

Annexure “B”

Application Form (ACCR-2)
Program Accreditation / Re-Accreditation
for
Vocational Programs

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 Vocational Programs
- e. No registration _____

Srl.	Name of Vocational 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 Vocational Programs

Srl.	Name of Vocational Program	Duration	Offered since	Approved Capacity	Batches Graduated

4. Vocational Programs Presented For Accreditation

Srl.	Name of Vocational 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 Class rooms
- b. Detail of Labs / Workshops for each trade (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

Sr. No.	Name	Qualifications	Designation	Date of Employment

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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: _____

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, 5th Floor, Sector F – 5 / 1, Islamabad
Phone: +92-51-9207518, FAX: 0092-51-9206324

- a. For public sector institutions: via concerned TEVTA.
- b.** For private sector institutions: Submitted directly