

**Application Form (ACCR-1)**  
**Program Accreditation / Re-Accreditation**  
**for**  
**(Diploma of Associate Engineers Courses) DAE**

**1. Detail of Institution**

- a. Name of the Institution: \_\_\_\_\_
- b. Postal Address: \_\_\_\_\_
- c. City: \_\_\_\_\_ Province: \_\_\_\_\_
- d. Telephone No (s): \_\_\_\_\_
- e. Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_
- f. Date of Establishment: \_\_\_\_\_

**2. Registration Details**

- a. Name of Registration Authority: \_\_\_\_\_
- b. Date Registration Awarded: \_\_\_\_\_
- c. Period for which registration awarded: \_\_\_\_\_
- d. Detail of Registered DAE Programs
- e. No registration \_\_\_\_\_

Srl.	Name of DAE Program	Duration	Offered since	Approved Capacity	Batches graduated

**3. Details of Affiliation with Examining / Certification Body**

- a. Name of Affiliating Body: \_\_\_\_\_
- b. Date Affiliation Awarded: \_\_\_\_\_
- c. Period for which Affiliation awarded: \_\_\_\_\_
- d. Detail of Affiliated DAE Programs

Srl.	Name of DAE Program	Duration	Offered since	Approved Capacity	Batches graduated

**4. DAE Programs Presented For Accreditation**

Srl.	Name of DAE Program	Duration	Offered since	Approved Capacity	Batches graduated

**5. Detail of Previous Accreditation (if any)**

- a. Was the institute previously accredited? If Yes give details of programs accredited with the duration of accreditation.
- b. Was the institute declined its request for accreditation of programs? If yes, give details of the same.

**6. Detail of Institutional Campus**

- a. Detail of Classrooms
- b. Detail of Labs / Workshops for each technology (along with list of major equipment and training consumables for each Lab)
- c. Detail of Library books
- d. Detail of Hostel (if any)
- e. Detail of Playground (if any)

**7. Detail of Permanent Faculty**

Srl.	Name	Qualifications	Designation	Date of Employment

**8. Detail of Visiting Faculty**

Srl.	Name	Qualifications	Designation	Date of Employment


**9. Detail of Non Teaching Staff**

Srl.	Name	Qualifications	Designation	Date of Employment

**10. Documents to be attached**

- a. Self- assessment report of the institute
- b. Copy of Certificate of Registration issued by the concerned authority
- c. Copy of Certificate of Affiliation issued by the concerned authority
- d. Building Plan duly approved by concerned civic body i.e. LDA, RDA, TMA etc.
- e. Copy of Accreditation Certificate (s), if applicable.
- f. Copy of letter intimating refusal of accreditation status, if applicable.

**11. Applicant (Authorized Representative)**

- a. Name: \_\_\_\_\_
- b. Designation: \_\_\_\_\_
- c. Signature: \_\_\_\_\_
- d. Dated: \_\_\_\_\_

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**Note:** The applications duly complete in all respects should be submitted to the following address

The Director General (Accreditation & Certification), National Vocational and Training Commission, Evacuee Trust Complex, 5<sup>th</sup> Floor, Sector F – 5 / 1, Islamabad  
 Phone: +92-51-9207518, FAX: 0092-51-9206324