

UNIVERSITY OF MALAKAND

(Affiliation Performa to be filled in by the Inspection Committee Members)

1. DATE OF INSPECTION: _____

2. NAME OF THE INSTITUTION: _____

3. PHYSICAL FACILITIES:

(a) Building

i. Class Rooms: _____ Capacity: _____

ii. Offices: _____

iii. Examinations Hall: _____

iv. Others: _____

(b) Library: _____ Capacity: _____

Total number of books in each subject. Journals, Magazines and other information about library services.

(c) Sports facilities

4. Staff

5. _____

(a) Faculty with Qualification, Pay Scale and Criteria for Selection (level wise)

6. _____

(a) Administrative and supporting staff

7. Remarks (Subjects/Departments concerned)

Remarks (General)

8. Recommendations:

(Secretary)
Inspection Committee

Name of Member: _____
Signature: _____

Name of Member: _____
Signature: _____

Name of Member: _____
Signature: _____

(Convener)
Inspection Committee