

राष्ट्रीय प्रत्यायन बोर्ड

चौथा तल, ईस्ट टावर, एन. बी. सी. सी. प्लेस, भीष्म पितामह मार्ग, प्रगति विहार, लोधी रोड, नई दिल्ली -110003
NATIONAL BOARD OF ACCREDITATION
4th Floor, East Tower, NBCC Place, Bhasham Pitamah Marg, Pragati Vihar, Lodhi Road, New Delhi 110003



File No. 28-702-2023-NBA

Date: 26/09/2024

To,

The Director,
Symbiosis Institute of Business Management Pune
Symbiosis International (Deemed University),
Gram Lavale, Tal Mulshi, Pune,
Maharashtra-412115

Subject: Accreditation status of Management Program applied by Symbiosis Institute of Business Management Pune Symbiosis International (Deemed University), Gram Lavale, Tal Mulshi, Pune, Maharashtra-412115.

Sir,

This has reference to your Application ID No. 8336-26/08/2023 seeking accreditation by National Board Accreditation (NBA) to the Management Program applied by Symbiosis Institute of Business Management Pune, Symbiosis International (Deemed University), Gram Lavale, Tal Mulshi, Pune, Maharashtra-412115.

2. An Expert Team conducted onsite evaluation of the program from 28th to 30th June, 2024. The report submitted to the Expert Team was considered by the concerned Committees constituted for the purpose in NBA. The Competent Authority in NBA has approved the following accreditation status to the program as given in the table below:

S. No.	Name of the Program (PG)	Basis of Evaluation	Accreditation Status	Period of validity	Remarks
(1)	(2)	(3)	(4)	(5)	(6)
1.	Master of Business Administration	February, 2023 Document	Accredited	Accredited for Academic Year 2024-25, 2025-26 and 2026-27, i.e., upto 30/06/2027	Accreditation status granted is valid for the period indicated in Col.5 or till the program has the approval of the Competent Authority, whichever is earlier.

3. It may be noted that only students who graduate during the validity period of accreditation, will be deemed to have graduated with an NBA accredited degree.

4. The accreditation status awarded to the program as indicated in the above table does not imply that the accreditation has been granted to Symbiosis Institute of Business Management Pune, Symbiosis International (Deemed University), Gram Lavale, Tal Mulshi, Pune, Maharashtra-412115 as a whole. As such, the Institution should nowhere along with its name including on its letter head etc. write that it is accredited by NBA because it is program accreditation and not Institution accreditation. If such an instance comes to NBA's notice, this will be viewed seriously. Complete name of the program(s) accredited, level of program(s) and the period of validity of accreditation, as well as the date from which the accreditation is effective should be mentioned unambiguously whenever and wherever it is required to indicate the status of accreditation by NBA.

5. The accreditation status of the above program is subject to change on periodic review, if needed by the NBA. It is desired that the relevant information in respect of accredited program as indicated in the table in paragraph 2, appears on the website and information bulletin of the Institute.

Contd.

6. The accreditation status awarded to the program as indicated in table in paragraph 2 above is subject to maintenance of the current standards during the period of accreditation. If there are any changes in the status (major changes of faculty strength, organizational structure etc.), the same are required to be communicated to the NBA, with an appropriate explanatory note.

7. A copy of Report of Chairman of the Visiting Team and Evaluators' report in respect of the above program is enclosed.

8. If the Institute is not satisfied with the decision of NBA, it may appeal within thirty days of receipt of this communication giving reasons for the same and by paying the requisite fee.

Yours faithfully,



(Dr. Anil Kumar Nassa)
Member Secretary

Encls.: 1. Copy of Report of Chairman of the Visiting Team.
2. Copy of Expert Report of the Visiting Team.


Copy to:

1. The Director,
Directorate of Technical Education,
3, Mahapalika Marg, Post Box 1967,
Mumbai- 400 001.
2. Master Accreditation Folder of the State
3. Accreditation File

AR- Statutory

Seen By	
Registrar	
Deputy Registrar	<i>[Signature]</i> 19.10.24
Assistant Registrar	<i>[Signature]</i>
Section Officer	

MSH
19/10/24

 SIU
Inward No.: 4972
Date: 19/10/24
Sign: <i>[Signature]</i>

[Signature]
19/10