



SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

AFFILIATION FORM FOR INSTITUTES/COLLEGES

Information Required	Attachments
Name of Institution:	
Complete Address:	
Contact: (Tel) Fax: E-mail: Web link of Institute/College, if any:	
Name of the Controlling Authority/Chief Executive:	
Name of the Head of Department: <ul style="list-style-type: none"> • Designation: • Qualification: • Teaching & Administrative Experience: • Contact No: 	
Prior Affiliation with SZABMU (If yes then please provide details)	
Name of the Degree requested:	
Approval from Regulatory Body, if applicable	
Legal Formalities:	
Date of Establishment of Institution	
Name of registered society/body, trust, foundation, NGO etc along with documentary proof.	
Ownership of Land/Lease agreement of at least 05 years.	
Governing body, its composition and other relevant details:	
NOC from Concerned University & Provincial Government, if applicable	
Financial Requirements:	
Endowment Fund	
Working capital/Bank statement	
List of tangible Assets along with proof of cost	
Recurring expenditure in terms of pays, allowances, maintenance, purchases, utilities, running laboratory expenses, examinations, consumables etc.	



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Faculty:	
List of Faculty <ul style="list-style-type: none"> • CVs • Copies of attested terminal Degrees/Certificates & Experience Certificates • Relevant post qualification Experience (Academic & Administrative) • Designation • Pay Scale along with record of salary transactions • Appointment Letters & Joining Letters Faculty Registration from the relevant Regulatory Body, if applicable Advertisements for hiring staff & faculty	
Administrative & Supporting Staff:	
Name Qualification Experience Certificate Pay Scale with record of salary transactions	
Building & Infrastructure:	
Building (owned/rented)	
Total covered area with Map	
Number of Classrooms with No of Fans/ACs/ heating & cooling system	
Laboratories	
Library	
Number of Computers in Computer Lab and internet Speed	
Play ground	
Prayer Area	
Parking & Green Area	
Male & Female Toilets	
Cafeteria	
Rooftop	
Hostel facility	
Other requirements such as Meeting Room, Conference Room, Auditorium, Common Rooms, Tutorial Rooms, Faculty offices, Rooms Administrative Staff	
Other Utilities: <ul style="list-style-type: none"> • No of Multimedia, Electricity, Drinking water, Landline, Gas/Fuel, Generator, CCTV Cameras, No of Security staff, Transport etc. 	



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Laboratories: <ul style="list-style-type: none">List of Subject wise Laboratories mentioning name and No of the equipment required and capacity for enrolled students	
Library: <ul style="list-style-type: none">Number of books, textbooks and reference books, journals (international and national), periodicals, newspapers, seating capacity, PERN Services etc.	
Training of the Students:	
Name of the attached Hospital	
Approval letter from Concerned Authority of attached Hospital mentioning the name of Programs, duration and Number of allowed students for each Program.	
List of Clinical Instructors	
Committees/Rules/Policies:	
<ol style="list-style-type: none">1. Medical aid Facility/Health care2. HEC Scholarship Policy3. Disciplinary Committee and Rules4. Monitoring and visitation Committee and Rules5. Recruitment Policy6. Staffing Strategy7. Curriculum and credit hours/Faculty Workload8. Student-Faculty Grievance Committee9. Sport Committee and Rules10. Anti-Harassment Committee and Rules11. Student Affair Section and Rules12. Proposed Fee Structure13. Academic Body of the Institute14. Research Board, if applicable15. Examination Committee16. Mess Committee	

Note: Please attach all documents and submit as per given Checklist.

Signature:
CNIC:
Contact No: