



# National Agriculture Education Accreditation Council

## REGISTRATION FORM

Name of University/Faculty

  

Federal/Provincially Chartered

Sector(Private/Public)

Address

  

Telephone

Area Code

Number

Fax

Area Code

Number

Email Address

Website

Contact Person Name

Designation

Office Tel

Area Code

Number

Fax

Area Code

Number

Email Address

## Faculty Profile

Name of Academic Program/Department	Enrollment 2007-08	Full Time Faculty		Supporting Departments Full Time Faculty		
		Ph.D	Non Ph.D	Maths/Stats	Natural Sciences	Humanities & Social Sciences

## Laboratories

Name of Academic Program/Department	No.of Labs	Area of Labs	Students Capacity	Resource allocation (Annual)		Field Experimental Area

## Degree Program Details

Subject/Area	Ph.D		M.Sc (Hons)		B.Sc(Hons)	
	Years	Credit hrs	Years	Credit hrs	Years	Credit hrs

No. of Students	P.hD	M.Sc (Hons)	B.Sc(Hons)	Others
2005-06				
2006-07				
2007-08				

## Library / Information Resources

Number of Books

Books Purchased during last 3 Years

Total Number of Journals Received

Local Journals

Foreign Journals

Annual Resource Allocation

Online Access to Int. sources

Form Filled By:

Name

Designation

Date