



Quality Enhancement Cell (NUML / HEC)
Islamabad

Proforma 5: Faculty Survey

(To be submitted on annual basis by each faculty member)

The purpose of this survey is to assess faculty members' satisfaction level and the effectiveness of programs in place to help them progress and excel in their profession. We need your help in completing this survey. The information provided will be kept in confidence. **Indicate how satisfied you are with each of the following aspects of in your department.**

A: Very Satisfied B: Satisfied C: Uncertain D: Dissatisfied E: Very dissatisfied

S #	Questions	Very Satisfied	Satisfied	Uncertain	Dissatisfied	Very dissatisfied
Q. 1	Your satisfaction level:					
	i. Research	A	B	C	D	E
	ii. Teaching	A	B	C	D	E
	iii. Community service	A	B	C	D	E
Q. 2	The intellectual stimulation of your work	A	B	C	D	E
Q. 3	Incentives for research	A	B	C	D	E
Q. 4	Your interaction with students.	A	B	C	D	E
Q. 5	Cooperation you receive from colleagues	A	B	C	D	E
Q. 6	The mentoring available to you	A	B	C	D	E
Q. 7	Administrative support from the department	A	B	C	D	E
Q. 8	Clarity about the faculty promotion process	A	B	C	D	E
Q. 9	Prospects for advancement and promotion	A	B	C	D	E
Q. 10	Salary and compensation package.	A	B	C	D	E
Q. 11	Job security and stability at the department.	A	B	C	D	E
Q. 12	Amount of time you have for yourself and family.	A	B	C	D	E
Q. 13	The over all climate at the department.	A	B	C	D	E
Q. 14	Amount of time you have for research activities	A	B	C	D	E
Q.15	Access to higher authorities					

Q. 15 What **factors** in your department enhance your motivation and job satisfaction (**Be brief and to the point**):

Q. 16 Give **suggestions** to improve your motivation and job satisfaction (**Be brief and to the point**)?

Q. 17 Educational Level

- 1** PhD
2 M. Phil
3 M.A/ M. Sc
4 Other (please specify) _____

Information about faculty member

Q. 18		Professor	Associate Professor	Assistant Professor	Lecturer	Other
i.	Academic Rank:	A	B	C	D	E

Q. 19		1-5	6-10	11-15	16-20	> 20
ii.	Years of service (in years):	A	B	C	D	E

Name: _____ Signature: _____ Date: _____
 (Optional)