



ABBOTTABAD UNIVERSITY
OF SCIENCE & TECHNOLOGY
OFFICE OF THE REGISTRAR (ACADEMICs)
Ph -0992-811724, Fax No. 0992-402127

**INFORMATION FOR RECORD OF EDUCATIONAL INSTITUTION IN PUBLIC &
PRIVATE SECTOR WITH ABBATTOBAD UNIVERSITY OF SCIENCE &
TECHNOLOGY**

1.Name and Address of the Institute_____

2.Established by _____

3.Notification No._____

4.Name of Principal _____

5.Phone Office _____

Residence_____

6. Staff List:

(Given the following information)

- i. S. No.
- ii. Name of teacher with full Academic Qualifications.
- iii. Designations.
- iv. Date of appointments:
 - i. Adhoc
 - ii. Permanent
- v. Subject taught.
- vi. Period per week

7. Affiliation:

i. Subject in which affiliation is sought.

1. 4.

2. 5.

3. 6.

ii. Subject in which the institution is already affiliated.

1. 4.

2. 5.

3 6.

iii. Number of students already admitted.

8. Any outstanding dues.

9. Students (Number of students to be admitted, if affiliation is granted)

Medical

Engineering

Commerce

Information Technology

Humanities

9. Hostel available or not._____

10. Tuition Fee _____

11. Physical Facilities:

i. Lecturer Room _____

ii. Furniture _____

iii. Laboratory _____

iv. Other Rooms _____

v. Other Facilities _____

12. Library

i. Physical Facilities _____

ii. Librarian _____

whether qualified and _____
whole time

iii. Total number of Books _____

iv. Number of Books subject – wise _____

13. Efficiency and Discipline of Students, staff and other Employees.

State whether, the institute has proper rules
regarding the efficiency and discipline for
students, teachers and other employees

14. Sports

Are play grounds / facilities for different games available?

15. General:

i. Societies _____

ii. Name of students Magazine, if any _____

Dated:

**Signature of head of
Educational Institution**