

College Code



BOARD OF INTERMEDIATE EDUCATION, KARACHI.

**Proforma for
Affiliation / Renewal of Affiliation
Academic Session 20____ 20____**

Name of Institution _____

Email: recognitionsection.biek@gmail.com, Website: www.biek.edu.pk
Office Contact # 99260211, 99260213 (Ext: 217,218)

**CONDITIONS PRESCRIBED FOR AFFILIATION / RENEWAL OF
AFFILIATION OF INSTITUTIONS
FOR THE ACADEMIC SESSION 2020-202_____**

Instructions:

1. Each question in the **Proforma** should be answered in clear and definite language.
2. The Proforma should be properly and completely filled by the head of the Institution.
3. The given information shall be examined as per criteria / conditions made in light of Rules framed under Boards of Intermediate & Secondary Education Ordinance, 1972 (as amended) with subsequent prescribed regulations and policies made from time to time, besides the other means of verification devised for the purpose.
4. The authorized person / team shall conduct monitoring of the observance of the set criteria / conditions from time to time and if any deficiency found shall be dealt in accordance with the prescribed rules / policy.
5. No application for recognition of a new institution, other than a Government institution, shall be entertained unless full facts regarding its financial stability are available.
6. No institution shall start classes and admit students unless specially permitted by the Board.
7. When an institution desire to add to the courses of instruction other than those already recognized, the procedure prescribed for recognition shall be followed.
8. The rights conferred on an institution by recognition may be withdraw in whole or in part or modified, if such an institution fails to continue to maintain less than 33% result or to satisfy the condition of its recognition or if the institution is conducted in a manner which is prejudicial to the interests of education.
9. The institute shall maintain provident fund account or pension or both for teachers and employees.
10. Institution shall ensure 75% attendance of the students and make available the records for inspection teams of the Board every time.
11. Minimum strength of students in one class of studies in Science faculty is 30 and 20 students in Commerce / Humanities / Home_Economics / Medical_Technology / Diploma in Physical Education, is mandatory.
12. It shall be mandatory to make the institution available for inspection by the Board's representatives, inspectors etc. and fixation of examination center with accommodation, furniture, staff and other facilities.
13. Institution shall not be shifted from one building to another building or premises without explicit permission of the Board.

**Seal & Signature of the
Principal of the Institution**

DOCUMENTS TO BE SUBMITTED WITH THE PROFORMA FOR
AFFILIATION / RENEWAL OF AFFILIATION

1. Copy of registration of the Society with the registering authority.
2. Copy of the approved list of members of the Managing Committee.
3. Copy of the approved powers and functions of the managing committee.
4. Copy of the registration certificate by the Directorate / Education Department.
5. Detail of building premises (together with building plan) including furniture and fixture.
6. Proof of financial stability including Bank Statement of the institution / Certificate / Evidence of Endowment Fund / Fixed Deposit etc. of the institution / society, and statement of initial expenses and sources thereof.

*Applicant should possess financial strength at least equal to **one-year expenditures** of three / two below mentioned components:*

- a. Rent of the Premises as per Tenancy Agreement (Only in case applicant does not own the premises)*
 - b. Operational Cost (Duly signed Statement other-than Salaries)*
 - c. Salaries of Teaching and Non-Teaching Staff*
7. List of teaching and other staff with qualification and other details.
 8. Copy of fee structure approved by the authority.
 9. Details of accommodation, furniture equipment apparatus, fittings etc.
 10. Photostat Copy of prospectus / staff identity card / student's identity cards etc.

1. GENERAL INFORMATION

1.1. Name of Institution:				
1.2. Established on:				
1.3. Address:				
		1.4. Town	1.5. District:	
1.6. Land Line Phone No.		1.7. WhatsApp No.		
1.8. E-mail Address:		1.9. Web Site Address:		
1.10. INSTITUTION REGISTRATION CERTIFICATE ISSUED BY EDUCATION, & LITERACY DEPARTMENT. GOVT. OF SINDH No./DIR/PS/RECER/1- /20____ Dated:_____ valid for_ ____ year w.e.f. _____ to_____.				
1.11. Sales Tax				
1.11.1. STRN:		1.11.2. Sindh Sales Tax No.		1.11.3. Exemption if any:
1.12. Shift	1.12.1. Morning Shift	1.12.2. Afternoon Shift	1.12.3. Evening Shift	
1.13. Institution's Timing:	From:		To:	
1.14. Working days:	1.14.1. Monday to Friday		1.14.2. Monday to Saturday	
1.15. Status of the Institution:	1.15.1. Male	1.15.2. Female	1.15.3. Co-Education	
1.16. Is the institution affiliated with any other Board?	Yes		No	
1.16.1. If Yes, Name of the Board:				
1.17. Faculty for which Affiliation/Renewal of Affiliation / Recognition Required:				
1.17.1.	1.17.2.	1.17.3.	1.17.4.	1.17.5.
1.18. Details of each member of teaching faculty as per proforma (specimen at page no.16) for the academic session 20____20_____.				
1.19. Detail of Expected Enrolment. (for New Affiliation)				
1.20. Detail of Last Year Enrolment (for Renewal of Affiliation)				
S. NO.	GROUP / FACULTY	XI	XII	TOTAL
1.20.1.	Science Pre-Medical			
1.20.2.	Science Pre-Engineering			
1.20.3.	Science General			
1.20.4.	Commerce			
1.20.5.	Humanities			
1.20.6.	Home Economics			
1.20.7.	Diploma in Physical Education			
1.20.8.	Medical Technology			

2. MANAGEMENT														
2.1.SOCIETY / NGO / INDIVIDUAL														
2.1.1.Name of Society / N.G.O. / Individual:														
2.1.2.Established on:				2.1.3.Registration No.				2.1.4.Registration Date						
2.1.5.Official Address:														
2.1.6.Land Line No.						2.1.7.Cell Phone No.								
2.1.8.Email:						2.1.9.Web site:								
2.2.OWNER / CHAIRMAN OF THE SOCIETY etc.														
2.2.1.Name of Owner / Chairman														
2.2.2.Qualification:														
2.2.3.Experience in Years				2.2.3.1. Teaching Experience				2.2.3.2. Administrative Experience						
2.2.4.Phone No. 021-						2.2.5.WhatsApp No.								
2.2.6.CNIC No.							-						-	
2.3.PRINCIPAL														
2.3.1.Name of Principal:														
2.3.2.Qualification:														
2.3.3.Experience in Years				2.3.3.1. Teaching Experience				2.3.3.2. Administrative Experience						
2.3.4.Phone No. 021-						2.3.5.WhatsApp No.								
2.3.6.CNIC No.							-						-	
3. FINANCE														
3.1. SOURCE OF INCOME OF INSTITUTION:														
3.1.1.Title of Bank Account of Institution:														
3.1.2.Account No.:				3.1.3.Bank Name:				3.1.4.Branch:						
3.2. SOURCE OF INCOME OF THE SOCIETY:														
3.2.1.Title of Bank Account of Society:														
3.2.2.Account No.:				3.2.3.Bank Name:				3.2.4.Branch:						
3.2.5.Does institution depend on donations?								Yes		No.				
3.2.5.1.If yes, provide the details of donors:														
S. No.	Name of Donors					Amount of last year donations				Amount of current year donations				
3.2.5.1.1.														
3.2.5.1.2.														
3.2.5.1.3.														

4. ENDOWMENT FUND								
4.1. Endowment Fund	Amount	Account No.	Bank	Branch				
Deposit	Rs.50,000/-							
5. FIXED DEPOSIT (Equal to one Year Expenditure of the Institute)								
	Amount (Rs.)	Account No.	Bank	Branch				
5.1. Defense Saving Certificate								
5.2. Shares Certificate								
5.3. NIT Units								
5.4. Behbood Saving Certificate								
5.5. Others								
6. According to Income Statement Expected Annual Revenue			Rs.					
7. According to Income Statement Estimated Annual Expenditure			Rs.					
8. According to Income Statement Estimated Annual Profit/Loss			Rs.					
9. FEE STRUCTURE AS APPROVED BY EDUCATION & LITERACY DEPARTMENT GOVERNMENT OF SINDH:								
S.No.	Detail of Fee class XI, XII Groups	P.E	P.M	S.G	Com	Hum	H.Eco.	DPE
9.1.	Admission Fee							
9.2.	Monthly Tuition Fee							
9.3.	Caution Money (Refundable)							
9.4.	Lab Equipment's / Material Fund							
9.5.	Sport Fee							
9.6.	Magazine Fee							
9.7.	Medical Fee							
9.8.	Library Fee							
9.9.	Students Identity card Fee							
9.10.	Any other Fee							
9.11.	Total							

10. Building of Institution:	10.1. Government	10.2. Private		
10.3. Total Area of Building of Institution				
10.3.1. Covered Area:	10.3.2. Open Space:	10.3.3. Total Area:		
10.4. Category of Plot.				
10.4.1. Commercial Plot:	10.4.2. Residential Plot:	10.4.3. Amenity Plot:		
			Yes No	
10.5. Is the building own by the Institution / Society / Trust?			Yes No	
10.6. Is the building rented?			Yes No	
10.6.1. If yes? Monthly Rent Rs.		10.6.2. Rent agreement Valid up to		
10.7. Is the building equipped with a fire fighting kit?			Yes No	
10.8. Are more than one institution are running in the same building?			Yes No	
10.9. If yes provide name of the institution(s).				
10.9.1. Morning:				
10.9.2. Afternoon:				
10.9.3. Evening:				
10.10. Please provide the following details:				
Detail	Nos	Size of Room	Capacity of Students & Staff	Detail of furniture & Fixture
10.10.1. Principal Office				
10.10.2. Staff Room				
10.10.3. Student Affairs Office				
10.10.4. Library				
10.10.5. Class Rooms				
10.10.6. Common Rooms				
10.10.7. Store Room				
10.10.8. Canteen				
10.10.9. Gymnasium				
10.10.10. Auditorium				
10.10.11. Play Ground				
10.10.12. Swimming Pool				

11. TEACHING STAFF

11.1. COMPULSORY SUBJECTS (FOR ALL GROUPS)

SUBJECTS	N A M E	CNIC#	CELL PHONE NO.	DESIGNATION	QUALIFICATION	FULL TIME/ PART TIME
11.1.1. URDU						
11.1.2. ENGLISH						
11.1.3. ISLAMIAT						
11.1.4. PAKISTAN STUDIES						

11.2. OPTIONAL SUBJECTS (FOR PRE-ENGINEERING, PRE-MEDICAL, SCIENCE GENERAL (COMPUTER SCIENCE) GROUPS						
SUBJECTS	N A M E	CNIC#	CELL PHONE NO.	DESIGNATION	QUALIFICATION	FULL TIME/ PART TIME
11.2.1. PHYSICS						
11.2.2. CHEMISTRY						
11.2.3. MATHS						
11.2.4. BOTANY						
11.2.5. ZOOLOGY						
11.2.6. COMPUTER SCIENCE						
11.2.7. STATISTICS						
11.2.8. ECONOMICS						

11.3. OPTIONAL SUBJECTS (FOR COMMERCE GROUP ONLY)						
SUBJECTS	N A M E	CNIC #	Cell Phone NO.	Designation	Qualification	Full Time / Part Time
11.3.1. ACCOUNTING						
11.3.2. P.O.C						
11.3.3. ECONOMICS						
11.3.4. COMMERCIAL GEOGRAGHY						
11.3.5. BUSINESS MATHS						
11.3.6. STATISTICS						

- Each teacher must have at least Master's Degree in his/her relevant subject
- Attach attested photocopies of testimonials with photograph of Principal and teaching staff of the institution.
- Teachers Bio-Data must be provided according to the format attached herewith at page no.16
- Teachers Bio-Data must be filled by each teacher individually.

12. NON-TEACHING STAFF

S. No	Name	Post / Designation	Qualification	Pay (Rs.)	S. No.	Name	Post / Designation	Qualification	Pay (Rs.)
12.1.		Superintendent /Admin Officer			12.2.		Lab Assistant		
12.3.		Senior Clerk			12.4.		Peon		
12.5.		Clerk			12.6.		Mali		
12.7.		Computer Operator.			12.8.		Watchman		
12.9.		Lab Attendants			12.10.		Sweeper		

13. LABORATORIES

S. No	Detail	Physics	Chemistry	Botany	Zoology	Comp. Science	Statistics	
13.1.	Dimensions of Lab & attached room							
13.2.	How many Students can perform practical at a time							
13.3.	Amount proposed for Laboratory for current year							
13.4.	Amount spent last year							
13.5.	Number of groups							
13.6.	Number of students in each group							
13.7.	Drinking Water facility							
13.8.	Gas fitting							
13.9.	Electric fitting							
13.10.	Ventilation/Exhaust Fans							
13.11.	No of Lab Assistant/Attendant							

NOTE:

- 1) **Is any of the Laboratory have museum; if so, please give the detail.**
- 2) **Please attach the list of equipment of each laboratory.**

14. LIBRARY									
14.1. Is there a qualified Librarian?		Yes		No		14.1.1. Part Time		14.1.2. Full Time	
14.2. Name of Librarian:									
14.2.1. Qualification		M.L.I.S		M.A.(Lib.Sci.)		14.2.2. Part Time		14.2.3. Full Time	
14.2.4. Experience				Years		14.2.5. Gross Monthly Pay Rs.			
14.3. Name of Library Attendant (if any):									
14.3.1. Qualification						14.3.2. Part Time		14.3.3. Full Time	
14.3.4. Experience				Years		14.3.5. Gross Monthly Pay Rs.			
14.4. Last Year Library Budget Rs.					14.5. Current Year Library Budget Rs.				
14.6. Amount spent on purchase the books for Library Rs.						14.7. Number of Magazines			
14.8. Daily News Papers:					14.9. Seating Capacity in Library				
15. PLEASE PROVIDE DETAILS OF BOOKS AVAILABLE IN LIBRARY OF THE INSTITUTE									
15.1. TEXT / SYLLABUS BOOKS AVAILABLE IN THE LIBRARY (Please mention in numbers)									
15.1.1. COMPULSORY SUBJECTS OF ALL GROUPS									
SUBJECTS	URDU		ENGLISH		ISL. EDUCATION		PAK. STUDIES		
XI							XXX		
XII					XXX				
TOTAL									
15.1.2. OPTIONAL SUBJECTS FOR Pre-Eng., Pre-Med., Science General Groups									
SUBJECTS	PHY.	CHEM.	MATHS	BOTANY	ZOO.	COMP.SCI.	STATS	ECO.	
XI									
XII									
TOTAL									
15.2. OPTIONAL SUBJECTS FOR Commerce Group									
SUBJECTS	ACCOUNTING		P.O.C	P.O.E.	COMM. GEO.		B.MATHS	STATISTICS	
XI					XXX			XXX	
XII			XXX	XXX			XXX		
TOTAL									
15.3. OPTIONAL SUBJECTS FOR Humanities Group									
SUBJECTS									
XI									
XII									
TOTAL									
15.4. OPTIONAL SUBJECTS FOR H. Eco. Group / Diploma in Physical Education.									
SUBJECTS									
XI									
XII									
TOTAL									

15.5. NUMBER OF REFERENCE BOOKS							
15.5.1. SCIENCE		15.5.2. COMMERCE		15.5.3. HUMANITIES		15.5.4. H. ECO. / PHYS. EDU.	
Subjects	Books	Subjects	Books	Subjects	Books	Subjects	Books
Physics		Accounting					
Chemistry		P.O.C.					
Botany		P.O.E.					
Zoology		Comm. Geo.					
Mathematics		B. Maths					
Statistics		Statistics					
Comp.Sci.							
Economics							
15.6. TOTAL NUMBERS OF TEXT / SYLLABUS BOOKS				15.7. TOATAL NUMBERS OF REFERENCE BOOKS			

16. SPORTS FACILITIES

16.1. Name of D.P.E.:

16.1.1. Qualification	B.P.Ed	M.P.Ed	16.1.2. Part Time	16.1.3. Full Time
16.1.4. Experience	Years	16.1.5. Gross Monthly Pay	Rs.	

16.2. Is there Play Ground Facility?	Yes	No
16.3. Is there Indoor Games Facility?		
16.4. Is there Out Door Games Facility?	Yes	No

17. MEDICAL FACILITIES

17.1. Is there a First Aid Box?	Yes	No
17.2. Is there any facility of student's medical checkup?		
17.3. Is there any qualified doctor appointed?	Yes	No

18. CO-CURRICULAR ACTIVITIES

18.1. Is there arrangement for Co-curricular Activities	Yes	No
18.1.1. If Yes provide details:		

19. Date of Submission of Proforma:

20. Mr.	bearing CNIC No.										-	-
and Cell Phone No.	0	3										

is hereby authorized to attend the BIEK on behalf of the principal / institution and shall complete the codal formalities for recognition / renewal of recognition.

Specimen Signature of the authorized person. _____.

Seal & Signature of the
Principal of the Institution

21. Teacher bio-data (To be filled by each teacher individually)

NAME OF THE INSTITUTION:

Name in full (Capital Letters):

Father's Name:

Designation:

Grade/Scale:

Subject:

CNIC#

-

-

Gender:

Male

Female

Teaching Experience in College:

Date of birth: (DD-MM-YY)

Date of entry in Service:

Date of retirement from Service:

Seniority List No:

Email address:

Cell Phone#

0

-

Land Line No.

0

2

1

Vehicle Make (if any):

Vehicle Registration No.

Current address (Capital Letters):

Town:

District:

City: KARACHI

Postal Code:

Permanent address (Capital Letters):

Town:

District:

City:

Postal Code:

EDUCATIONAL QUALIFICATION

Qualification	Year	Subject	University/College	Grade /Division
1. Ph. D				
2. M.Phil.				
1. M.S.				
3. M.S.C / MA				
4. Graduation				

Seal & Signature of the Teacher:

EMPLOYMENT INFORMATION

Current employer:	College Education Department Govt: of Sindh		
Employer address:			
Phone:	E-mail:	Web Site:	
Town:	District:	Postal Code:	City:

RECOMMENDATION OF HEAD OF INSTITUTION

I hereby certify that all particulars furnished in this application are true and correct to the best of my knowledge.

Seal & Signature of Head of Institution:

(Note: Following is the Specimen of Undertaking in case registration certificate is not valid up-to the end of the current Academic Session (i.e. July, 20____). Undertaking must be on Rs.50. Stamp Paper)

22. Undertaking for Board of Intermediate Education Karachi

I _____ Principal of _____ College / HSS
is submitting undertaking that I shall provide the Registration Certificate issued by the Directorate of
Inspection & Registration of Private Schools / Colleges within a period of _____ days, failing which the
responsibility shall be on my shoulders.

**Seal & Signature of the
Principal of the Institution**

Dated:			-			-		
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23. FOR USE OF RECOGNITION SECTION:		
23.1. Following details / documents are required:		
23.1.1.		
23.1.2.		
23.1.3.		
23.1.4.		
23.1.5.		
23.1.6.		
23.1.7.		
23.1.8.		
23.1.9.		
23.1.10.		
Date:	Name and Signature of the Dealing Clerk	
23.2. Following discrepancies removed:		
Details	Date	Name and Signature of the Dealing Clerk
23.2.1.		
23.2.2.		
23.2.3.		
23.2.4.		
23.2.5.		
23.2.6.		
23.2.7.		
23.2.8.		
23.2.9.		
23.2.10.		



BOARD OF INTERMEDIATE EDUCATION KARACHI

S No.		College Code		Issuing Date							Signature	
Submission of Affiliation / Renewal of Affiliation Fee for the Session										20	-	20
Deposit Slip for A/c Section								Dated		-	-	
Title of A/c.												
On A/c of Affiliation / Renewal of Affiliation										Amount (Rs.)		
Mode of Payment	Name of Bank		Cash									
			Bank Draft 1									
			Bank Draft 2									
			TOTAL									
Amount in Words:												
Receiving Date:		-		-		Signature of Dealing Official of Recognition Section						

Submission of Affiliation / Renewal of Affiliation Fee for the Session										20	-	20
Deposit Slip for A/c Section								Dated		-	-	
Title of A/c.												
On A/c of Re-visit for Affiliation / Renewal of Affiliation										Amount (Rs.)		
Mode of Payment	Name of Bank		Cash									
			Bank Draft 1									
			Bank Draft 2									
			TOTAL									
Amount in Words:												
Receiving Date:		-		-		Signature of Dealing Official of Recognition Section						

FOR THE USE OF ACCOUNTS SECTION, BIE, KARACHI ONLY

<p>For Affiliation/Renewal of Affiliation</p> <p>_____</p> <p>Stamp of A/c Section & Signature of Dealing Official</p>	<p>For Re-Visit of Affiliation/Renewal of Affiliation</p> <p>_____</p> <p>Stamp of A/c Section & Signature of Dealing Official</p>
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