

## EXPRESSION OF INTEREST FOR OPENING OF STUDY CENTRE

### 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

Latest Color Photograph in  
Passport Size of the Head  
of Institution

### Institution Profile

1. Name of institution: \_\_\_\_\_
2. Year of Establishment: \_\_\_\_\_
3. Type of Institution:
 

	Trust <input type="checkbox"/>	Cooperative Society <input type="checkbox"/>	Partnership Firm <input type="checkbox"/>
(Tick Most Appropriate)	Society <input type="checkbox"/>	Autonomous Institution <input type="checkbox"/>	Proprietorship Firm <input type="checkbox"/>
Enclose Necessary Details and proofs	Company <input type="checkbox"/>	College UG/PG & Above <input type="checkbox"/>	Govt. Organization <input type="checkbox"/>
	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: _____				

(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 COMSATS Virtual Campus given time to time. We are ready to work under the supervision of the Network Advisor of the COMSATS VC 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 COMSATS VC. I hereby confirm that I will regularly visit/login website namely [lms.vcomsats.edu.pk](http://lms.vcomsats.edu.pk) and the COMSATS VC website [www.vcomsats.edu.pk](http://www.vcomsats.edu.pk) 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