



#### **REGISTRATION FORM**

Name of University/Faculty				
Federal/Provincially Chartered				
Sector (Private/Public)				
Name of Degree Program	Un	dergraduate	[	Postgraduate
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				
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## Faculty Profile

Name of Academic Program/Department	Full Time Faculty		Part Time Faculty		Supporting Full Time Faculty Departments		
	Ph.D.	Non Ph.D.	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	Annual Resource allocation (Rs)	Field Experimental Area(acres)

### Degree Program Details

Subject/Area	Ph.D.		MS/M.Sc. (Hons)/M.Phil		BS/B.Sc. (Hons)	
	Vears	Credit hrs	Years	Credit hrs	Years	Credit hrs

## Students INTAKE

No. of Students	Ph.D.	MSC/M.Sc. (Hons)	BS/B.Sc. (Hons)	Others
2018-19				
2019-20				
2020-21				

# Library / Information Resources

Number of Relevant Text Books	
Number of Ref-Books	
Number of Books Purchased during last 2 Years/ E-Books	
Number of Total Journals Received Online Journal access	
Number of Local Journals Online Local Journals	
Number of Foreign Journals Online Access to Foreign Journals	
Annual Resource Allocation (Rs) Online/ Hardcopy	
Online Access to Int. sources	
Form Filled By:	
Name	
Designation	
Date	