

Sindh Skill Development Program

SECTION-A: INSTITUTE EVALUATION

1 - General Information:

1.1 Name of Institute _____

1.2 Year of Establishment _____

1.3 Mailing Address _____

1.4 Name of Principal _____

1.5 Contact Information Phone No. _____

Cell No. _____

Fax No. _____

E-mail _____

2- Facilities in Institute:

2.1 Building

☐ Own ☐ Rented

2.2 Total covered or Buildup area of Institute.

2.3 Number of Class Rooms.

2.4 Number of Labs/Workshops

2 – Management Committee/Board

3.1	Is Institute Management Committee established	Yes	No
-----	---	-----	----

3.2	Name & Occupation of Chairperson	
-----	----------------------------------	--

3.3	Percentage of Employers Representatives	
-----	---	--

3.4	Number of Meetings held	
-----	-------------------------	--

Type of the Program:

Program to be upgraded:

☐

New Program: ☐

Staffing Position:

5.1 Administration Staff:		
Principal	YES	NO
Supporting Staff	YES	NO
Admin & Account	YES	NO

5.2 Teaching Staff in the proposed program:					
S #	Proposed Program	Sanctioned Strength if Upgraded	In-post	Require new teachers	Faculty require Training