

ZERO VISIT PROFORMA / REPORT (B.ARCH.)

The information is required to be given precisely and in detail by attaching extra sheets if the space provided falls short. Each page must be signed by the concerned head of the program / department. Before filling this form please consult attached document to learn about the accreditation procedure, criteria and weightage as well. Further information, if any, may also be obtained from the Registrar PCATP.

Sr. No	Description	Attached (Yes/No)
1.	Zero Visit Proforma (Z-1 Form)	
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. 800,000/- for Public Sector and Rs.1,000,000/- for Private Sector (Application Processing Fee and Zero Visit Fee) as fee for the Architecture Program in favor of "Pakistan Council of Architects and Town Planners." – (Notification available on PCATP website under News & Events)	
9.	Form should be duly signed by the Chairman/HoD and Vice Chancellor/Principal of concerned university/institution.	

This fee is inclusive of <u>accreditation fee + travel cost + boarding/lodging expenses of the visitation team</u>. The Accreditation Board has levied a penalty of PKR 1,000,000/- per batch to the universities which have enrolled students without acquiring prior NOC from PCATP. Students enrolled in such batches will also have to undergo a test to establish their credibility. The test will be conducted by PCATP.

For any cross reference; please refer to **Accreditation Guide** available on PCATP website under Validation and Accreditation.



Z-1 Form

Name of University/Institution:

Name of Program:

Composition of Visiting Team:

Date of Visit:

Sr. No	Para	imeters	To be filled by the 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.	Nam	e of degree awarding university/ institute		
2.	Natu	re of linkage with the University (Affiliated or Constituent)		
3.	Man	agement		
	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.	Attach list of Board of Studies and Board of Faculty Members		
	e.	Decentralization of Financial and Administrative Powers. (as Annexure-III)		
4.	Infra	structure		
	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.	Fina	ncial Resources		
	a.	Endowment fund, regular fund-generation and other available resources.		



Sr. No	Para	meters	To be filled by the 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)
	b.	 Budget allocation: 1) For last three years for University/ Institution, if applicable (Break-up as Annexure-V) 2) Current Budget for proposed program (Break-up as Annexure-V) 3) Projected budget for next year (Break-up as Annexure-V) 		
6.	Aca	demic Program	-	
	a.	Objectives of the Program		
	b.	Desired outcome of the Program		
7.	Curr	iculum		
	a.	Composition of curriculum for all semesters / years including details of credit-hours. (Fill in Annexure-VI)		
	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.	Stud	lent Induction		
	a.	Criterion for induction of students		
	b.	Induction weightage (%) 1) Matric 2) F. Sc/ F.A. 3) Entry Test (if any) 4) Interview		
	C.	Proposed strength and schedule of intake (one/two batches per year)		
	d.	Proposed distribution into number of sections/classes		
9.	Teac	ching Faculty		
	a.	Requirement of faculty and its availability plan for entire program. (Fill in Annexure-VII for Architecture Program or Town Planning Program as applicable)		
	b.	Present strength with relevance to the proposed program, CVs, degrees of qualifications. (Fill in Annexure-VIII)		



Sr. No	Para	imeters	To be filled by the 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)
	C.	Expected strength one month prior to commencement of the program along with signed consent letters from both parties. (Fill in Annexure-IX)		
	d.	Constraints/ limitations, if any		
10.	Proj	ected Student-Teacher Ratio	1	
	a.	Theory		
	b.	Studio		
11.	Proj	ected 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.	Allie	d Facilities & Staff		
	a.	Number of rooms dedicated to the program and projected development plan. (Fill in Annexure-X)		
	b.	Equipment available and projected requisition plan along with documentary proof (Mention any constraints/ limitations, if applicable). (Fill in Annexure-X)		
	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-X)		
	d.	Time plan and availability of funds for projected facilities to be established. (Fill in Annexure-X)		
	e.	Details of Staff of library/computer (Fill in Annexure-X)		
13.	Exar	minations		
	a.	Planned system of instructions and examination (Annual / Semester)		
	b.	Would examination be based on absolute marks or relative grading (course based)		



Sr. No	Para	meters	To be filled by the 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)		
	C.	Examination policy i.e. number of exams, (mid- term, final, quizzes etc. and their respective weightages)				
	d.	Does the system conform to Accreditation Council Regulations for planned education program?				
14.	Libr	ary	1			
	a.	1000 books related to the program. (1500 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, plotter etc. (available or planned).				
15.	Misc	cellaneous	-			
	a.	Sports & Other Facilities etc.				
	b.	Any other relevant supporting information.				

<u>SIGNED</u>

To be signed by the Head of Department/Dean with Seal

Name:_____

Date:_____

Signature:_____

Seal:

COUNTERSIGNED

To be signed by the Principal/VC/Rector with Seal

Name:_____

Date:_____

Signature:_____

Seal:



<u>Annexure- I</u> To Z-1 Form

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



Annexure- II To Z-1 Form

Management Structure / Organogram



Annexure- III To Z-1 Form

Decentralization of Financial and Administrative Powers

Sr. 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		



Annexure- IV-A To Z-1 Form

Plan to Build Dedicated Campus on Owned Land - (For Architecture Program)

Sr. No	Description	PCATP Zero Visit re (as per 45 students		Available at the Institute		
		Quantity	Areas (Sq. Ft)	Quantity	Areas (Sq. Ft)	
1.	Studios	5 *	1800			
2.	Lecture Rooms	2*	900			
3.	Work Stations for Faculty members	1x 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, Woodwork 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			

** HoD Qualification criteria is listed in PCATP Accreditation Manual available on PCATP website

(Ref: https://www.pcatp.org.pk/document/ACCREDITATION%20GUIDE%20UPDATED%20AS%20OF%20MARCH%202022.pdf)



Annexure - V To Z-1 Form

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

Sr. No.	Budget Head	Annual Allocation
1.	Operational Budget	
	1.1	
	1.2	
	Subtotal	
2.	Development Budget	
	2.1	
	2.2	
	Subtotal	
	Total	

Breakup of the Current Budget for the Program (20)

Sr. No.	Budget Head	Annual Allocation
1.	Operational Budget	
	1.1	
	1.2	
	Subtotal	
2.	Development Budget	
	2.1	
	2.2	
	Subtotal	
	Total	



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

Sr. No.	Budget Head	Annual Allocation
1.	Operational Budget	
	1.1	
	1.2	
	Subtotal	
2.	Development Budget	
	2.1	
	2.2	
	Subtotal	
	Total	



Annexure - VI To Z-1 Form

(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	Theory Marks	Practical Marks			
Semester - I											
Semester – II											
Semester – III					·						
<u> </u>											
Semester – IV					[
Semester - V											
Semester – VI	1			1			1				
Semester – VII	1	Γ		1	Γ		1				
<u> </u>											
Semester – VIII											
Semester - IX											
Schlegter - IV											
Semester - X	1	I		1	I		<u> </u>				

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Annexure - VII To Z-1 Form

Requirement of Faculty and its Availability Plan for Entire Program

				Credit Hours											
Sr.No.	Subjects to be Taught	Faculty Designation	Qualification	Semester-I		Semester-II		Semester-III		Semester-IV		Semester		Semester-X	
		5		Theory	Practical	Theory	Practical	Theory	Practical	Theory	Practical	Theory	Practical	Theory	Practical
1.	Core Architecture	/ Planning Subje	cts												
2.	Optional Courses														
3.	Elective Courses														
4.	Compulsory Subje	ects by HEC		1	1	1	1	1	1	I	T	I	1	I	

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Annexure - VIII

To Z-1 Form

Present Strength with Relevance to the Proposed Program, Qualification and Experience

Sr. No.	Name of Faculty Member	PCATP Registration Number (if any)	Designation	Joining Date	Nature (Full Time / Part Time)	I	Details of Q	Experience*					
						Qualification	Passing Year	Attach Following Documents					Utilization (Dedicated /
						(B.Arch./M. Arch. / BSc CRP / MSc CRP or any other)		cv	Degree(s)	Experience Letter(s)	Total Years	Teaching Specific	Shared)
1.													
2.													
3.													
4.													
5.													

* The number of years from the date of registration with PCATP will only be considered. Any number of years for which one is not registered with the Council will not be counted towards the teaching experience.



Annexure - IX To Z-1 Form

Expected Strength One Month Prior to the Commencement of the Program along with Documentary Proof

Sr. No.	Name of Faculty	PCATP Registration Number (if any)	Qualification	Designation	Expected Date of Joining	Subject(s) to be	Planned	Attach Following Documents			
						Taught	Workload	CVs	Degrees	Signed Consent Letter of Both Parties	
1.											
2.											
3.											
4.											
5.											



Annexure - X To Z-1 Form

Number of Workshops Dedicated / Shared / Projected for the Program along with Workshop

Sr. No	Name of Workshop	No. of Workstations	Name of Equipment / Workstations	Status of Workstations (Existing / Shared / Projected)	Strength of Students per Workstation	Status of Lab (Existing / Shared / Projected)	Time frame for Projected Workshops	Lab Staff				
								Designation of Existing / Projected Workshop Staff	Qualification	Name (Existing Staff)	Joining Date / Projected Staff Availability)	
1.												
2.												
3.												
4.												
5.												

Note: Please give timeframe for projected Workshop, Equipment and their Staff details.