| **Standard** | **Sr.**  **#** | **Assessment Team Findings** | **Implementation Plan**  Annex - 1 | |
| --- | --- | --- | --- | --- |
| **(Proposed corrective action to overcome the observation)** | **Target date** |
| 1. Program Mission, Objectives and Outcomes |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 1. Curriculum Design and Organization |  |  |  |  |
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| 1. Laboratories and Computing Facilities |  |  |  |  |
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|  |  |  |  |
| 1. Student Support and Advising |  |  |  |  |
|  |  |  |  |
| 1. Process Control |  |  |  |  |
|  |  |  |  |
| 1. Faculty |  |  |  |  |
|  |  |  |  |
| 1. Institutional Facilities |  |  |  |  |
|  |  |  |  |
| 1. Institutional Support |  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* **Please add row wherever necessary**

**Convener Assessment Team** **Head of HIAST** **Dean FOST&H**  **Director QEC**