

Ziauddin University Examination Board
Karachi, Sindh



Application Form-A
For
Recognition/Affiliation For The
Academic Sessions 20__20__

Name of Institution_____

CRITERIA I CONDITIONS PRESCRIBED FOR AFFILIATION I RECOGNITION OF INSTITUTIONS

FOR THE ACADEMIC SESSION - 20 - 20

INSTRUCTIONS:

1. Each question should be answered in clear and in definite language.
2. The Application Form should be properly and completely filled by the heads of the Institution.
3. The given information shall be examined as per criteria / conditions made in light of Rules framed under Boards of Intermediate & Secondary Education Ordinance, 1972 (as amended) with subsequent prescribed regulations and policies made from time to time, besides the other means of verification devised for the purpose.

4. THE AUTHORIZED PERSON / TEAM SHALL CONDUCT MONITORING OF THE OBSERVANCE OF THE SET CRITERIA / CONDITIONS FROM TIME TO TIME AND IF ANY DEFICIENCY FOUND SHALL BE DEALT IN ACCORDANCE WITH THE PRESCRIBED RULES / POLICY.

DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FOR AFFILIATION RECOGNITION

AS PER DETAILS BELOW

1. Copy of registration of the Society with the Registering Authority. (Rule-1)
2. Copy of the approved list of members of the Managing Committee. (Rule-2)
3. Copy of the approved powers and function of the Managing Committee. (Rule-2)
4. Copy of the Registration Certificate of the Institution, issued by Education & Literacy Department, Government of Sindh.
5. Detail of Building Premises (together with building plan) including furniture and fitting. (Rule-5) (Application shall not be considered if the premises exist in the building where any other commercial/business activity is going on)
6. Proof of financial ability including Bank Statement / Certificate / Evidence of Deposit etc. of the Society and statement of initial expenses and sources thereof. (Rule- 7) Applicant should possess financial strength atleast equal to one-year expenditures of three / two below mentioned components:
 - a. Rent of the Premises as per Tenancy Agreement (Only in case applicant does not own the premises)
 - b. Operational Cost (Duly signed Statement (Other than Salaries))
 - c. Salaries of Teaching and Non-Teaching Staff
7. Copy of the certificate from a scheduled bank showing the amount of fix deposit. (Rule-8)
8. List of teaching and other staff with qualification and other details at the time of renewal. (Rule-13)
9. Copy of fee structure of approved by the authority. (Rule-25)
10. Details of accommodation, furniture equipment's apparatus, fitting etc. in each laboratory. (Rule-38)
11. Statement of numbers of books (Subject wise) on the Library. (Rule-39)
12. Detail of playground. (Rule-40)
13. Copy each of prospectus / staff identity card / students' identity cards.

AFTER SUBMISSION OF THE FILE FOR RECOGNITION/ AFFILIATION, THE INSPECTOR OF THE INSTITUTIONS MAY CARRY OUT INSPECTION AT ANY TIME WITHOUT ANY PRIOR INTIMATION

GENERAL INFORMATION

Name of Institution: _____
 Established on: _____
 Address: _____
 District: _____ Institution's Phone No.: _____
 Fax.No.: _____ E-MailAddress _____
 Website: _____

INSTITUTION'S REGISTRATION CERTIFICATE ISSUED BY EDUCATION & LITERACY DEPARTMENT,
 GOVT. OF SINDH NO./DIRIPS/RECERII): ____/20____ DATED: _____

Name of Principal: _____
 Qualification: _____
 Experience: _____ Years Teaching _____ Years Administrative _____ Years
 Phone No.: _____ Cell No.: _____

Please tick mark (✓) in the appropriate box:

Shift: ☐ Morning ☐ Afternoon ☐ Evening **Institution Timing:** From: _____ To: _____

Working days: ☐ Monday to Friday ☐ Monday to Saturday

Gender of the Institution: ☐ Male ☐ Female ☐ Co-Education

Is the institution affiliated with any other Board? ☐ Yes ☐ No

If yes, Name of Board: _____ Affiliation: ☐ Govt. ☐ Private

ONLY TICK MARK (✓) AGAINST THE FACULTIES FOR WHICH AFFILIATION IS REQUIRED

☐ PRE-MEDICAL ☐ PRE-ENGINEERING ☐ SCIENCE GENERAL

☐ COMMERCE ☐ HUMANITIES ☐ ANY OTHER _____

Details of appointed qualified teaching faculty and enrolment of Group offering with subjects for which institution seeks renewal of affiliation for the academic session 20____ - 20____

S.NO.	GROUP/FACULTY	OPTIONAL SUBJECTS	EXPECTED ENROLMENT
1	Science Pre-Medical	Physics, Chemistry, Botany, Zoology	
2	Science Pre-Engineering	Physics, Chemistry, Mathematics	
3	Science General	Mathematics, Physics ,Economics,Computer Science, Statistics Note:Two subjects with Mathematics	
4	Commerce	Accounting, POC, Com.Geog,Com.Eco., B.Math, Stats	
5	Humanities		
6	Home economics/Diploma in Physical Education/Medical Technology		

MANAGEMENT (FOR GOVT. & PRIVATE INSTITUTION)

1. SOCIETY / INDIVIDUAL (For Private Institution only)

Name of Society/Individual: _____

Established on: _____ Registration No. _____ Dated: _____

Official

Address _____

Phone No.: _____ Fax No.: _____ Cell No. (if any): _____

2. ADMINISTRATOR (For Private Institution only)

Name of Administrator: _____

Qualification: _____

Experience: _____ Years Teaching _____ Years Administrative _____ Years

Phone No.: _____ Cell No.: _____

3. HEAD OF INSTITUTION / PRINCIPAL (For Govt. & Private Institution)

Name of Principal: _____

Qualification: _____

Experience: _____ Years Teaching _____ Years Administrative _____ Years

Phone No.: _____ Cell No.: _____

FINANCE

1. SOURCE OF INCOME

Title of Account: _____

Account No. _____ Bank _____ Branch _____

Source of income of the society: _____

Does institution depend on donations? ☐ Yes ☐ No

If yes, provide the details of donors as follows:

S.NO	Name of Donors	Amount of last year donations	Amount of Current year Donations
1			
2			
3			

2. ENDOWMENT FUND

Does the institution possess endowment fund? ☐ Yes ☐ No

If yes, provide the details of endowment funds as follows:

Endowment Fund	Amount	Account No.	Bank	Branch
Fixed Deposit				

Other Endowment Deposit	Amount	Other Endowment Deposit	Amount
D. Saving Certificate		NIT Units	
Shares Certificate		Prize Bonds	

FEE STRUCTURE AS APPROVED BY EDU. & LITERACY DEPTT. GOVT. OF SINDH.

S.NO	Detail of Fee class XI, XII Groups	P.E.	P.M.S.G	Com	Hum	H. Eco. / DPE
1	Admission Fee					
2	Monthly Tuition Fee					
3	Caution Money (Refundable					
4	Lab Equipments / Material Fund					
5	Sport Fee					
6	Magazine Fee					
7	Medical Fee					
8	Library Fee					
9	Student's Identity card Fee					
10	Any other Fee					
	Total					

Expected Annual Income Rs: _____ Estimated Annual Expenditure Rs: _____

BUILDING

Building of Institution: Government ☐ Private ☐

Is the building own by the Institution / Society / Trust? Yes ☐ No ☐

Is the premises rented? Yes ☐ No ☐ If yes? Rent agreement Valid up to

Is the building equipped with a firefighting kit? Yes ☐ No ☐

Are more than one institution are running in the same building? Yes ☐ No ☐

If yes provide name of the institution(s).

Morning: _____

Afternoon: _____

Evening: _____

Please provide the details of the building of the institute

Type of Rooms	Nos	Size of Room	Capacity of Students & Staff	Detail of furniture & Fittings
Principal Office				
Staff Room				
Office				
Library				
Class Room/ Lecturer Room				
Common Rooms				
Store Room				
Canteen				
Gymnasium				
Auditorium				

TEACHING STAFF

COMPULSORY SUBJECTS (FOR ALL GROUPS)

Subject	Name	Designation	Qualificaton	Division/Grade	Experie nce	Gross Pay	Date of Appointment	Full Time/Part Time
URDU								
ENGLISH								
ISLAMIAT								
PAK-STUD								

COMPULSORY SUBJECTS (FOR ALL GROUPS)

Subject	Name	Designation	Qualification	Division/G rade	Experience	Gross Pay	Date of Appointment	Full Time/Part Time
PHYSICS								
CHEMISTRY								
MATHS								
BOTANY								
ZOOLOGY								
STATISTICS								
COMP.SC.								
ECONOMICS								

OPTIONAL SUBJECTS (FOR COMMERCE GROUP ONLY)

Subject	Name	Designation	Qualification	Division/Grade	Experience	Gross pay	Date of Appointment	Full Time/Part Time
ACCOUNTING								
P.O.C								
ECONOMICS								
COMM.GEO								
B.MATHS								
STATISTICS								

Each teacher must have at least Master's Degree in his/her relevant subject

Attach attested photocopies of testimonials of Principals of the institution and teaching staff.

OPTIONAL SUBJECTS (FOR HUMANITIES GROUP ONLY)

Please Mention optional subjects	Name	Designation	Qualification	Division/Grade	Experience	Gross pay	Date of Appointment	Full Time/Part Time

Each teacher must have at least Master's Degree in his/her relevant subject

Attach attested photocopies of testimonials of Principals of the institution and teaching staff.

**OPTIONAL SUBJECTS (FOR HOME ECONOMICS GROUP / DIPLOMA IN PHYSICAL EDUCATION /
MEDICAL TECHNOLOGY)**

Please Mention optional subjects	Name	Designation	Qualification	Division/Grade	Experience	Gross pay	Date of Appointment	Full Time/Part Time

Each teacher must have at least Master's Degree in his/her relevant subject

Attach attested photocopies of testimonials of Principals of the institution and teaching staff.

NON-TEACHING STAFF

S.no	Name	Post/ Designation	Qualification	Pay	S.no	Name	Post/designation	Qualification	Pay
1		Superintendent			5		Computer Operator		
2		Clerk			6		Mali		
3		Peon			7		Sweeper		
4		Watchman							

LABORATORIES

S.no	Details	Physics	Chemistry	Botany	Zoology	Comp.Science	Statistics	
1	Dimensions of Lab & attached room							
2	How many Students can perform practical at a time							
3	Amount allocated for Laboratory of current year							
4	Amount spent last year							
5	Number of Groups							
6	Number of Students in each Group							
7	Drinking Water Facility							
8	Gas Fitting							
9	Electric Fitting							
10	Ventilation / Exhaust Fans							
11	No of Lab Assistant/lab Attendant							

NOTE: (1) Is any of the laboratory have museum if so, please give the detail. (2) Please attach list of equipment of each laboratory

LIBRARY

Is there a qualified Librarian? Yes ☐ No ☐

Name of Librarian: _____ Qualification: _____

Name of Library Attendant (if any): _____ Qualification: _____ Experience: _____

Last year Library Budget Rs: _____ Experience: _____

Amount spent on purchase the books for Library Rs: _____ Current year Library Budget Rs: _____

Daily News Papers: _____ Number of Magazines: _____

Please provide details of books available in Library of the Institute

A- TEXT / SYLLABUS BOOKS AVAILABLE IN THE LIBRARY (MEDIUM WISE & CLASS WISE)

I) COMPULSORY SUBJECTS OF ALL GROUPS

SUBJECTS	URDU	ENGLISH	ISL. EDUCATION	PAK. STUDIES
XI				XXXXXXXXXX
XII			XXXXXXXXXX	
TOTAL				

II) OPTIONAL SUBJECTS FOR PRE-ENGG., PRE-MED., SC., GEN. GROUPS

SUBJECTS	PHY	CHEM	MATHS	BOTANY	ZOOL	COMP.SC	STATS	ECO
XI								
XII								
TOTAL								

III) OPTIONAL SUBJECTS FOR COMMERCE GROUP

SUBJECTS	ACCOUNTING	P.O.C	COM.ECO	COM.GEO	B.MATHS	STATS
XI						
XII						
TOTAL						

IV) OPTIONAL SUBJECTS FOR HUMANITIES GROUP

SUBJECTS								
XI								
XII								
TOTAL								

V) OPTIONAL SUBJECTS FOR H. ECO. GROUP/DIPLOMA IN PHYSICAL EDUCATION/MED.TECH

SUBJECTS								
XI								
XII								
TOTAL								

B-NUMBER OF REFERENCE BOOKS

i)COMPULSORY SUBJECTS OF ALL GROUPS

SCIENCE		COMMERCE		HUMANITIES		H.ECO/PHYS.EDU/MED.TECH	

TOTAL NUMBERS OF
TEXT /SYLLABUS BOOKS

TOTAL NUMBERS OF
REFERENCE BOOKS

SPORTS FACILITIES

Name of D.P.E.: _____

Qualification: B.P.Ed. ☐ M.P.Ed ☐ Part time ☐ Full time ☐

Experience: _____ years Gross Monthly Pay Rs: _____

Is there Play Ground facility? Yes ☐ No ☐

Is there Indoor Games facility? Yes ☐ No ☐

Is there Out Door Games facility? Yes ☐ No ☐

MEDICAL FACILITIES

Is there a First Aid box? Yes ☐ No ☐

Is there any facility of students medical checkup? Yes ☐ No ☐

Is there any qualified doctor appointed? Yes ☐ No ☐

CO - CURRICULAR ACTIVITIES

Is there arrangement for Co-Curricular Activities? Yes ☐ No ☐

If yes provide details: _____

Seal & Signature of the

Principal of the Institution

FOR THE USE OF RECOGNITION SECTION, ZUEB

Submitted to Account Section:

Please accept Pay Order No. _____ dated _____ amounting to
Rs. _____ (Rupees _____ Thousand _____ Hundred _____ and
_____ only) for recognition for the Academic Session 20__ - 20__.

Signature of Dealing Clerk

FOR THE USE OF ACCOUNTS SECTION, ZUEB

Signature of Dealing Clerk