

## APPLICATION FORM FOR THE GRANT OF AFFILIATION / EXTENSION OF AFFILIATION

Name of Institution	
Date of Establishment of Institution.	
Prior Affiliation	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes then please attach Certificate of Current Affiliation.
Subjects to be taught	Please submit details with emphasis on course outline and duration.
Regulating Authority	<input type="checkbox"/> Pakistan Medical & Dental Council <input type="checkbox"/> Pakistan Nursing Council <input type="checkbox"/> Punjab Medical Faculty <input type="checkbox"/> Any other  Please attach Certificate of Recognition.
Management Please submit Organizational Structure alongwith necessary explanatory notes.	<ul style="list-style-type: none"> <li>- Govt. Controlled</li> <li>- Autonomous with Governing Body</li> <li>- Trust with Governing Body</li> <li>- Any other</li> </ul> Attach copies of: <ol style="list-style-type: none"> <li>i. Memorandum / Articles of Association.</li> <li>ii. Registration Certificate from the Registrar, Joint Stock companies, Punjab, Lahore under the Societies Registration Act XXI of 1860.</li> </ol> <ul style="list-style-type: none"> <li>- Others (Please give details)</li> </ul>
Financial Resources	Please attach a copy of the approved Budget highlighting Revenue Sources and assets, identifying Expenditure heads alongwith a certificate duly signed by the Bankers about the financial position of the institution as well as that of its members. Also attach a copy of Bank Statement and endowment funds.
Human Resources	Please give details on Performa annexed at "A".
Code of Conduct/Disciplinary Rules Governing the Employees	<input type="checkbox"/> Governmental <input type="checkbox"/> Institutional Please attach a copy of rules.
Number of Students presently enrolled in each programme/class.	

Maximum number of students that can be enrolled with justification.	
Admission Policy for the students	Please give details including fee structure and provisions if any for assistance to deserving students.
Location of the Institution.	
Permission from concerned authority to use the building for Medical Education	Please attach the copy of permission
Area of the Campus (Must be very accurate figures)	Total <input type="text"/> Academic Block <input type="text"/> Administrative Block <input type="text"/>
Number of Lecture Theatres, Practical Documentation Rooms, Teaching material preparation workshop (photocopy, artist, modeling) and their seating capacity.	Lecture Theatre 1 _____ Lecture Theatre 2 _____ Lecture Theatre 3 _____ Lecture Theatre 4 _____ Lecture Theatre 5 _____
Subject wise Laboratories required with capacity for students.	
Library Services with Internet facility (for both staff and students)	Area / Capacity <input type="text"/> No. of Leading Books <input type="text"/> No. of Reference Books <input type="text"/> No. of Journals subscribed <input type="text"/> No. of Computers <input type="text"/> Please submit subject wise details of above information.
Transport Facilities	
Museum	
Attached Hospitals/Institutions for Practical work with details	

<p>1. Staff Residential Area of the Institution</p> <p>2. Hostels for students</p> <p>3. Recreational areas of students including play grounds.</p> <p>4. Mosque</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes then please give details.</p>
<p>Back up Power Supply Sources</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes then please give details.</p>
<p>Back up Water Supply Sources</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes then please give details.</p>

"A"

**FACULTY WISE INFORMATION**

Please furnish details in respect of each faculty separately

i

<b>Name of Faculty</b>	
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ii

<b>S #</b>	<b>NAME</b>	<b>DESIGNATION</b>	<b>TEACHING EXPERIENCE</b>

iii

<b>Sr #</b>	<b>DETAILS OF APPROVED POSTS</b>	<b>SANCTIONED</b>	<b>FILLED</b>	<b>VACANT</b>

**INSTITUTIONAL STAFF STRENGTH**  
*(All Cadres)*

<b>S #</b>	<b>POST</b>	<b>SANCTIONED</b>	<b>FILLED</b>	<b>VACANT</b>