

To,

Dated: _____

The Secretary,
Trade Testing Board Sindh,
Karachi.

Subject: **APPLICATION FOR INSTITUTE AFFILIATION**

I/We desire to submit this Application for Affiliation of my/our Institute / Campus

M/s _____

to Trade Testing Board Sindh, Karachi. I / We am /are fully conversant with the rules and regulations of the Board and Performa duly filled in all respects is enclosed here with along with all relevant documents as desire by the Board.

NAME (in Block Letters Same as Mentioned in N.I.C.)
(Head of the institute)

Signature

SEAL / Stamp of the Institute



GOVERNMENT OF SINDH
SINDH TECHNICAL AND VOCATIONAL TRAINING AUTHORITY (STEVTA)
DIRECTORATE OF VOCATIONAL TRAINING (WING)



TRADE TESTING BOARD

INSTITUTE AFFILIATION PROCESS

Private sector Institutions, providing Vocational and Technical Trainings not more than two years, all over Sindh province and maintaining good training environments are eligible to apply for Affiliation with Trade Testing Board Sindh, after getting the registration from **STEVTA**.

PROCESSING STEPS

1. Read this guide lines carefully, if more guidance is required, Call, write or visit us from Monday to Friday at Institute affiliation Department, Trade testing Board Sindh, Vocational Training Institute Campus, Al-Hyderi, Block "D" North Nazimabad, Karachi 74700.
E-Mail: secretary@sindhffb.gov.pk Call on: 021-99260233 (9:00 A.M to 4:00 P.M)
2. Gather the Documents required according to the check list on next page.
3. Sign and stamp prescribed application for affiliation.
4. Fill up the prescribed Performa for affiliation accordingly.
5. Send/submit the application, Performa along with documents to the Board.
6. The Registration department is responsible to possess the application for affiliation with in the 15 days and to inform the Applicant about the processing.
7. If there is no vital objection in the application for affiliation, an inspection committee shall be formed by to inspect the Institute seeking affiliation.
8. Approval or disapproval of the affiliation shall be decided in the light of submitted documents and evidence provided by the institute by the board committee.
9. Affiliation fees payment advice may be sent to the institute through official letter.
10. Affiliation certificate may be sent to the institute through Pakistan Postal Services / TCS.

DOCUMENTS REQUIRED FOR AFFILIATION

Following documents are essential for the institute affiliation. The applicant may gather, check them accordingly and send to the Trade Testing Board along with the application.

S.NO	Document	Condition	Check (Put Tick mark if Available)
1	Copy of STEVTA Registration Certificate	Compulsory	<input type="checkbox"/>
2	Copy of National identity card of the applicant	Compulsory	<input type="checkbox"/>
3	Proof of Building possession e.g. Copy of Rent agreement / If Govt. Building only detail of Building require	Compulsory	<input type="checkbox"/>
4	Line Plan / Map of the Building	Compulsory	<input type="checkbox"/>
5	Copy of Utility Bill	Compulsory	<input type="checkbox"/>
6.	Curriculum/Contents of the courses likely to be affiliated	If any	<input type="checkbox"/>
7.	Copy of the appointment letter of staff	Compulsory	<input type="checkbox"/>
8.	Educational & experience testimonials of staff	Compulsory	<input type="checkbox"/>
9	Picture of the institutes, lab/workshop/classroom	Compulsory	<input type="checkbox"/>

GOVERNMENT OF SINDH TRADE TESTING BOARD SINDH AFFILIATION PERFORMA

1. NAME AND ADDRESS OF APPLICANT

Name	
Address	
Phone Number (Mobile)	
Phone Number (Land line)	
Email	

2. NAME AND ADDRESS OF THE INSTITUTE

Name	
Address	
Post Code	
Phone Number	
Web Site	
E-mail	
Nearest Police Station	
Year of Establishment	

3. NAME AND DESIGNATION OF THE HEAD OF THE INSTITUTION

Name (Head of Institute)	
Designation	
Phone Number (Mobile)	
Email Address	

4. TYPE OF TECHNICAL INSTITUTE (TICK WHICHEVER IS APPLICABLE)

NGO	<input type="checkbox"/>	Semi Government	<input type="checkbox"/>	Government Aided	<input type="checkbox"/>	Government Institute	<input type="checkbox"/>
Self-Financing	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Trust	<input type="checkbox"/>		<input type="checkbox"/>
Any Other	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

5. EXISTING COURSE OF STUDY (Already Running)

Sr. No	Course Title	Duration	Pre-Requisite	Student on roll	Student pass out	Certifying Authority

6. COURSES WHICH ARE LIKELY TO BE AFFILIATED BY TRADE TESTING BOARD SINDH

Sr. No	Course Title	Duration	Pre-requisite	Student on roll	Course Contents Available	Detail Curriculum available	Trainee Manual Available

7. INFORMATION ON FULL TIME FACULTY (PLEASE USE SEPARATE SHEET FOR SEPARATE COURSE)**8. INFORMATION OF MINISTERIAL STAFF**

Sr.No	Name	Designation	Qualification	Experience	Joining Date	Working Hour per Week

9. BUILDING INFORMATION

Legal Position of Building | Rental | Purchased | Other

Total built up area	
No. of class rooms	
No. of Tutorial hall	
No. of Workshop Laboratory	
No of Computer Lab	
Library	
Total number of Rooms	
Building with RCC roof (sqf.)	
Total area available (sqf.)	
Administrator area instructional area carpet area)	
Circulation & other area (includes toilets, staircase etc)	

10. BUILDING FACILITIES (PLEASE TICK APPROPRIATE BOX)

Electrical Connection single phase _____KW Three phase _____-KW

	AVAILABLE()	NOT AVAILABLE()	IN FUTURE PLANING()
Stand By Generator KW			
UPS			
Water Filter			
Student canteen			
Prayer area			
Counseling receptions area			
Air conditioning			
Carpets			
Solar System			
Comfort room/toilet			

11.DETAIL OF EACH WORKSHOP (ATTACH ANNEXURE IF ANY WHERE REQUIRE)**“A”**

Name of workshop	
Number of hand tools	
Number or power tools in working condition	
Number of machines in working condition	

“B”

Name of workshop	
Number of hand tools	
Number or power tools in working condition	
Number of machines in working condition	

12.COMPUTER DETAILS

Sr. No	Type	Qty	Processor Speed	RAM	HDD	Display	Condition	Operating System	Application Software

13.OFFICE AND TEACHING EQUIPMENTS

Sr. NO	Name	Quantity	Model	Condition

14.INFORMATION OF FURNITURE

Sr.No	Article	Quantity	Condition	Placed/Location

CERTIFICATE

Certified that all information are true and own by the undersigned and in case of any change, I will inform the Board accordingly.

		Designation
Name and Signature of the authority of the institute	Date	CNIC No
