



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

APPLICATION FORM FOR THE GRANT OF AFFILIATION / RE-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
Subject to be Taught	Please submit detail with emphasis on course outline and duration
Regulatory Authority	<input type="checkbox"/> Pakistan Medical & Dental Council <input type="checkbox"/> Pharmacy Council of Pakistan <input type="checkbox"/> Pakistan Nursing Council <input type="checkbox"/> Provincial Medical Faculty <input type="checkbox"/> Any other Please attach Certificate of Recognition
Management Please submit Organization Structure along with necessary explanatory notes	<ul style="list-style-type: none"> - Government Controlled - Autonomous with Governing Body - Trust with Governing Body - Any other Attach copies of: <ol style="list-style-type: none"> i. Memorandum / Articles of Association ii. Registration Certificate from the Registrar. Joint stock companies, Islamabad under the Societies Registration Act XXI of 1860. iii. Others (Please give details)
Financial Resources	Please attach a copy of the approved Budget highlighting Revenue Sources and assets, identifying expenditure heads along with a certificate duly signed by the bankers about the financial position of the institution as well as that of its members. Also attached 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	



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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 style="width: 100%;" type="text"/> Academic Block <input style="width: 100%;" type="text"/> Administrative Block <input style="width: 100%;" 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 style="width: 100%;" type="text"/> No. of Leading Books <input style="width: 100%;" type="text"/> No. of Reference Books <input style="width: 100%;" type="text"/> No. of journals subscribed <input style="width: 100%;" type="text"/> No. of Computers <input style="width: 100%;" type="text"/> Please submit subject wise details of above information.
Transport Facilities	
Museum	
Attached Hospital / Institutions for practical work with details	
1. Staff Residential Area of the Institution 2. Hostels for students 3. Recreational areas for students including playgrounds 4. Mosque	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes then please give details.
Backup Power Supply Sources	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes then please give details.
Backup water Supply Sources	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes then please give details.



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ANNEXURE- "A"

FACULTY WISE INFORMATION

Please furnish details in respect of each faculty separately

(i)

Sr. No	Name of Faculty
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(ii)

Sr. No	Name	Designation	Teaching Experience	PM&DC # / PNC #
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(iii)

Sr. No	Details of Approved Posts	Sanctioned	Filled	Vacant
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INSTITUTIONAL STAFF STRENGTH

(All cadres)

Sr. No	Post	Sanctioned	Filled	Vacant
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