



Government of Pakistan
Ministry of Federal Education and Professional Training
Private Education Institutions Regulatory Authority (PEIRA)
Islamabad Capital Territory

Form No. 5003

Date: 2020-09-23

Name of the Institution *

A B PAK LAND SCHOOL SYSTEM

Type of Institution *

college

Medium of Institution *

english

Teaching Level *

primary

Union Council *

rwp

Zone/Sector *

rwp

Street *

rwp

Address *

rwp

GPS Coordinates *

Longitude

35.6555654

Latitude

75.35514587

Official Web Address of
School/Institution *

a@gmail.com

Official E-mail Address of
School/Institution *

b@gmail.com

Institution Contact *

4543

Institution Fax *

45324

Name of Head of the Institution *

432432

Contact *

32432

Fax *

423423

E-mail *

tala@gmail.com

Overall Faculty Strength in the School/Institute

Qualification	Male	Female	Total Faculty Strength
Matriculation			
Intermediate			
Graduation {BSc/BA}			
Graduation {BS 4 Years}			
Post-Graduation {MA/MSc}			
MS/ M.Phill			
PhD			
Overall Faculty Strength			

Students Enrollment in the School/Institute

Gradwise Students Enrollment	Male	Female	Total Student Strength	Student-Teacher Ratio	Type of Curriculum Adopted at each level
Pre-School					
Grade 1-5					
Grade 6-8					
Grade 9-10					
Ordinary Level (1-3)					
Grade 11-12					
Advanced Level (1-2)					

Curriculum & Assessment (Examination) Mode of the School/Institute

Grade/Level	Type of Curriculum Adopted at each level	Examination Board	Please state whether and how the institute is adhering to National Education Policy of Government of Pakistan
Pre-School			

Grade/Level	Type of Curriculum Adopted at each level	Examination Board	Please state whether and how the institute is adhering to National Education Policy of Government of Pakistan
Grade 1-5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 6-8	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 9-10	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ordinary Level (1-3)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 11-12	<input type="text"/>	<input type="text"/>	<input type="text"/>
Advanced Level (1-2)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gross Area & Building

Type of Building *

Status of Property Possession *

Total Area of the School/Institution Premises (in Square feet) *

Number of Classrooms *

Please mention any other allied facilities available on the premises *

- ☐ Auditorium
- ☐ Conference Room
- ☐ Tutorial Rooms
- ☐ Examination Halls
- ☐ Grounds Sports Rooms
- ☐ Sports Rooms

School Library

Reference Books Available in the Library

Subscription to E-Library

Subscription to Journals

Please enlist any other resources and instructional material available in the library

Science Laboratories

Number of laboratory staff available in each laboratory

Please enlist Laboratories Available on Premises

Please enlist the equipment available in each laboratory

Please enlist the safety equipment installed in each laboratory

Computer Laboratories

Number of Computers available in the laboratory

Please enlist the equipment Available in each Laboratory

Transperency & Public Disclosure**Yes No****Whether the School/Institute has any other source of income**☐ ☐**Whether the School has maintained a record of its income and expenditure**☐ ☐**Whether the School/Institute has any other source of income**☐ ☐**Whether the School has maintained a record of its income and expenditure**☐ ☐**Whether the financial accounts of the School/Institute are properly audited
by a certified auditor**☐ ☐

Transperency & Public Disclosure	Yes No
Whether the School/Institute has formulated and made punlic its academic calender on prospectus and website	<input type="radio"/> <input type="radio"/>

What is the Faculty to Administrative Staff's Ratio in the SchoolInstitution

Please enlist the Extra-Curricular Activities Conducted by the School/Institute on Regular Basis

Please enlist the Extra-Curricular Facilities Available on Premises of the School/Institution

Name & Designation of Submitting Authority:_____

E-Signature:_____

Date of Submission: