

Accreditation Code (AC):

# Accreditation Request Form

Province/  
Area:

Balochistan

☐

Punjab

☐

KPK

☐

Sindh

☐

Gilgit /  
Baltistan

☐

AJK

☐

Federal

☐

Date of Application:

## Summary

Name of institution:

Name and duration  
of the program:

Accreditation Code (AC):

AC:

## I. Information of the institution

**Type of Institution:**

University:

☐

DAI:

☐

College:

☐

**Application for:**

Accreditation:

☐

Re-Accreditation

☐

**Name of the Institution:**

**Address of the institution where the program is offered:**

**Name of the head of the institution :**

**Name of the head of the program / department (if different from above):**

**Does the institution have other branch (s)?**

Yes

☐

No

☐

**Name of the campus for which Accreditation is applied:**

**Total number of Branch Campuses (including Main Campus):**

AC:

**Programs offered at your campus / branch, their duration and accreditation status.**

No.	Name of Program	Duration (in months)	Accreditation Status (Accredited / Applied / Not applied)	Code of the program (for official use only)
1				
2				
3				
4				
5				
6				
7				

**Number of staff and students in the institution.**

	Teaching Staff	Non-Teaching Staff	Students
Male	<input type="text"/>	<input type="text"/>	<input type="text"/>
Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Ownership:**

Public:  Private:

Corporate:  Trust:

**Status:**

Chartered:

Affiliated:

**Type of Charter:**

University:

Degree  
Awarding  
Institution:

AC:

If affiliated, mention the name of the affiliating university:

Affiliating university:

Province / Area:

Balochistan: ☐ KPK: ☐ Sindh: ☐ Punjab: ☐ Gilgit / Baltistan: ☐ AJK: ☐ Federal: ☐

Affiliation:

Permanent ☐

Provisional ☐

Temporary ☐

Affiliation Reference Number:

Affiliation Date:

Day:

Month:

Year:

Notification No. of the charter of the affiliating university:

Date of Charter:

Day:

Month:

Year:

AC:

## II. Information of the program

Name of the head of the  
program under  
evaluation:

Title of the  
Program to be  
accredited:

Name of degree:

Duration of the  
program:

Date when program  
launched:

Date of application for first  
accreditation (if applicable):

Day:

Month:

Year:

Number of  
allocated seats:

Male:

Female:

Number of enrolled  
students in the program:

Signature and name of the  
head of the program / department  
under evaluation:

Signature and name of the  
head of the institution  
(if different from above):

Date: