

UNIVERSITY OF CHITRAL  
PROGRAM AFFILIATION PFORMA

- Note: 1. Please provide the following information, use separate sheets if required.  
 2. Separate form is to be filled for each degree program.

**I. GENERAL INFORMATION**

1. Name of the College/institution with full address:

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2. Year of Establishment of Institution: \_\_\_\_\_

3. Objectives of Establishment of the Institution:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Name of the controlling authority/chief executive:

\_\_\_\_\_

5. Name of the Head of Institution: \_\_\_\_\_

a. Designation: \_\_\_\_\_

b. Qualification: \_\_\_\_\_

6. In case of Private Institute:

a. List of members of Board of Governors/ Managing Committee.

b. Name of Society / Foundation / Trust: \_\_\_\_\_

(Attach copy Of Registration)

7. Date of First Affiliation: \_\_\_\_\_

8. Date of last Inspection: \_\_\_\_\_

9. Date of Present Inspection: \_\_\_\_\_

(To be filled by Affiliation Committee)

10. Programs in which affiliation is sought:

Faculty	Degree	Subject

## II. PHYSICAL FACILITIES

### 11. Building:

- a. Type of building: \_\_\_\_\_  
(Owned / Rented)
- b. Approximate total covered area: \_\_\_\_\_
- c. Number of classrooms: \_\_\_\_\_
- d. Approximate dimensions of the classrooms: \_\_\_\_\_
- e. Number of laboratories: \_\_\_\_\_
- f. Approximate dimensions of the Laboratories: \_\_\_\_\_
- g. Number of common rooms: \_\_\_\_\_
- h. Approximate dimensions of the Common Rooms: \_\_\_\_\_
- i. Number of staff rooms: \_\_\_\_\_
- j. Approximate dimensions of the staffrooms: \_\_\_\_\_
- k. Number of libraries: \_\_\_\_\_
- l. Approximate dimensions of the libraries: \_\_\_\_\_
- m. Number of offices: \_\_\_\_\_
- n. Approximate dimensions of the offices: \_\_\_\_\_
- o. Number of student hostels: \_\_\_\_\_
- p. Approximate capacity of the hostels: \_\_\_\_\_
- q. Number of quarters/residences at the campus for teaching staff: \_\_\_\_\_

### 12. Is the above space properly fitted with the following?

- a. Electricity both lighting & power connection & fans: \_\_\_\_\_
- b. Ventilators: \_\_\_\_\_
- c. Water Supply: \_\_\_\_\_
- d. Sanitary Fittings: \_\_\_\_\_

### 13. Details of sports grounds and other facilities:

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14. Number of transport vehicles for officials use: \_\_\_\_\_

15. Number of transport vehicles for students use: \_\_\_\_\_

### III. ACADEMIC FACILITIES

16. Current academic programs presented at institution:

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17. Details of subjects to be offered at bachelor's level with proposed combinations of academic:

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### IV. FACULTY/STAFF

18. Details of faculty, their designation, qualification, subject and length of service  
(Please use separate sheet)

S.No.	Name	Designation	Length of Service	Status Regular/Contract/Visiting	Pay Scale
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19. Total number of faculty subject wise:

S.No.	Subject	Total strength

20. Total number of non-teaching, administrative and supporting staff, their designation qualifications and experience. (Please use separate sheet):

S.NO.	Name	Designation	Designation	Length of Service	Status Regular/Contract/ Visiting	Pay Scale
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21. Details of medical services for students and employees if any:

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## V. LIBRARY

22. Total No. of books available in the library: \_\_\_\_\_

23. Subject-wise list of books, journals, periodicals: (Please use separate sheet)

24. S.NO., Name of books with authors, year of publication and Number of copies  
(Please use separate sheet)

S.NO.	Name of the book	Author/s	Year of publication	Number of copies
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## VI. FACILITIES REGARDING INFORMATION TECHNOLOGY:

25. Student computer ratio: \_\_\_\_\_

26. Internet connectivity available to the students: \_\_\_\_\_

## VII. STUDENTS:

27. Total number of students enrolled in the institution: \_\_\_\_\_

28. Class wise number of the students admitted during the last four years. Starting from class XI.

Class	1 <sup>st</sup> Year		2 <sup>nd</sup> Year	
	Boys	Girls	Boys	Girls

## VIII. ADMISSIONS

29. General Policy:

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30. Number of students to be enrolled, level-wise: \_\_\_\_\_

31. Procedures and criteria of admission:

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## IX. QUALITY ASSURANCE AND STUDENT SUPERVISION

32. Arrangement for academic supervision of students:

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33. Arrangements for quality assurance:

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34. Level of administrative and technical support for quality assurance:

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## X. FINANCE

35. State the financial position of the College/institution and sources of income to meet the expenses for degree classes (In case of private college audited financial balance sheet is to be submitted)

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36. Sources of yearly income for the last two years:

a. Recurring

Govt-grant: \_\_\_\_\_ Income from tuition fees: \_\_\_\_\_

b. Non-Recurring

Building-grant: \_\_\_\_\_ Equipment grant: \_\_\_\_\_

c. Income from other sources: \_\_\_\_\_

37. Class wise monthly tuition fee charged from students. Rs. \_\_\_\_\_

Whether fee is collected monthly or on periodic basis: \_\_\_\_\_

## XI. MISCELLANEOUS

Any other matter regarding the college which you desire to bring the notice of the Affiliation Committee

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SIGNATURE OF THE PRINCIPAL  
WITH OFFICIAL SEAL

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**APPLICATION FORM FOR SEEKING AFFILIATION OF  
EDUCATIONAL INSTITUTIONS WITH UNIVERSITY OF CHITRAL**  
(For Private Sector Colleges only)

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The Registrar,  
University of Chitral  
Subject: REOUEST FOR GRANT OF AFFILIATION

Dear Sir,

Respectfully submitted that I intend to open an institute under the affiliation arrangements of the University of Chitral in the discipline(s) of \_\_\_\_\_ at \_\_\_\_\_ (place), per following details:

1. Name of the proposed institute: \_\_\_\_\_
2. Name of the Society/Trust/Foundation: \_\_\_\_\_  
(Registration Certificate be attached)
3. Name & F/Name of the Management: \_\_\_\_\_  
[Partners (if any) (with full particulars)]
4. Academic Qualification: \_\_\_\_\_
5. C.N.I.C. No.: \_\_\_\_\_  
(Copy of CNIC be attached)
6. Profession: \_\_\_\_\_
7. Permanent Home Address: \_\_\_\_\_  
Contact (Phone/Mobile No): \_\_\_\_\_
8. A/C No. & Bank: \_\_\_\_\_
9. National Tax No. : \_\_\_\_\_
10. Building, own or rented/Size of Plot: \_\_\_\_\_
11. Address/Location of Building: \_\_\_\_\_
12. Session: (whether the proposed institute: \_\_\_\_\_  
will be run in morning or evening) \*

\* In case, an applicant desire to seek affiliation in both morning and evening sessions, the application processing fee at the prescribed rate should be remitted separately for each session.

It is therefore, requested to process our application and the necessary documents may be supplied.

Yours Faithfully,

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Complete Mailing Address for correspondence:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_