORIC]***	**IMMEDIATE ON PRIORITY**	Letter sent to Director ORIC vide 1332 dated Oct , 2, 2025 for compliance.	***Evidence: page 53*** *Action: Directives issued* Compliance: required ***IQC Review:***

	12.3.2 Approve and implement research, innovation, and entrepreneurship policies. 12.3.3 Finalize Institutional research ethics and research integrity policies. 12.3.4 Develop a spinoff policy for staff and faculty. 12.3.5 Establish a centralized database for industry linkages. 12.3.6 Provide training in research proposal writing. 12.3.7 Conduct workshops on patent filing. 12.3.8 Increase institutional funding and external funding opportunities for faculty-led research projects. 12.3.9 Establish a grant-matching program to encourage external funding applications. 12.3.10 Create annual targets for peer-reviewed research publications. 12.3.11 Partner with industry to co-develop research projects addressing market needs. 12.3.12 Maintain a publicly accessible database of completed and ongoing research projects. 12.3.13 Organize research collaboration forums to connect faculty with industry partners. 12.3.14 Provide dedicated administrative support for grant and project management under ORIC. 12.3.15 ORIC in collaboration with the departments may devise plan for commercialization of the assets e.g. labs and infrastructure.				**In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***AIR – Average/Ineffective*** **Follow up review:** **Compliance required to be made part of IPER document FY 2025-26**
		The Research, Innovation, and entrepreneurship policies need to be approved from the concerned bodies and university to ensure their implementation in true letter and spirit. ***[Actn: Director ORIC, Coord: Registrar]***	**REQUIRED TO COMPLY BY 25-02-2026**	Letter sent to Director ORIC vide 1332 dated Oct , 2, 2025 for compliance.	***Evidence: nil*** *Action: Directives issued* Compliance: Nil ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** *AIR – Average/Ineffective* **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		The University's Research Ethics and Research Integrity Policies need to be finalized. This will enhance the university's research infrastructure, facilitate interdisciplinary collaboration, and promote innovative-driven solutions to address business challenges. This will also help address plagiarism prevention, intellectual property rights issues, and strengthen interdisciplinary collaboration. ***[Actn: Dir ORIC and Dir A&R,***	**IMMEDIATE ON PRIORITY** **Not later than 20-11-2025**	Letter sent to Director ORIC vide 1332 dated Oct , 2, 2025 for compliance.	***Evidence: Nil*** ***Action related to framing of policies: Nil*** The Research policy specific to the graduate studies is mandatory requirement according to the PSG-2025. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:***

	12.3.16 Research grants and funding for the student to conduct research may be devised in consultation with the departments under R&D fund.	***Consultation: Registrar]***			***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		Development of Spinoff Policy for staff and faculty. ***[Actn: Registrar and Deans]***	**BY 10-03-2026**	**Noted for compliance**	**Noted** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		The ORIC may establish a centralized database for industry linkages. ***[Actn: Director ORIC]***	**BY 10-03-2026**	Letter sent to Director ORIC vide 1332 dated Oct , 2, 2025 for compliance.	***Evidence: Nil*** *Directives issued.* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***AIR – Average/Ineffective*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		The ORIC may organize training and workshops for the faculty members to motivate them to register more patents and for research proposal writing. SEE 12.3.6 & 12.3.7 ***[Actn: Director ORIC Consultation: Dir Training]***	**BY 25-02-2026 and onward periodically**	Letter sent to Director ORIC vide 1332 dated Oct , 2, 2025 for compliance.	***Evidence: Nil*** *Directives issued.* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***AIR – Average/Ineffective***

					Follow up review: **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		University may increase institutional funding and external funding opportunities for faculty-led research projects and establish a grant-matching program to encourage external funding applications. ***[Actn: Director ORIC Coord: Registrar & Deans]***	**ATTENTIVE**	Letter sent to Director ORIC vide 1332 dated Oct , 2, 2025 for compliance.	***Evidence: Nil*** *Directives issued.* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***AIR – Average/Ineffective*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		A system must be devised to Create annual targets for peer-reviewed research publications and to Partner with industry to co-develop research projects addressing market needs. ***[Actn: Registrar]***	**BY 20-11-2025**	**Noted for compliance**	***Noted for compliance*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		ORIC may develop and maintain a publicly accessible database of completed and ongoing research projects. ***[Actn: Dir ORIC Consultation: Dir IT & Registrar]***	**BY 10-03-2026**	Letter sent to Director ORIC vide 1332 dated Oct , 2, 2025 for compliance.	***Evidence: Nil*** *Directives issued.* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***AIR – Average/Ineffective*** **Follow up review:**

					Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting
		University may organize research collaboration forums to connect faculty with industry partners for winning the more opportunities and projects. ***[Actn: Dir ORIC Consultation: Dir IT & Registrar]***	**ATTENTIVE and complied periodically**	Letter sent to Director ORIC vide 1332 dated Oct 2, 2025 for compliance.	***Evidence: Nil*** *Directives issued.* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***AIR – Average/Ineffective*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		University must provide dedicated administrative support for grant and project management under ORIC. ***[Actn: Registrar Consultation: Dir ORIC]***	**IMMEDIATE ON PRIORITY**	**Noted for compliance**	***Noted for compliance*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		ORIC may devise plan for commercialization of the assets e.g. labs and infrastructure in collaboration with the departments. ***[Actn: Dir ORIC Consultation: Deans, Chairpersons & Registrar]***	**BY 10-03-2026**	Letter sent to Director ORIC vide 1332 dated Oct , 2, 2025 for compliance.	***Evidence: Nil*** *Directives issued.* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***AIR – Average/Ineffective*** **Follow up review:**

					Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting
		The university may devise a system in consultation with the departments under R&D fund about Research grants and funding for the student to conduct research. ***[Actn: Registrar Consultation: Dir ORIC, Deans & Chairpersons]***	**Priority**	**Noted for compliance**	***Noted for compliance*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**

STANDARD – 13: FAIRNESS AND INTEGRITY

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
13.	**13.1 COMMENDATIONS** The university ensures ethical values when dealing with stakeholders through direct communication and approved fair, and transparent procedures. The university has established faculty/student grievance committee, has adopted the HEC's Plagiarism policy, is duly in place and has also implemented the HEC's approved software "Turnitin" for checking similarity index of faculty and students works. Departmental level constituted Grievance committees addresses grievances of students. Research Culture in the university is prevailing in the university. The university embeds a clear policy of equality and diversity covering recruitment, admission, retention, promotion, and disciplinary processes for students.		-	-	-
	13.2 FINDINGS 13.2.1 Complaint mechanisms and TORs are not available on the website. Similarly, the notification of grievance redressal of students, faculty, and staff is not available. 13.2.2 RTI and citizen portal complaints are not addressed timely.		**To be noted**	-	-
	13.3 RECOMMENDATIONS 13.3.1 Publish grievance committee details and TORs online. 13.3.2 Grievance redressal time period of 07 working days as per government policy to be fully complied. 13.3.3 Improve response times for RTI and citizen portal complaints. 13.3.4 KPIC response time to be fully complied.	Grievance Redressal committee should widely be publicized online along with its TORs among the stakeholders. The complaint/grievance may be dealt based on first cum first serve and the grievance redressal time period of 07 working days must be fully complied as per Government Policy. ***[Actn: Registra]***	**MUST-ACTION BY 15-02-2026**	**Noted for compliance**	***Evidence: Nil*** **MUST ACTION was required and not noting item.** ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		University may Improve response times for RTI and citizen portal	**BY 25-02-2026 and**	**Noted for compliance**	***Evidence: Nil*** ***Report: Not published***

		complaints and publish a consolidated report for the knowledge of General Public. ***[Actn: Registrar]***	**onward periodically**		***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		Khyber Pakhtunkhwa Information Commission-KPIC response time must be fully complied with by the University. ***[Actn: Registrar]***	**ATTENTIVE and MUST compliance**	**Noted for compliance**	***Noted*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**

STANDARD – 14: PUBLIC INFORMATION AND TRANSPARENCY

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
14.	**14.1 COMMENDATIONS** The university Act/ statutes/ rules/ regulations along with approved policies and SOPs are available on website. The university website informs the public about its mission, objectives, admission merit list and examination results and expected learning outcome, requirements and procedures and policies related to admission and transfer to credit, student fees, charges and refund policies. A brief introduction/profiles with contact details of Faculty of various programs offering in institute/college/school/department is provided on website for student facilitation. Ample information regarding curricula, fee structure and relevant details are provided for all programs		-	-	-
	14.2 FINDINGS 14.2.1 Contact details of the members of statutory bodies is not uploaded on the website. 14.2.2 Policies and mechanisms to review and evaluate public information for accuracy are missing. 14.2.3 Fairness and integrity policies are not developed. 14.2.4 Review of the complaints in an academic year, and the quality of the decisions along with the list of pending complaints/appeals of the students, faculty, and administration are missing.		**To be noted**	-	-
	14.3 RECOMMENDATIONS 14.3.1 Publish contact details of statutory body members on the website. 14.3.2 Develop a mechanism for reviewing public information. 14.3.3 Create a fairness and integrity policy. 14.3.4 Document and review complaint resolution processes.	The Contact details of the statutory body's members should be published on the website of the University for the information of Public. ***[Actn: Director IT, Registrar]***	**ATTENTIVE And IMMIDIATE**	**Noted for compliance**	***Evidence: Nil*** *Compliance: Not available on website* ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**

		The University may develop a mechanism for reviewing public information. ***[Actn: Registrar]***	**BY 15-01-2026**	**Noted for compliance**	***Evidence: Nil*** Mechanism not framed. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**
		The Fairness and Integrity policy of Hazara University must be devised . ***[Actn: Registrar]***	**BY 25-02-2026**	**Noted for compliance**	***Evidence: Nil*** The policy is not framed. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor*** **Follow up review:** **Compliance action Report (CAR) by 15 Feb 2026 to be presented to 6th IQC meeting**

		The University may review complaint resolution processes and devise a mechanism to properly document them for record purposes. ***[Actn: Registrar]***	**PRIORITY IMMEDIATE COMPLIANCE**	**Already in practice**	***OK*** ***IQC Review:*** ***EIR -Effective***

STANDARD – 15: INSTITUTIONAL EFFECTIVENESS, QUALITY ASSURANCE AND ENHANCEMENT

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
15.	**15.1 COMMENDATIONS** The management of the University knows importance of Quality Enhancement and seems determined to improve the quality of education in the institution. Hazara University has established Directorate of Quality Enhancement which is working in the right direction for developing policies and procedures to improve the quality of education. The HU QA policy-2024 is approved by Syndicate and is implemented. The various international rankings for assessment year reflect the efforts of the university in maintaining and improving its quality.		-	-	-
	15.2 FINDINGS 15.2.1 Compliance and actions taken on the recommendations of PREE, GPR, and RIPE are very weak. No action or delay in actions affects the university's progression and hinders the CQI process. 15.2.2 Analysis and progress reports of the relevant qualitative and quantitative information for effective management and continuous improvement is limited due to lack of periodic progress review. 15.2.3 QEC staff have limited exposure and linkages with international universities and bodies. The lack of such exposure limits the overall standardization and adaptation of latest trends. 15.2.4 IQC has been established and operational as per PSG guidelines. 15.2.5 The format for RIPE report is very extensive and comprehensive. However, the focus is diverging from the essence of RIPE/PSG. The focus is expected to remain on the EOIs, identification of existing practices, future plans, and best practices. Similar standards and EOI based evaluation will be performed by HEC team, therefore, the effort is expected to be on responding to EOIs specific to the RIPE document.		**To be noted**	-	-
	15.3 RECOMMENDATIONS 15.3.1 Implement timely actions on review recommendations. 15.3.2 Conduct regular progress reviews. 15.3.3 Facilitating international exposure for QEC staff is required to	The timely actions needed on Review (S-RIPE etc) recommendations for Implementation in true letter and spirit. **[Actn: Registrar Consultation: Dir QE]**	**ATTENTIVE And IMMIDIATE COMPLIANCE**	**Noted for compliance**	***Noted*** The matter relates to timely compliance and not for noting. Most of the recommendations are not complied according to the time target provided in the CIP. ***IQC Review:***

	participate in international QA conferences/meetings of organizations like INQAAHE/APQN etc. 15.3.4 Align IPER document as per PSG EOIs requirement/matchable.				**In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***AIR – Average/Ineffective***
		It is recommended to conduct the progress reviews on regular basis. **[Actn: Dir QE and whole HU team]**	**ATTENTIVE**	**Noted for compliance**	***Evidence: Previous five years IPE and SRIPE and PGPRs*** ***Compliance:*** *(1) The SRIPE conduct is regular* *(2) The PGPR is not regular due to non-provision of dossiers* ***IQC Review:*** **The Registrar and Director A&R to ensure the provision of graduate data/dossiers in time as per HUQAP-2024** ***IQC Review:*** ***Limited Improvement Required (LIR) – Progressive***
		The University should facilitate the DQE staff/officers for getting International Exposure by their maximum participation in International QA Conferences/meetings of Organization (INQAAHE, APQN etc). **[Actn: Registrar Coord: Dir QE]**	**ATTENTIVE and PRIORITY COMPLIED**	**Noted for compliance**	***Evidence: Nil*** According to the HEC directives the allocation of budget for the purpose is required. ***IQC Review:*** **In accordance with the recommendations of S-RIPE REPORT the observation is "NOT COMPLIED".** ***IQC Review:*** ***SIR - Poor***
		It is recommended that the IPER Document should be aligned with PSG EOIs requirements.	**IMMEDIATE and PRIORITY**	**Noted for compliance**	***Noted***

		[Actn: IPER Committee Coord: Registrar]	**COMPLIED BY Month of July Each Year**		***IQC Review:*** **IPERC to ensure the observation during preparation of next IPER document** ***IQC Review:*** ***(LIR) – Progressive***

STANDARD – 16: CQI AND CYCLICAL EXTERNAL QUALITY ASSURANCE

SNo.	S-RIPE's REPORT-FINDINGS/RECOMMENDATIONS	IMPLEMENTATION Activity/Action Plan	TARGET DATE	V CORRECTIVE ACTION REPORT BY REGISTRAR (RESPONSE OF THE UNIVERSITY) *alongwith Evidence*	VI Evaluative Review of column-V by Directorate Quality Enhancement and PDCA by IQC
16.	**16.1 COMMENDATIONS** University has set highest standards of quality in its core mission of academic teaching, learning and research, through a process of Quality Assurance and continuous Quality Improvement and enhancement. The directorate of QE is operational with the support of top leadership to strengthen institutional quality culture and generate recommendations against given quality indicators. The IQC is established whose meetings are held on STEP cycle base to align with the CQI scheme of the university.		-	-	-
	16.2 FINDINGS 16.2.1 IQA policy is developed and published. 16.2.2 CQI is relatively new requirement of PSG-2023. Being an integral part of the continuous improvement, it requires universities to develop CQI policy, framework, and implementation across the board. Alignment of CQI with the university vision, mission, goals, and objectives will help in continuous improvement. At present, the CQI policy is not developed. 16.2.3 The surveys, feedback, and engagement with the stakeholders will provide information to the management for informed and timely decision making.		**To be noted**	-	-
	16.3 RECOMMENDATIONS 16.3.1 Develop and implement a CQI policy. 16.3.2 Aligning CQI framework with institutional mission and goals. 16.3.3 Increase stakeholder engagement in continuous improvement processes. 16.3.4 Policies, frameworks, progress reports, analytical reports, and other evidence required under the revised RIPE were reviewed. The missing evidence list is attached for the management to review and devise action plan as per the need and requirement of the university.	The university may develop the CQI Policy and get it approved from the concerned forum and then make sure its implementation properly. ***[Actn: Dir QE Consultation: Registrar]***	**BY 20-02-2026**	**Related to *Dir QE***	***Evidence: HUQAP-2024*** (1) The CQI 360^{O} Mechanism, Evaluation Matrix and judgmental framework already described in HUQAP-2024 which is duly approved from the Syndicate and consented by Senate. (2) The ***Continuous Quality Improvement (CQI)'s*** **STEP cycle** is well in place duly aligned with the vision & mission of the Hazara University and is followed at all levels including the IQC in true spirit, in the following manner. **i. S-Strategize Targets (Planning):** IQC will have 04 meetings in a year and will have ideation and planning session.

					ii. T-Take action & Execute Plans (executions/actions): IQC follow-up meeting; Deans and other members will present actions taken that are intended before and after meetings of their respective BOF/BOS as below. **BOF/BOS/relevant body** will meet to ensure the execution of the prepared strategy for institutional improvement in their respective domain. iii. **P-Promot Effective Policies & Enhance Performance (compliances):** IQC will meet to ensure achievement of tangible output in terms of policies, SOPs, capacity building initiatives, and outcomes in the ofrm of best practices. **iv. E-Evaluate progress & Refine Strategies (Decisions upon review):** IQC will meet to review the implementation and its effectiveness for improvement. ***IQC Review:*** ***EIR -Effective***
		It is recommended the CQI framework must be aligned with Institutional Mission and Goals. ***[Actn: Dir QE Coord: Registrar]***	**ATTENTIVE and PRIORITY**	**Related to *Dir QE***	***-do-***
		The University may devise a system to increase the stakeholder engagement in continuous improvement process. ***[Actn: Registrar Consultation: Director QE]***	**BY 20-02-2026**	**Noted for compliance**	***Evidence: IQC previous 04 meetings and its agenda and minutes alognwith the participants*** All the stack holders from faculty, administration, students from SCALE list and alumnai are participating in the process of CQI at different levels.

					IQC Review: ***EIR -Effective***
		The University may review and devise action plans as per the requirement of the University. SEE 16.3.4 ***[Actn: Dir QE]***	**ATTENTIVE BY 20-02-2026**	**Related to *Dir QE***	***Evidence: Annual HU-QA calendar and planner*** The Directorate QA prepares the HU-QA calendar and planner each year as per targets provided by QAA-HEC for the year. The same approval is obtained from Vice Chancellor, is consented by IQC and the document submits to HEC by 15 Jul each year as per HUQAP. ***IQC Review:*** ***EIR -Effective***

-Sd-
Rana Bilal Iqbal
Assistant Director QE
Hazara University

-Sd-
Dr Aurangzeb
Deputy Director QE
Hazara University

-Sd-
Lt Cdr (R) Dr Mahmood Khan
Director Quality Enhancement
Hazara University
Dated 23/11/2025

Consent by Competent Authority/IQC: 5th meeting of IQC vide Agenda Iten No. 02 dated 08 Dec 2025

		The University may review and devise action plans as per the requirement of the University. SEE 16.3.4 *[Actn: Dir QE]*	**ATTENTIVE BY 20-02-2026**	**Related to *Dir QE***	***IQC Review:*** ***EIR -Effective*** ***Evidence: Annual HU-QA calendar and planner*** The Directorate QA prepares the HU-QA calendar and planner each year as per targets provided by QAA-HEC for the year. The same approval is obtained from Vice Chancellor, is consented by IQC and the document submits to HEC by 15 Jul each year as per HUQAP. ***IQC Review:*** ***EIR -Effective***

Rana Bilal Iqbal
Assistant Director QE
Hazara University

Dr Aurangzeb
Deputy Director QE
Hazara University

Lt Cdr (R) Dr Mahmood Khan
Director Quality Enhancement
Hazara University
Dated 23/11/2025

Consent by Competent Authority/IQC: 5th meeting of IQC vide agenda No.02 **Dated** 28.12.2025

Total Observations: **: 96**

Observations complied: *EIR -Effective: GREEN* : 15

Limited Improvement Required (LIR) – Progressive: BLUE : 22

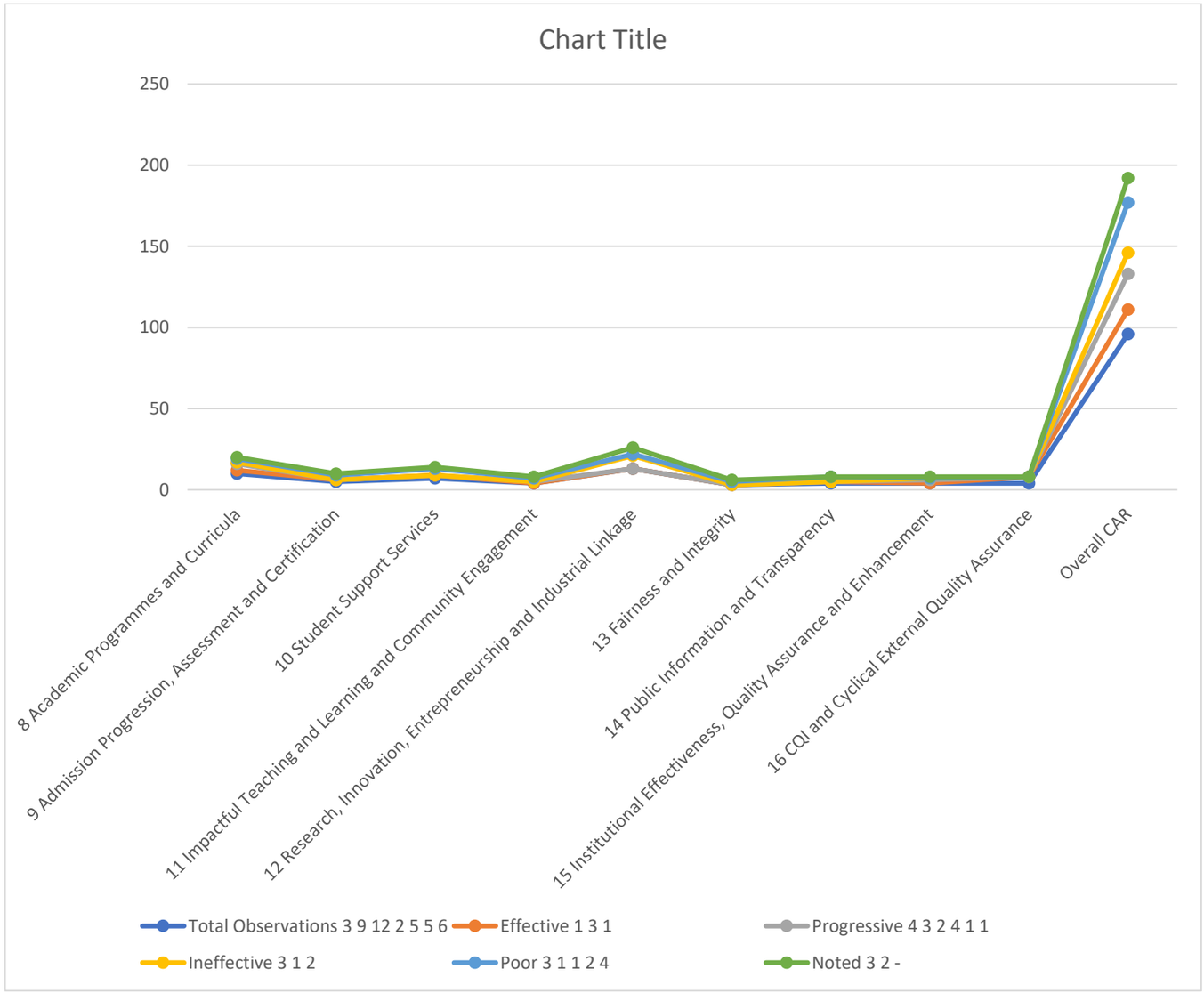
AIR – Average/Ineffective: YELLOW : 13

SIR – Poor: GREY : 31

Noted : 15

	Standard	***Total Observations***	***Effective***	***Progressive***	***Ineffective***	***Poor***	***Noted***	***Judgement***
1	Vision, Mission, Goals and Strategic Planning	***3***	***-***	***-***	***3***	***-***	***-***	
2	Governance, Leadership and Organization	***9***	***1***	***4***	***1***	***3***	***-***	
3	Institutional Resources and Planning	***12***	***3***	***3***	***2***	***1***	***3***	
4	Audit and Finance	***2***	***-***	***2***	***-***	***-***	***-***	
5	Affiliated Colleges/Institutions	***5***	***-***	***4***	***-***	***1***	***-***	
6	Internationalization of Higher Education and Global Engagement	***5***	***-***	***1***	***-***	***2***	***2***	
7	Faculty recruitment, Development and support Services	***6***	***1***	***1***	***-***	***4***	***-***	
8	Academic Programmes and Curricula	***10***	***2***	***4***	***1***	***2***	***1***	
9	Admission Progression, Assessment and Certification	***5***	***1***	***-***	***-***	***3***	***1***	
10	Student Support Services	***7***	***2***	***-***	***-***	***4***	***1***	
11	Impactful Teaching and Learning and Community Engagement	***4***	***-***	***1***	***-***	***2***	***1***	
12	Research, Innovation, Entrepreneurship and Industrial Linkage	***13***	***-***	***-***	***8***	***1***	***4***	
13	Fairness and Integrity	***3***	***-***	***-***	***-***	***2***	***1***	

14	Public Information and Transparency	***4***	***1***			***3***		
15	Institutional Effectiveness, Quality Assurance and Enhancement	***4***		***2***	***1***		***1***	
16	CQI and Cyclical External Quality Assurance	***4***	***4***					
		96	***15***	***22***	***13***	***31***	***15***	
Overall judgement		***Compliance score***	***50.8/100***					
			50 to 60 Poor (GREY)					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200
150
100
50
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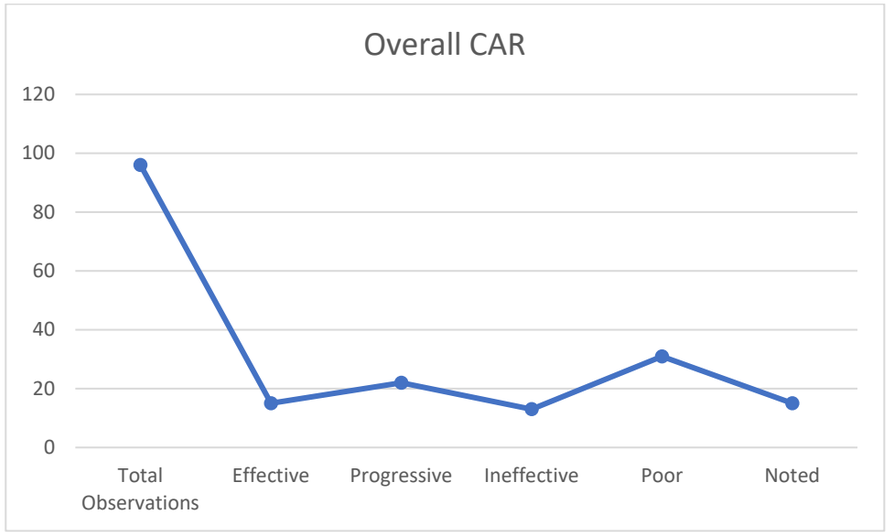
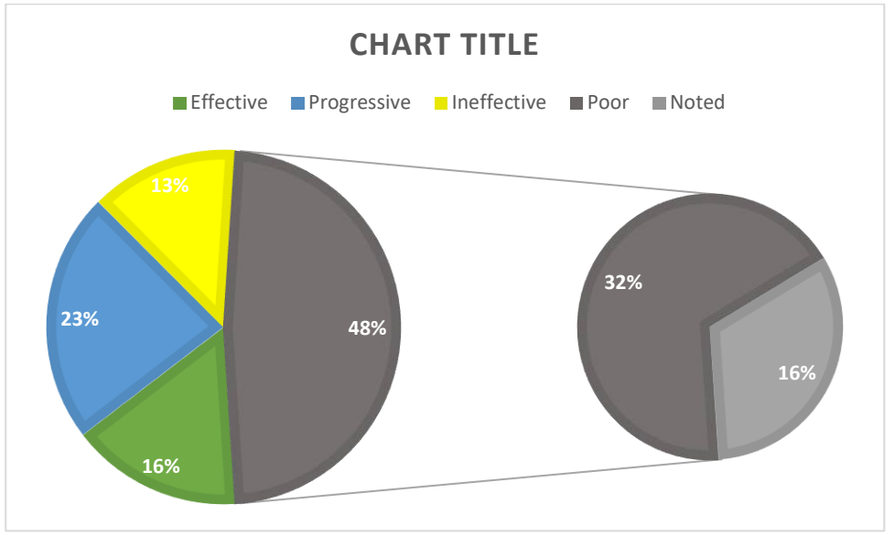
8 Academic Programmes and Curricula
9 Admission Progression, Assessment and Certification
10 Student Support Services
11 Impactful Teaching and Learning and Community Engagement
12 Research, Innovation, Entrepreneurship and Industrial Linkage
13 Fairness and Integrity
14 Public Information and Transparency
15 Institutional Effectiveness, Quality Assurance and Enhancement
16 CQI and Cyclical External Quality Assurance
Overall CAR
Total Observations 3 9 12 2 5 5 6
Effective 1 3 1
Progressive 4 3 2 4 1 1
Ineffective 3 1 2
Poor 3 1 1 2 4
Noted 3 2 -


Overall CAR
120
100
80
60
40
20
0
Total Observations
Effective
Progressive
Ineffective
Poor
Noted



-	Total Observations	Effective	Progressive	Ineffective	Poor	Noted	Judgement
Overall CAR	*96*	*15*	*22*	*13*	*31*	*15*	
	Total score	*50.8/100*					
		50 to 60 Poor (GREY)					

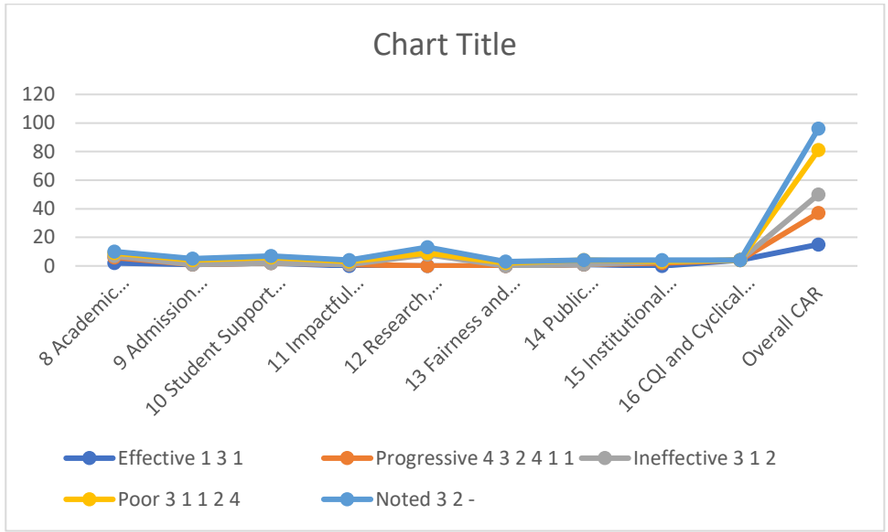


Chart Title
120
100
80
60
40
20
0
8 Academic...
9 Admission...
10 Student Support...
11 Impactful...
12 Research,...
13 Fairness and...
14 Public...
15 Institutional...
16 CQI and Cyclical...
Overall CAR
Effective 1 3 1
Progressive 4 3 2 4 1 1
Ineffective 3 1 2
Poor 3 1 1 2 4
Noted 3 2 -