



Allied Educational & Testing Council

Established Under

Skill Development Association

Act XXI 1860 Government of Punjab Pakistan

Plot # b-5 7th Road Satellite Town, Rawalpindi.



APPLICATION FOR ACCREDITATION / REGISTRATION

- Note: (A) Answer to each question should be clear and define.
(B) Please attach additional sheets where required.

1.	Name of the Institute.	
2.	Postal Address with Telephone and Cell Numbers.	
3.	Date of Establishment of the Institution.	
4.	Total Land/Area in hold of the Institution.	
5.	Other Branches/Campuses of the Institution working in the province of Punjab.	
6.	Name of the Head of the Institution with Mobile Number.	
7.	Academic Qualification & Experience of Head of the Institute.	
8.	Details of schemes of studies being pursued by the Institution.	

9.	Level up to which classes are being conducted in the institution.	
10.	Medium of Instruction.	
11.	Number of students on roll gender wise.	
12.	Whether managed by a Registered Body, Foundation or Trust etc. if so please provide proof.	
13.	Whether Institute is running in the Morning and Evening.	
14.	Whether the building is owned by the Institution or acquired on rent, if on rent please provide lease agreement.	
15.	Whether the building is used for any other purpose during or after the working hours of the Institution. If yes, Explain.	
16.	Any scholarship/free-ships being given. If yes, please provide details.	
17.	Future plans for up-gradation / Expansion of the institution.	

Books in the Library

- Medical
- Computers
- Islam
- Literature
- Other
- Newspapers for Library

LAYOUT PLAN OF THE BUILDING

Library Dimension.	
Computer Labs Dimension.	
Number of Class Rooms with Dimensions.	
Number of Offices (Principal Office, Faculty Room, Girls Common Room and Reception).	
Is the Building is purposeful or not, please clarify.	
Any other Information about Institution.	
Extra-curriculum activities Indoor / Outdoor games.	

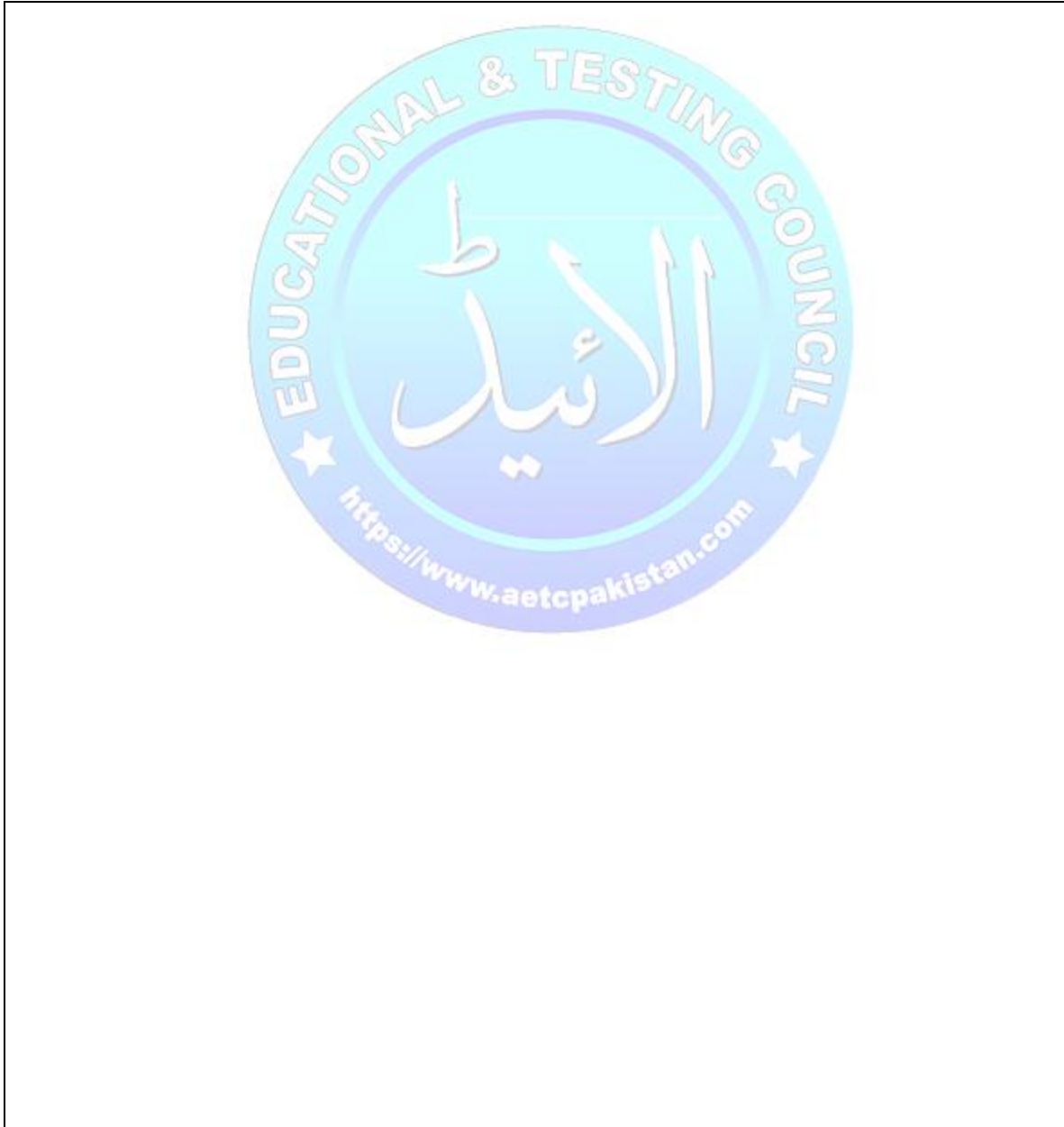
FURNITURE / FIXTURE

No. of Computer Tables	
No. of Computer Chairs	
No. of Students Chairs	
No. of Printers	
No. of White Board	
No. of Notice Board	
No. of Air conditioners	
No. of Ceiling Fans	
No. of Exhaust Fans	
No. of Office Tables	

DETAILS OF TECHNICAL LABORATORIES

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FACULTY PROFILE



Note: Accreditation fee + Extension fee once paid cannot be refunded.

The information given in the accreditation form is correct in the best of my knowledge.

Principal

REPORT VISITATION TEAM



Signature Member-1 _____

Signature Member-2 _____

Signature CEO _____

Signature Director AETC _____

Approved by Chairman AETC _____