



Mirpur University of Science and Technology (MUST), Mirpur (AJK)

APPLICATION FORM FOR AFFILIATION

Note: Please use separate form for each degree program.

Not: Please answer in the given space precisely and clearly.

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 Head of Institute

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MIRPUR UNIVERSITY OF SCIENCE & TECHNOLOGY, MUST, MIRPUR

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	

Proforma No. 14-I

MIRPUR UNIVERSITY OF SCIENCE & TECHNOLOGY, MUST, MIRPUR
STATEMENT OF DETAILS OF BUILDING

NAME OF COLLEGE.....

Sr.No.	Details of Rooms	Size	Number	Remarks

Signature

Designation

MIRPUR UNIVERSITY OF SCIENCE & TECHNOLOGY, MUST, MIRPUR**STATEMENT OF NON-RECURRING (DEVELOPMENT) RECEIPT & EXPENDITURE FOR THE YEAR**

NAME OF COLLEGE

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

- Give detail of resources.

Signature

Designation

MIRPUR UNIVERSITY OF SCIENCE & TECHNOLOGY, MUST, MIRPUR
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

MIRPUR UNIVERSITY OF SCIENCE & TECHNOLOGY, MUST, MIRPUR

STATEMENT OF SPORTS FACILITIES/EQUIPMENTS

NAME OF COLLEGE

Sr.No.	ITEMS	QUANTITY	REMARKS

Signature

Designation

MIRPUR UNIVERSITY OF SCIENCE & TECHNOLOGY, MUST, MIRPUR

STATEMENT OF LIBRARY BOOKS/FACILITIES

NAME OF COLLEGE.....

Sr. No.	SUBJECT	TEXT/RECOMMENDED BOOKS		NO. OF RELEVANT BOOKS	NO. OF REFERENCE BOOKS	OTHERS
		No. of Titles	No. of Books			

OTHER FACILITIES

Item	Almirah	Racks	Chairs	Tables	Computers	Others

Signature

Designation

MIRPUR UNIVERSITY OF SCIENCE & TECHNOLOGY, MUST, MIRPUR

STATEMENT OF LABORATORY/S EQUIPMENT

NAME OF COLLEGE.....

S.NO.	SUBJECT/LAB*	NAME OF ITEMS	QUANTITY	REMARKS

- Give details of labs. For each subject Signature

Signature

Designation