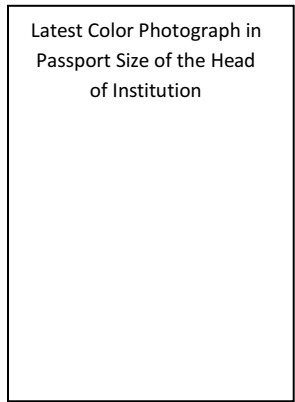




EXPRESSION OF INTEREST FOR OPENING OF STUDY CENTER

Personal Profile of Head of Institution

- 1. Name:
2. Father Name:
3. Gender: Male Female
4. CNIC No:
5. Designation:
6. Latest Qualification:
7. Contact Information:
a. Phone Number:
b. Mobile Number:
c. Email:
8. Photo ID Proof: Driving License Passport ID Card



Institution Profile

- 1. Name of institution:
2. Year of Establishment:
3. Type of Institution: Trust Cooperative Society Partnership Firm Society Autonomous Institution Proprietorship Firm Company College UG/PG &Above Govt. Organization Others

4. Full Postal Address:

District: Province:

Postal Code:

- 5. Official Communication:
a. Phone Number:
b. FAX:
c. Mobile Number:
d. Email
e. Website:

Fill the following and enclose proper Proof:

6. Premises Details: Owned Rented
7. Total Carpet Area of institution (Sq. Ft.): _____
8. Total Site Area of Institution (Sq. Ft.): _____
9. Ready for Operations: Yes Not Yet
10. Internet Connectivity: Leased Line Broadband Dial-Up Speed _____
11. Details of Computers (Add Additional Sheet if Required):

Type	Processor	RAM	HDD	Network (Y/N)	Internet (Y/N)	WebCam (Y/N)	Quantity
Server Computer Type A							
Server Computer Type B							
Client Computer Type A							
Client Computer Type B							
Client Computer Type C							
Client Computer Type D							

12. Infrastructure Details: Generator LCD Player FAX Photo Copier Projector

Sr. No	Other Infrastructure	Units	Area (Sq. Ft.)	Seating Capacity
1	Training / Class Rooms			
2	Library (Total Books: ____)			
3	Reading Room / Conference Room / Audio Visual Room			
4	Administrative Area / Counseling Rooms			
5	Lab Room			
6	Service Area – Toilets etc.			
7	Other: Lawn			

(Add Additional Sheet if Required)

13. Technical and Administrative Staff Details:

Enclose list of all Staff Members in following format:

Name Father's Name Date Of Birth Gender Academic Qualification Experience (Technical & non Technical both) Level of Association (Full Time / Part Time / Visiting Faculty) Key Skills
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Name of the Centre Coordinator: _____

Designation: _____ Qualification: _____

Mobile Number: _____ eMail: _____

DECLARATION

We certify that the particulars furnished above or in the preceding pages are true to best of our knowledge and express our willingness for an inspection of the infrastructural facilities, qualified staff etc. We declare that the institute will abide by all the rules and directions of AIMS Virtual Campus given time to time. We are ready to work under the supervision of the Network Advisor of the AIMS VI and their Regional Office. In case any Information furnished by us is found wrong or incomplete in any regard, we shall be bound to any decision taken by AIMS VI. I hereby confirm that I will regularly visit/login website namely www.alliedinstitutes.edu.pk and the AIMS VI website www.AimsPakistan.com and any information relevant to my students / programs and other rules & Regulations change will be received by me from above-said websites. Further, I will never claim any information officially or unofficially in hard copy format. Therefore, only I will be responsible for all types of consequences, if I don't visit/login the said websites.

Seal & Signature of the Head of Institution

Seal & Signature of the Center Coordinator