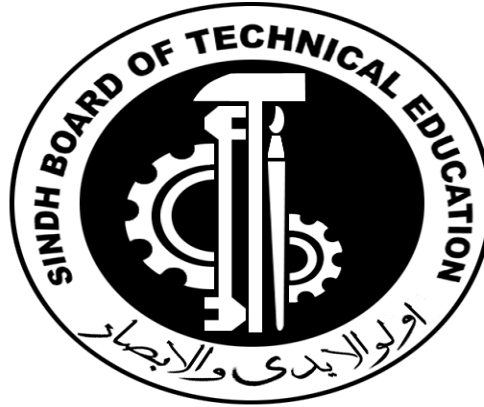


HUNNARMAND SINDH
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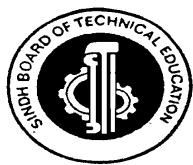


SBTE, CBT & A CELL

APPLICATION FOR CBT PROGRAM / INSTITUTIONS

AFFILIATION FORM

ST-22, BLOCK-6 MAIN UNIVERSITY ROAD GULSHAN-E-IQBAL, KARACHI
Phone No. 99244278, Ext: 338, 99243329-30 Fax. 99244166



SINDH BOARD OF TECHNICAL EDUCATION

ST-22, BLOCK-6 MAIN UNIVERSITY ROAD GULSHAN-E-IQBAL, KARACHI

www.sbte.edu.pk Phone No. 99244278, Ext: 338, 99243329-30 Fax. 99244166

To

The Secretary
Sindh Board of Technical Education
Karachi

Dear Sir,

I would like to hereby apply for Affiliation of CBT in the _____ Trade /
course at this Institute/ Centre with Board for **LEVEL** _____, details mentioned below:

1. NAME & ADDRESS OF THE INSTITUTE / CENTRE

NAME : _____

ADDRESS : _____

TELEPHONE NO. _____ FAX NO. _____

E-MAIL ADDRESS _____

2. NAME & ADDRESS OF THE INSTITUTE OWNER / APPLICANT

NAME : _____, DESIGNATION : _____

CNIC NO : _____

ADDRESS : _____

CELL NO. _____

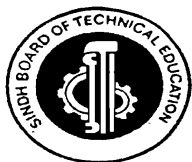
E-MAIL ADDRESS _____

COURSE AFFILIATION FEE CHALLAN / PAY ORDER / DEMAND DRAFT

NO. _____, DATED _____.

Yours Faithfully

NOTE: AFFILIATION FEE IS NOT REFUNDABLE AT ANY COST.



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INFORMATION DETAILS OF INSTITUTE/CENTRE **FOR CBT COURSE LEVEL AFFILIATION**

- NOTE:**
1. The Answer to each question should be specific.
 2. Please attached extra sheets on (Institute Letterhead) where necessary.

I.ACADEMIC

(1.1) Course (s) for which Affiliation is applied: _____

(1.2) Date / Session from which it is proposed to start classes: _____

(1.3) Are these courses prescribed by the BOARD / NAVTTC / STEVTA ? Yes / No.

(1.4) Library available ? Yes / No.

(1.5) Numbers of Books in Library _____.(Attached list of Books are available)

II. INSTITUTE/ CENTRE FURNITURE & EQUIPMENT STATUS

(2.1) What amount has been spent on equipment_____.

(2.2) Attach details list of Furniture, equipment available in Laboratory / Workshop & other Equipment as per Annexure-05. Yes / No.

III. INSTITUTE / CENTRE DATA BASE MANAGEMENT SYSTEM

(2.1) Does Assessment Centre have Data Base Management system for CBT & A Course? Yes / No.

(2.2) Does Assessment Centre appointed Data Manager in Assessment Centre? Yes / No.

IV. INSTITUTE / CENTRE INDUSTRY LINKAGE

(4.1) Does the institute have a concept / a strategy for an active partnership with industry? Yes/ No.

(4.3) Does the institute host joint events with industry? Yes / No.

(4.4) Does institute / Centre maintain successful students record to find adequate jobs in industry? Yes / No.

V. INSTITUTE / CENTRE STAFF

(5.1) Do you Know the Norm for Teaching / Technology/ Trade. Yes / No.

(5.2) Has the staff (Teaching & Non-Teaching) statement showing their qualification as per Annexure 01 attached? Yes / No.

(5.3) Are the Staff (Teaching & Non-Teaching) appointment Letters are attached? Yes / No.

(5.4) Copy of Service rules for Teaching & Non Teaching Staff is attached? Yes / No.

VI. INSTITUTE / CENTRE FINANCE DETAILS

(6.1) Institute/ Centre maintain Bank Account? Yes / No.

(If Yes, Please attach the Institute Bank Statement showing the Balance on the day of application)

(6.2) What is the rates of Titution fees _____ per month / Course.

(6.3) What are the sources of Annual Income & Assets of the Institute / Centre?

(6.4) How has the expected Annual Income from fee been worked out ?

(6.5) Attach the Estimated Annual Total expenditure of the Institute as per Annexure 03.

VII. INSTITUTE / CENTRE BUILDING STATUS

(7.1) Total Constructed Area at Present

(a) Ground Floor _____ Sq.ft + First Floor _____ Sq.ft + SecondFloor _____ Sq.ft
Total _____ Sq.ft.

(b) Area Proposed to be constructed in Future.

Coming Next Year _____ Sq.ft. & Coming Next 02 Years _____ Sq.ft.

(7.2) Does the Institutions possess building of its own? Yes / No.

(7.3) Is the building acquired on long Lease / Rent ? Yes / No.

(7.4) Is the line plan of the building attached ? Yes / No.

(7.5) Is the building Statement attached as per Annexure-04 ? Yes / No.

(7.6) Are other facilities available like, Filter Drinking Water, Cafeteria, First Aid, Generator, Emergency Exit & Play Ground? Yes / No.

CERTIFICATE

(1) Certified that the facts stated in Affiliation form are correct to the best of my knowledge.

NAME _____
 Seal & Signature
 Principal / Head of Institute

Check List (VI)

1	Bank Challan / Demand Draft / Pay order Rs. _____, in favour of Secretary Sindh Board of Technical Education, Gulshan-e-Iqbal Karachi.	
2	Appointment letter of Teaching / Non-Teaching staff, along with Academic & Professional Qualification Certificates & C.N.I.C. (Attach attested copies).	
3	List of Teaching / Non-Teaching staff, as per Annexure 01 & 02.	
4	Photo Copy of Educational Society / Managing Body.	
5	Photo Copy of Bills / Cash Memos / Invoice of Equipment & Furniture is purchased.	
6	Line Plan / Building Statement, as per Annexure 03.	
7	Proposed Time Table as per teaching Load.	
8	Copy of partnership deed / Undertaking on Stamp paper of Rs.100/= that who is owner & investor of the institute.	
9	List of Books in the Library (Quantity Wise).	
10	List of equipment as per WS/Labs/Technology/Trade wise, as per Annexure 04.	
11	Income & Expenditure Statement, as per Annexure 05.	
12	Bank Statement showing the balance on the day / before a week of submission of application.	
13	Rent / Ownership agreement attested photo copies.	



SINDH BOARD OF TECHNICAL EDUCATION

ST-22, BLOCK-06, GULSHAN-E-IQBAL, UNIVERSITY ROAD, KARACHI.

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Following annexure's **must be complete** & attach with affiliation form.
(On Your Institute Letter Head)

Annexure 01.

TEACHING / NON TEACHING STAFF DATA

SR.NO	NAME & DESIGNATION	CNIC NO.	AGE	DATE OF APPOINTMENT IN INSTITUTION	DEGREE / DIPLOMA	QUALIFICATION		SALARY INCLUDING ALL ALLOWANCES
						YEAR OF PASSING	UNIVERSITY /BOARD	

Annexure 02.

SR.NO	LENGTH OF SERVICE		TOTAL EXPERIENCE	NAME OF PERVIOUS INSTITUTE WHERE EMPLOYED	SUBJECT TAUGHT	TEACHING LOAD PER WEEK
	IN THIS INSTITUTION	IN OTHER INSTITUTION				

Annexure 03.

STATEMENT SHOWING THE EXPECTED INCOME & EXPENDITURE

SR.NO.	NAME OF HEADS	AMOUNT
1.	Remuneration of Teaching Staff	
2.	Remuneration of Non-Teaching Staff	
3.	Admission Fees	
4.	Tuition Fees	
5.	Forms & Prospectus Fees	
6.	Purchase of Raw Material	
7.	Purchase of new equipment & Furniture	
8.	Repair & Maintenance Charges	
9.	Rent of Building	
10.	Miscellaneous Charges	
TOTAL INCOME FOR THE YEAR		
TOTAL EXPENDITURE FOR THE YEAR		

Annexure 04

BUILDING STATEMENT

SR.NO.	NAME OF CLASS ROOM/ LABORATORY/WORSHOP/LIBRARY/OFFICES/ STORE/WASHROOM	SIZE OF ROOMS	
		LENGTH	WIDTH

Annexure 05

LIST OF EQUIPMENTS

SR.NO.	DETAIL OF FURNITURE & EQUIPMENT	CONDITION OF EQUIPMENT WITH YEAR OF PURCHASE	QUANTITY

NAME & SIGNATURE OF THE PRINCIPAL / HEAD OF INSTITUTE



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**FOLLOWING PROCEDURE SHOULD BE FOLLOWED BY INSTITUTE FOR
CBT ACCREDITATION COURSES**

1. Collect CBT accreditation form from SBTE Main Head office **Karachi** at inspection branch or SBTE Regional office at **Sukkur** Or Down load form from SBTE website: www.sbte.edu.pk.
2. Submit your Institution / Program Accreditation Fee through Bank Challan / Demand Draft / Pay order Rs. _____, in favour of **Secretary Sindh Board of Technical Education, Gulshan-e-Iqbal Karachi**.
3. Submit your CBT accreditation form before Start of new course at least **Two Months** to *SBTE Main Head office Karachi at inspection branch or SBTE Regional office at Sukkur*.
4. Within **25 Days** Accreditation Committee inspect the institution & grant accreditation if the institute fulfill the requirement.
5. Within **05 working Days** SBTE issue the **Accreditation Letter, Certificate & Accreditation Institute / Centre Digital ID Code**.
6. After accreditation the said institute registered their candidates within **One Month** on prescribed form issued by **SBTE CBT Cell**.