



WOMEN UNIVERSITY OF AZAD JAMMU & KASHMIR, BAGH

APPLICATION FORM FOR AFFILIATION

Note: Please use separate form for each degree program.

1. General:

- i. Name of the Institution _____
- ii. Address of the institution _____
- iii. Fax/ e-mail _____
- iv. Telephone Number _____
- v. Year of establishment _____
- vi. Objectives of establishment _____
- vii. Degree program applied for which affiliation requested _____

2. Management:

- i. Name of the controlling authority/ Chief Executive (for private institution attach copy of memorandum and Article of institution) _____
- ii. Name of the Head of Institution _____
- iii. : Qualification of the head of institution _____

- iv. Name of registered Society/ body/ trust/ foundation/ NGO etc. _____

- v. Governing Body, its composition and other relevant details _____

3. Physical Facilities:

- i. Building:
 - (a) Owned/ rented _____
 - (b) Total area _____
 - (c) Covered area _____
- ii. Total number and size of Class-rooms _____
- iii. Detail of laboratories appropriate to the course _____
- iv. Details of office equipment, furniture and fixture _____
- v. Number of staff residences _____
- vi. Details of sports grounds and other sports related facilities _____
- vii. Facilities such as Gas, water and electricity _____
- viii. Transport vehicle for office use and students _____
- ix. Details of hostel buildings _____

4. Academic Facilities Related to the Degree Program applied for affiliation:

- i. Degree program for which affiliation is requested _____

ii. Detail of subjects to be offered at Bachelor's level: _____

iii. Subject to be offered at Master's level or equivalent: _____

iv. Other Degree Program in the Institution: _____

5. Faculty/ Staff:

i. Faculty strength _____

ii. Teaching staff detail:

Name	Qualification	Designation	Experience	Pay Scale
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

iii. Mode of appointment of teaching staff and criteria of selection _____

iv. Supporting/ Non-teaching Staff Detail:

Name	Qualification	Designation	Experience	Pay Scale
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

v. Details of medical services for employees and students _____

6. Library:

i. Number of books and text books _____

ii. Journals (National and internationals) _____

iii. Periodicals newspapers reference books in Library _____

iv. Information regarding capacity of reading room for students _____

7. Facilities regarding Information Technology :

i. Student computer ratio _____

ii. Internet connectivity available to the students _____

iii. Other audio video visual aid available at the institute _____

8. Students:

- i. Total number of students enrolled in the institution _____
- ii. Enrollment of student's level-wise _____

9. Admission:

- i. General Policy _____
- ii. Procedure and criteria of admission _____

10. Quality Assurance and Student Supervision:

- i. Arrangements for academic supervision of students _____
- ii. Arrangements for quality assurance _____
- iii. Level of administrative and technical support for quality assurance _____

11. Finance:

- i. Financial position of institution and source of income to meet the recurring and development expenses _____
- ii. Development funds: to meet development expenditure of institution _____
- iii. Recurring funds: to meet expenditure in terms of pay allowances, maintenance, purchase, utilities, running laboratories, expenses, examinations and consumable _____

- iv. Reserve fund: financial asset in banks _____
- v. Source of income in form of grant donation, gifts, assets, investment income and fee in terms of regular, casual and miscellaneous _____

12. Additional information , if any:

Signature of Principal/Head of Institute



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APPLICATION FORM FOR GRANT OF AFFILIATION

1.	Name of Institution	
2.	Postal Address	
3.	Phone/Fax	
4.	E-Mail Address	
5.	Program/Subjects applied For affiliation	In case of Degree classes attach list of Elective and Optional subject of Ann-A
6.	Subjects already affiliated (if any) Reference No.	Attach list at Ann-B
7.	Detail of other disciplines Being run with BISE etc.	<u>Discipline</u> <u>Affiliation/Recognition</u> <u>Enrollment</u>
8.	Management Body (For private Institutions)	Attach copy of memorandum and Article of Association at Ann-C Attach copy of Registration Certificate for current session from Registrar Joint Stock Company, under the Societies Registration Act XXI of 1860 at Ann-D
9.	Registration of the Institution /College for Private Institution only.	Attach copy of Registration Certificate under the Private Educational Institutions (Promotion & Regulation) Ordinance Rules 1984 from Government of Azad Jammu & Kashmir, Education Department/concerned District Govt. Ann-E
10.	NOC from Govt. concerned (if Govt. Institution only)	Attach at Ann-F
11.	Efficiency & Discipline Rules/Code of Conduct	Attach copy of Rules for employees at Ann-G Attach copy of Rules for students at Ann-H.
12.	Prospectus	Attach Ann-I
13.	Certificate that no other discipline is being run in collaboration/affiliation with any other University.	Attach Ann-J
14.	Building: Owned/Rented Total Area Covered Area	Attach copy of Rent deed/Registry Ann-K Attach detail on Form NO. 14-I Attach copy of Map Ann-M
15.	Students Hostel	Attach of detail of hostel facilities. Ann-N
16.	Staff Residences	Attach the detail of staff residences. Ann-O
17.	Finance: Development Funds Recurring funds Reserve Fund	Attach detail on Form No.17-P and 17-Q Attach Bank guarantee/certificate. Ann-R
18.	Sports facilities Grounds Equipment	Owned/Acquired. Attach documents. Ann-S Attach detail on Form NO. 18-T
19.	Teaching Staff	Attach detail on Form No. 19-U
20.	Non Teaching Staff	Attach detail on Form No. 20-V
21.	Library Detail of Books Other facilities	Attach detail on Form No. 21-W
22.	Laboratories	Attach detail on Form No. 22-X
23.	Others	



WOMEN UNIVERSITY OF AZAD JAMMU & KASHMIR, BAGH

STATEMENT OF NON-RECURRING (DEVELOPMENT) RECEIPT & EXPENDITURE FOR THE YEAR

NAME OF COLLEGE

RECEIPTS	AMOUNT	EXPENDITURE	AMOUNT
College Funds/Fee		Building Construction Repair Others	
Govt. Grant		Furniture Purchase Repair Others	
Others		Equipment Purchase Repair Library Others	
Total		Total	

- Give detail of resources.

Signature: _____

Designation: _____



WOMEN UNIVERSITY OF AZAD JAMMU & KASHMIR, BAGH

STATEMENT OF RECURRING RECEIPT & EXPENDITURE FOR THE YEAR

Name of College.....

RECEIPTS	AMOUNT	EXPENDITURE	AMOUNT
Opening balance		Salaries	
		Whole time faculty	
		Visiting faculty	
Income from Fee *		Admin/Office Staff	
Govt. Grant		Building	
		Construction	
Others		Repair	
		Others	
		Rent of Building	
		Telephone	
		Electricity	
		Sui Gas	
		Furniture	
		Lab. Equipment	
		Library	
		Sports	
		Medical Facility	
		Miscellaneous	
		Others	
Total		Total	

* Give details of fee i.e. Admission Fee, Tuition Fee, Funds, Other charges per Student per year for each program

Signature: _____

Designation: _____

