|  |  |  |
| --- | --- | --- |
| Description: emblem | **Government of Pakistan**  **National Vocational & Technical Training Commission**  **Plot # 38, Sector H/9, Kirthar Road, Islamabad** | Description: Logo  Navttc |

**Application for Accreditation of TVET Institute**

1. **Contact Details**
2. Name of the Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Telephone No(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Date of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Registration Details**
8. Name of Registration Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Registration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reg. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Period for which registration awarded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Detail of Registered Programs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr #** | **Name of Programs (Diploma, Certificate etc)** | **Duration** | **Approved Capacity** | **Registered**  **(YES/NO)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(Use Extra Sheet for additional information)

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

1. Name of Affiliating Body:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Affaliation Date (since):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Detail of Affiliated Programs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr #** | **Name of Course** | **Duration** | **Offered since** | **Approved Capacity** | **No. Of Batches Graduated** | **Affiliated**  **(YES/NO)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

(Use Extra Sheet for additional information)

**4. Detail of CBT programs, if any :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr #** | **Name of Program/course** | **Duration** | **Offered since** | **Approved Capacity** | **No. Of Batches Graduated** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**5. Detail of Previous Accreditation, if any :**

|  |  |  |  |
| --- | --- | --- | --- |
| Was the institute previously accredited for ‘Program(s)”? | **Yes / No** | **from Date** | **To Date** |
|  |  |  |
| Was the institute previously accredited as “Institute” |  |  |  |
| Was Institutional Accreditation denied Previously? |  |  | |
| Was any Program Accreditation denied previously?  Detail of such Programs :  1.  2. |  |

**6. Detail of Institutional Campus *(Please attach separate sheets)***

1. Detail of Classrooms ( Number, Space, Furniture)
2. Detail of Labs / Workshops for each technology including information about major equipment and training consumables for each Lab/trade
3. Detail of Library & Books.
4. Detail of Hostel, Playgrounds etc (if any)

**7. Detail of Permanent Faculty**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. #** | **Name** | **Qualification** | **Designation** | **Date of Employment** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**8. Detail of Visiting Faculty**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. #** | **Name** | **Qualification** | **Designation** | **Date of Employment** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**9. Detail of Non Teaching Staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. #** | **Name** | **Qualification** | **Designation** | **Date of Employment** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**10. Applicant (Principal / Director / CEO etc.)**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documents to be attached**

1. Copy of Certificate of Registration issued by the concerned authority
2. Copy of Certificate of Affiliation issued by the concerned body
3. Building Plan duly approved by concerned civic body
4. Copy of Previous Accreditation Certificate(s), if applicable

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

The Director (Accreditation)

National Vocational and Training Commission, NAVTTC HQs

**Plot # 38, Sector H-9/4, Kirthar Road,** Islamabad

Phone: +92-51-9044357,Email:navttc.accreditataion@gmail.com