



**INSPECTION REPORT OF PRIVATE INSTITUTION TO GRANT AFFILIATION / RENEWAL FOR THE
ACADEMIC SESSION ____ TO ____**

PART-A

1. Date of Inspection _____

2. Name of Institute: _____

3. Established on: _____

4. Address _____

(a) District: _____ (d) E-mail Address: _____

(b) Institution's Phone No. (landline) (1) _____ (e) Web Site: _____

(c) Teaching Experience _____ years (f) Whatsapp No. : _____

5. Name of Principal: _____

(a) Qualification: _____ (d) Administrative Experience _____ years

(b) Experience: _____ (e) Phone No. (landline) of Principal _____

(c) Teaching Experience _____ years (f) Cel No. : _____

6. Institution Managed by: _____

(a) Society ☐ (b) Individual ☐ (c) Board ☐

(d) Name of the Society / Board / Individual: _____

7. Registration Issued by _____

(a) Registration Valid up-to: _____

(b) Registration Issued vide letter: _____

8. Institution Information: _____

(a) Shift: Morning ☐ Afternoon ☐ Evening ☐ Institution Timing: From ____ to ____

(b) Status of the institution ☐ Male ☐ Female ☐ Co-Education ☐

9. Is the institution affiliated with any other board? Yes ☐ No ☐

(a) if yes, Name of Board: _____

10. Building status:

(a) Total Area of Building / Institution

(c) Construction of Building on

(b) Government ☐ Private ☐ (d) Play Ground Yes ☐ No ☐(c) (e) Library Yes ☐ No ☐ (f) I.T Lab Yes ☐ No ☐(g) If private, premises status: Rented ☐ Own by the Society ☐ Trust ☐

(h) if it is rented building Monthly Rent Rs. _____ Rent Agreement valid up to _____

11. Group / Faculty for which Affiliation / Renewal was granted.

XI XII Pre-Medical	IX X SCIENCE
XI XII Pre-Engineering	IX X General
XI XII Science General	IX X Computer Science
XI XII Commerce	
XI XII Humanities	

1. Member Name _____ Signature _____

2. Member Name _____ Signature _____

3. Member Name: _____ Signature _____

12. Total Number of Admission Granted _____ **Total Seating Capacity** _____**13. Finance:**

(a) Total Income per Year _____

(d) Source of Income:

(i) Fees _____

a. _____

(ii) Other than fees _____

b. _____

(b) Total Expenditure per Year _____

(i) Salaries _____

(ii) Other the Salaries _____

(b) Total Profit/ Loss _____

(c) Per Year _____

14. Approved Fee Structure:

XI XII Pre-Medical	IX X Science
XI XII Pre-Engineering	IX X General
XI XII Science General	IX X Computer Science
XI XII Commerce	
XI XII Humanities	

15. CONDITION OF LABORATORIES

(a) Physics Lab	Satisfactory	unsatisfactory	Need Improvements
(b) Chemistry Lab	Satisfactory	unsatisfactory	Need Improvements
(c) Botany Lab	Satisfactory	unsatisfactory	Need Improvements
(d) Zoology Lab	Satisfactory	unsatisfactory	Need Improvements
(e) Computer Lab	Satisfactory	unsatisfactory	Need Improvements

16. Last year deficiencies indicated by the inspection Team.

Deficiencies	Remarks

17. Does the Institution rectify the deficiency communication to the Principal in last visit? (if any)Yes ☐ No ☐**18. OTHER CO-CURRICULAR ACTIVITIES.**

(a) What other activities are being undertaken by the institution?

(i) Academic _____

(ii) Co-curricular _____

(b) Is sufficient time allocated for academic &

Co-curricular activities? Yes ☐ No ☐

(c) Are any extra efforts being carried out for

Examinations preparation? Yes ☐ No ☐**19. Total Number of Teachers appointed / Posted in this Institution** _____**20. Total Number of teachers present on Inspection day** _____**21. ACADEMIC FACILITIES**

a) Does the Institute ensure that the Faculty is teaching
The approved syllabus recommended by the ZUEB with
The help of updated books and teaching material?

Yes ☐ No ☐

b) Does the Institute ensure that the faculty is covering

PART-B (PEN PICTURE BY INSPECTIN COMMITTEE

22. (a) Number of Institutions housed in the Building:

' _____
' _____

(b) About Building:

i. Building Condition:

' _____

ii. Building Location:

' _____

(c) Suitability:

' _____
' _____

(c) Play Ground:

' _____

(d) About Library:

' _____

(e) About Classrooms:

' _____

(f) Student Seating Capacity:

' _____

' _____

(g) About Furniture:

' _____

(h) Suitability as Examination Centre:

' _____

(i) Over all Condition:

' _____

4. Member Name _____ Signature _____

5. Member Name _____ Signature _____

6. Member Name: _____ . Signature _____

PART-C (COMPLIANCE INSPECTION VISIT REPORT)

23. It is certified that _____ Name of the Institution _____ was inspected on _____ and the standard set by the ZUEB, Karachi for the purpose of Affiliation/ reward renewal was Found up to the requirement/ not up to the requirement with certain deficiencies. It is therefore, recommended that above institution/ may be granted affiliation reward / may be granted affiliation provisionally & conditionally for the session 20 _____ in the following faculty / faculties

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____

8. _____ 9. _____ 10. _____ 11. _____ 12. _____

24. ADDITIONAL OF FACULTY (S) / SUBJECT (S).

- (a) The deficiencies pointed out will be rectified within _____ months, after which the institution will inform the ZUEB, Karachi for a special visit.
- (b) Deficiencies/ Conditions

1.	4.
2.	5.
3.	6.

SIGNATURE: MEMBERS OF AFFILIATION RENEWAL OF AFFILIATION COMMITTEE			
S. No.	NAME OF TEAM MEMBERS	CONTACT No.	SIGNATURE WITH DATE
1.		OFF:	
		RES:	
		CELL No.	
2.		OFF:	
		RES:	
		CELL No.	
3.	Arif Mahmood	OFF:	
	(Deputy Secretary)	RES:	
		CELL No.	

SUMMARY OF INSPECTIN REPORT

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1. Member Name: _____ . Signature _____