(PAKISTAN COUNCIL OF ARCHITECTS & TOWN PLANNERS)

ZERO VISIT PROFORMA / REPORT (B.ARCH & BSc.CRP)

(Proforma revised on July 15th, 2014)

1	Zero Visit Proforma (one hard copy).	
2	Course Outlines with reading lists (one hard copy).	
3	Curriculum (one hard copy) with details of credit hours, contact hours.	
4	List of Architecture or Town Planning library books.	
5	CVs, qualification degrees, PCATP registration number (where applicable), contract/appointment letters of HOD and faculty members, consent letters of expected faculty.	
6	Admission test paper (one hard copy).	
7	One copy of latest prospectus of the university/Institution.	
8	Crossed pay order / draft amounting to Rs.300, 000/- for public sector institutions and 400, 000/- for private sector institutions as fee for the Architecture and Town Planning programs in favor of "Pakistan Council of Architects and Town Planners."	
9	Form should be duly signed by the Chairman/HoD and Vice Chancellor/Principal of concerned university/institution.	

Name of University/Institution:

Name of Program:

Composition of Visiting Team:

Date of Visit:

S. No	Parameters	To be filled in by Institution at the time of request for Visit	To be filled in by Experts of the Visiting Team (If differ then separate report by each expert)
1.	**Name of degree awarding university/ institute**		
2.	**Nature of linkage with the University (Affiliated or Constituent)**		
3.	**Management**		
	a. Type of Management (Public or Private)		

	b.	Fulfillment of legal obligations as per charter. (please attach Charter, if any - Annexure-I)		
	c.	Management Structure/Organogram (Separate organogram additionally be provided for remote Campus, if applicable). (as Annexure-II)		
	d.	Decentralization of Financial and Administrative Powers. (as Annexure-III)		
4.	**Infrastructure**			
	a.	Location		
	b.	Building/Land Ownership, lease terms etc. (if rented, then submit plan to build dedicated campus on owned land). (Annexure-IV)		

	c.	Infrastructure Facilities. • For Architecture Program: Fill Annexure IV-A • For Town Planning Program: Fill Annexure IV-B		
5.	**Financial Resources**			
	a.	Endowment fund, regular fund-generation and other available resources.		

	b.	Budget allocation:
		
		• For last three years for University/ Institution, if applicable
		  (Break-up as Annexure-V)
		• Current Budget for proposed program (Break-up as Annexure-VI)
		• Projected budget for next year
		  (break-up as Annexure-VII)		

6.	**Academic Program**			
	a.	Objectives of the Program:		

	b.	Desired outcome of the Program:		

7.	**Curriculum**			
	a.	Composition of curriculum for all semesters / years including details of credit-hours. (Fill in Annexure-VIII)		
	b.	If a new program (first in Pakistan), give details of curriculum of International model being followed along with justification, and faculty, resource availability.		
	c.	Constraints/limitations, if any		
8.	**Student Induction**			
	a.	Criterion for induction of students.		
	b.	Induction weightage (%) • Matric • F. Sc/ F.A. • Entry Test (if any) • Interview		

	c.	Proposed strength and schedule of intake (one/two batches per year)		
	d.	Proposed distribution into number of sections/classes		

9.	**Teaching Faculty**

	a.	Requirement of faculty and its availability plan for entire program.
		
		(Fill in Annexure-X A)
		For Architecture
		Program:
		   1. Head of Architecture Department must be from the same discipline. PhD with 10 years of experience/Masters with 15 years of experience.
		   2. Five full time faculty members (2 lecturers, 2 Assistant Professors and 1 Associate Professor
		
		(Fill in Annexure-X B)
		For Town Planning Program:
		   1. Head of Town Planning Department must be from the same discipline. PhD with 10 years of experience / Masters with 15 years of experience.
		   2. Four full time faculty for Town Planning (2 lecturers, 1 Assistant Professor and 1 Associate Professor)		

	b.	Present strength with relevance to the proposed program, CVs, degrees of qualifications. (Fill in Annexure-X).		

	c.	Expected strength one month prior to commencement of the program along with signed consent letters from both parties. (Fill in Annexure-XI)		
	d.	Constraints/ limitations, if any		
10.		**Projected Student-Teacher Ratio:** a. Theory b. Studio		
11.		**Projected Teaching Load:**		
	a.	Subject-Teacher Ratio (Annual System): OR Average Credit Hours per Week (Semester System):		
	b.	Would there be any assigned loading for other assignments such as administrative/ management, research projects, thesis supervision, teaching post-graduation, counseling etc.		
12.		**Allied Facilities & Staff**		

	a.	Number of rooms dedicated to the program and projected development plan. (Fill in Annexure-XII).		
	b.	Equipment available and projected requisition plan along with documentary proof (Mention any constraints/ limitations, if applicable). (Fill in Annexure-XII).		
	c.	Existing facilities (workshops, labs, library etc) to be shared with the newly-proposed program (Mention all other programs on share, and attach the lists). (Fill in Annexure-XII).		
	d.	Time plan and availability of funds for projected facilities to be established. (Fill in Annexure-XII)		
	f.	Details of Staff of library/computer lab/workshops etc present/ proposed/ projected. (Fill in Annexure-XII)		
13.	**Examinations**			

	a.	Planned system of instructions and examination (Annual / Semester).		
	b.	Would examination be based on absolute marks or relative grading (course based)?		
	c.	Examination policy i.e. number of exams, (mid-term, final, quizzes etc. and their respective weightages).		
	d.	Role of mother institution in conduct / evaluation of exam results (in case of allied campus or affiliated college).		
	e.	Does the system conform to Accreditation Council Regulations for planned education program?		
14.	**Library**			
	a.	2500 books related to the program. (5000 books will be required at the time of interim visit)		
	b.	Plan to upgrade the library as per Accreditation Council/ HEC guidelines with documentary proof of resources.		

	c.	Availability of departmental library, if main library is located at a far off distance.		
	d.	Availability of Internet facility (available or planned).		
	e.	e-library access to students (available or planned).		
	f.	Reproduction facilities e.g. scanner, photocopier etc. (available or planned).		
15.	**Miscellaneous**.			
	a.	Sports & Other Facilities etc.		
	b.	Any other relevant supporting information.		

Signed:	Countersigned by:
_____ To be Signed by the Head of Department/ Dean with Seal Name:_____ Dated: _____	_____ To be Signed by the Principal/ VC/ Rector with Seal Name:_____ Dated: _____

Charter of the University/ Institution (indicating provision for the Program)

Management Structure/ Organogram

Decentralization of Financial and Administrative Powers

S.No.	Authority	Financial Powers	Administrative Powers
1	Vice Chancellor/ Rector/ Commandment		
2	Registrar/ Controller of Examination/ Treasurer, or similar		
3	Dean/ Director		
4	Concerned Head of Department		
5	Any other		

Plan to Build Dedicated Campus on Owned Land

Sr. #	Name	PCATP Zero Visit requirements as per 30 students each year.		Available at the Institute	
		Quantity	Area (sq ft)	Quantity	Area (sq ft)
1	Studios	3 *	4500		
2	Lecture rooms	1*	800		
3	Work stations for Faculty members	1 station for each member	55		
4	Head of Department (HOD)	1	230		
5	Administrative offices	1	900		
6	Conference Room/Seminar	1	500		
7	Security Room	1	100		
8	Library	1	4500		
9	Model making workshop	1	850		

10	Workshop (Carpentry, sculpture, wood work etc)	1	900		
11	Storage for general items	1	100		
12	Stationery shop/Printing shop	1	250		
13	Female Students Common Room	1	750		
14	Computer Lab with printing area	1	1500		
15	Area for students lockers	1	600		
16	Record Room, drawing and documentation storage	1	400		
17	Exhibition Hall	1	3200		
18	Parking lot	1	400		
19	Cafeteria	1	250		
20	Gymnasium/ extracurricular activity space	1	varies		
21	Circulation area + entrance	varies	varies		
22	Lobby + display foyer	varies	varies		
23	Circulation area, corridor and toilets	varies	varies		

*For accreditation requirements refer PCATP's Accreditation Guide.

Sr. #	Name	PCATP Zero Visit minimum requirements as per 30 students each year.		Available at the Institute	
		Quantity	Area (sq ft)	Quantity	Area (sq ft)

1	Studios	3*	4500		
2	Lecture rooms	1*	800		
3	Work stations for Faculty members	1 station for each member	56		
4	Head of Department (HOD)	1	224		
5	Administrative offices	1	900		
6	Conference Room/Seminar	1	500		
7	Security Room	1	100		
8	Library	1	4500		
9	Storage for general items	1	100		
10	Stationery shop/Printing shop	1	224		
11	Female students common room	1	720		
12	Computer/GIS Lab with printing area	1	1500		
13	Area for students lockers	1	600		
14	Record room, drawing and documentation storage	1	400		
15	Exhibition hall	1	3200		
16	Parking lot	1	400		
17	Cafeteria	1	250		
18	Gymnasium/ Extracurricular activity space	1	varies		

19	Circulation area + entrance	varies	varies		
20	Lobby + display foyer	varies	varies		
21	Circulation area, corridor and toilets	varies	varies		

*For accreditation requirements refer PCATP's Accreditation Guide.

Breakup of the Last Three Years Budget for the Program (20___) - If applicable

S.No.	Budget Head	Annual Allocation (Rs)
1	**Operational Budget**	
	1.1	
	1.2	
	1.3	
	.	
	.	
	a. Sub-total	
2	**Development Budget**	
	2.1	
	2.2	
	2.3	

	.	
	.	
	.	
b. Sub-total		
Total (a+b)		

Breakup of the Current Budget for the Program (20___)

S.No.	Budget Head	Annual Allocation (Rs)
1	**Operational Budget**	
	1.1	
	1.2	
	1.3	
	.	
	.	
a. Sub-total		

2	Development Budget	
	2.1	
	2.2	
	2.3	
	.	
	.	
	.	
	b. Sub-total	
	Total (a+b)	

Break-up of Projected Budget for Next Year (20____)

S.No.	Budget Head	Annual Allocation (Rs)
1	Operational Budget	
	1.1	
	1.2	

	1.3	
	.	
	.	
	a. Sub-total	
2	**Development Budget**	
	2.1	
	2.2	
	2.3	
	.	
	.	
	.	
	b. Sub-total	
	Total (a+b)	

(For Semester System) Composition of Curriculum for all semesters / years including details of Credit-hours

National/International Model being followed if any (In case of New Program):

Course No.	Course Title	Knowledge Area	Sub Area	Credit Hours (Theory+Practical)	Contact Hours (Theory+Practical)	Total Credit Hours	Marks Theory	Marks Practical
Semester-I								
.								
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.								
Semester-II								
.								
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Semester-…								
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Semester-….								
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Semester-….								
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Semester-…..								
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Semester-….								
.								
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Semester-….								
.								
Semester IX Semester X.								

Requirement of faculty and its availability plan for entire program

S.#	Subjects to be Taught	Faculty Designation	Qualification	Credit Hours															
				Semester-I		Semester-II		Semester-III		Semester-IV		Semester-….		Semester-……		Semester-……		Semester….	
				Theory	Pract	Theory	Pract	Theory	Pract	Theory	Pract	Theory	Pract	Theory	Pract	Theory	Pract	Theory	Pract
1. Core Architecture / Planning Subjects																			
i																			
ii																			
.																			
2. Optional Courses																			
i																			
ii																			
.																			

3. Elective Courses																	
i																	
ii																	
.																	

4. Compulsory Subjects (by HEC)

Present strength with relevance to the proposed program, qualification and experience

Sr#	Name of Faculty Member	PCATP Regn # if applicable	Designation	Joining Date	Nature (Full time/ Part time)	Details of Qualifications					Experience		Utilization (Dedicated/ Shared)
						Qualification B Arch, M. Arch, any other	Year	Attach documents (please check)			Total	Teaching	
								CV	Degrees	Contract Letters			

1													
2													
.													
.													
.													

Annexure-X B
For Town Planning programs only

Present strength with relevance to the proposed program, qualification and experience

Sr#	Name of Faculty Member	PCATP Regn # if applicable	Designation	Joining Date	Nature (Full time/ Part time)	Qualification BSc CRP /MSc CRP, PhD, any other	Year	CV	Degrees	Contract Letters	Total	Teaching	Utilization (Dedicated/ Shared)
						Details of Qualifications			Attach documents (please check)		**Experience**		
1													

2													
.													
.													
.													

Expected strength one month prior to commencement of the program along with documentary proof

S. No.	Name of Faculty	PCATP Reg #, if applicable)	Qualification	Designation	Expected Date of Joining	Subject(s) to be Taught	Planned Work Load	Attach documents (Please check)		
								CVS	Degrees	Consent letters of both parties
1										
2										
.										
.										

.										

Number of labs dedicated/ shared/projected for the program along with Workshop/Lab staff

Sr #	Name of Lab/ workshop	No. of Work Stations	Name of equipment/workstation	Status of Workstation (Existing/ shared/ Projected)	Strength of Students per Work Station	Status of Lab (Existing/ shared/ Projected)	Timeframe for projected labs	Lab Staff			
								Designation of Existing/ Projected Lab Staff	Qualification	Name (For existing staff)	Joining Date/ Projected staff availability
1											
2											
.											
.											

N. B.   For projected Workshop/Lab equipment, Lab staffs, please give projected timeframe.

Observations and Recommendations

(To be filled by the Visitation Team only)

a. Observations:	
Please consolidate overall assessment/ evaluation on following key parameters and give targets to be achieved within_____month(s)/year:	**Remarks**
1. Legal Status	
2. Adequacy of Infrastructure and Finances	
3. Curriculum	
4. Faculty *	
5. Students *	
6. Allied Facilities	
a. Laboratories /Workshops*	
b. Library	
8. Examination	
9. Major observations of last visit*	
10. Any Other Observation	

b. Recommendations (Tick as applicable):	
i. Green signal to launch the program in _____	
ii. The intake must be restricted to _____	
iii. Observations of the visiting team must be addressed.	
iv. Not ready to be launched (rejected) at this moment. Convincing reasons must be given.	

* Attached as Annexure respectively at the end of the report.

Signature

_____

Name of Expert,
Institution/ Organization, and area of expertise

Signature

_____

Name of Convener / Expert,

Institution/ Organization, and area of expertise

Signature:

_____
Name of Council Rep, and office address

Dated:_____