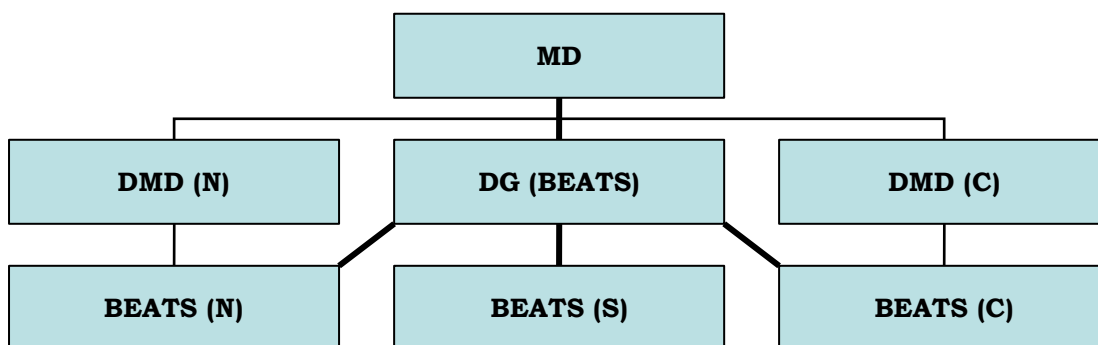
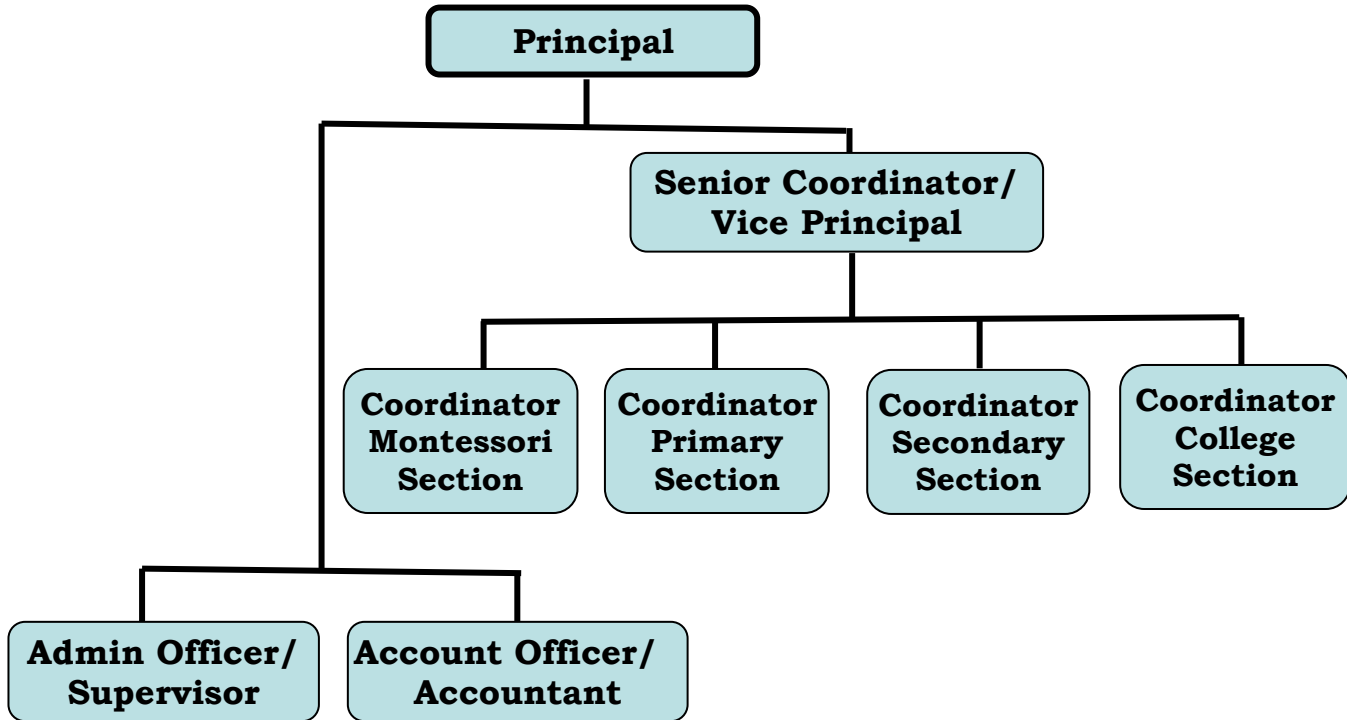


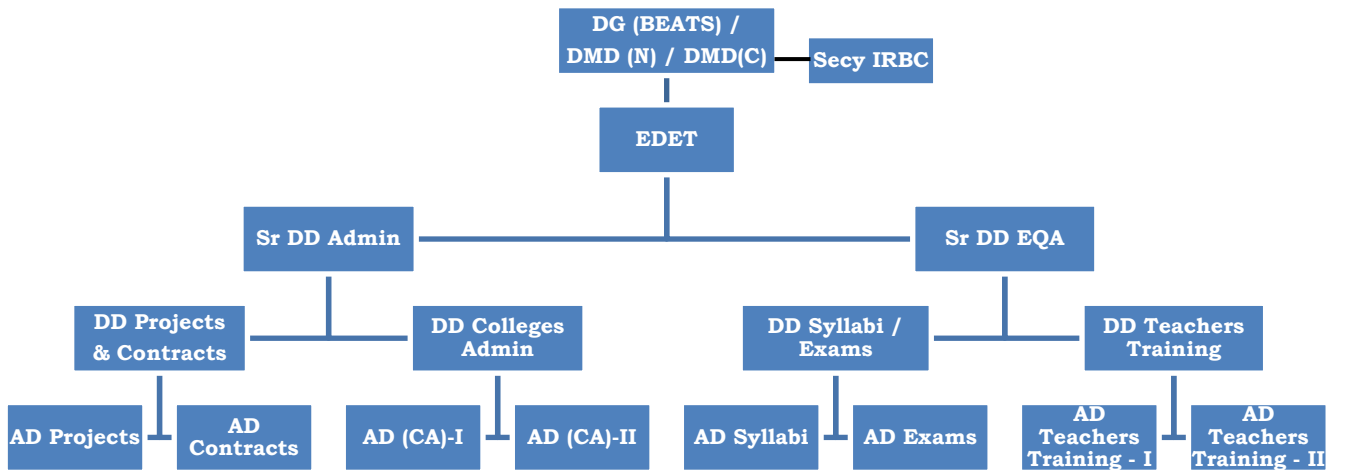
ORGANIZATION OF BAHRIA FOUNDATION
EDUCATION & TRAINING SERVICES



ORGANIZATION OF BAHRIA FOUNDATION COLLEGE



REGIONAL ORGANIZATION



BAHRIA FOUNDATION COLLEGE
TEACHER'S OBSERVATION SHEET

TEACHER'S NAME: _____ **SUBJECT:** _____ **CLASS:** _____
TOPIC: _____ **DATE:** _____

S #	POINTS TO EVALUATE	A	B	C	D	E
1	Lesson Plan					
2	Match between planning and delivery					
3	Clear stated objective					
4	Speech (clear, correct and emotional)					
5	Emphasis on the main points of the material explained (to consolidate knowledge)					
6	Participation of the whole class					
7	Attention to the weak students					
8	Subject knowledge					
9	Positive approach					
10	Motivation of the students					
11	Work with vocabulary, clear definition of new words					
12	Question technique					
13	Usage of board					
14	Creativeness, (visual, a/v aids, practical work, demonstration material)					
15	Discipline					
16	State of students copies					
17	Comments on homework					
18	Class cleanliness					
19	Time keeping					
20	Tempo					
21	Achievement of objectives					
	TOTAL					

GRADING SCALE

A	B	C	D	E
<i>Optional</i>	<i>Good</i>	<i>Average</i>	<i>Ineffective</i>	<i>Not observed</i>

Remarks:

Coordinator: _____

Principal: _____

LESSON PLAN

Teacher's Name: _____
Class: _____ Subject: _____ Duration: _____
Running Lesson Plan No. _____ Unit No: _____ Date: _____

1. **TOPIC:** _____

2. **OBJECTIVES:** The Students will:
a. _____
b. _____
c. _____
d. _____
e. _____

3. **MATERIAL/ RESOURCES (TRAINING AIDS):**

4. PROCEDURE:	Time Management
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. **TESTING/REVISION:** _____

6. **HOME WORK:** _____

7. **EVALUATION:** _____

MEDICAL EXAMINATION CARD

BFC - _____

Student's Particulars



1. Student's Name _____ 2. Father's / Guardian Name _____

3. Telephone # Home _____ Office _____ Mobile _____

4. Admission Number _____ 5. Class _____

6. Date of Birth _____ 7. Age _____

8. Identification Marks (i) _____

(ii) _____

9. Telephone numbers for contact in emergency:

a. Home _____ b. _____ c. _____

Physical Examination Report

10. Height _____ 11. Weight _____

12. B.P _____ 13. Pulse _____

14. Eye Sight Right _____ Left _____

15. Physique _____ 16. Deformity if any _____

17. Build Small _____ Medium _____ Heavy _____

18. Ear _____ 19. Throat _____

20. Knee Knock _____

21. Any other disease i.e asthma, heart, eye, allergy etc _____

22. Sensitive to medicine such as antibiotics _____

23. Advice/ Recommendations of doctor to parents: _____

Parent's Signatures _____

MEDICAL OFFICER

BAHRIA FOUNDATION COLLEGE
BALANCE SHEET AS ON 30 JUNE 201

	Note	Current Year Rupees	Previous Year Rupees		Note	Current Year Rupees	Previous Year Rupees
Bahria Foundation Account	2			Tangible Fixed Assets			
College Fund Account				Operating Assets	4		
Deferred Liability				Long Term Security Deposits			
Provision for staff gratuity				Deferred Cost	5		
Current Liabilities	3			Stationary (Stock in trade)	6		
				Fee Receivable	7		
				Other Receivables			
				Cash and bank balances			
Creditors, Accrued & Other Liabilities							

BAHRIA FOUNDATION COLLEGE
CASH FLOW STATEMENT FOR THE YEAR ENDED

RECEIPTS	Rupees
Receipts	
Division	

PAYMENTS

Salaries, Allowances & Benefits	
Operating Assets	
Deferred Cost	
Stock in Trade	
Tuition Fees	
Provision for Gratuity	
Divisions	
Divisions Asset	
Rent & Taxes	
Net Cash Flow	
Opening Bank Balance	
Closing Bank Balance	

**BAHRIA FOUNDATION COLLEGE _____
FIXED ASSETS CARD**

Card Number		Category	
Card Name		Vendor Name	
Depreciation (%)		Purchase Date	
Purchase Amount			

Fiscal Date	Days	Purchase Amount	Depreciation in Period	Accumulated Depreciation	Book Value

Prepared by
Accountant/ Sr Accountant

Approved & Checked by

BAHRIA FOUNDATION COLLEGE
STATE OF PERSONNEL FOR THE MONTH OF

Division	AS on 30 June/ 31 December	Employment during the month		Discharge during the month		Total on last day of the month		Total
		EX PN	Civilian	EX PN	Civilian	EX PN	Civilian	
BFC								
Grand Total								

Teaching Staff		Non teaching Staff/ Admin Staff	
Strength at the beginning of the month		Strength at the beginning of the month	
Appointment during the month		Appointment during the month	
Discharge during the month		Discharge during the month	
Strength at the end of month		Strength at the end of month	
Academic strength		Hostel strength	
Strength at the beginning of the month		Hostel Capacity	
New Admission		Strength at the beginning of the month	
Withdrawn (T.C Issued)		New Admission	
Withdrawn (I.C Issued)		Withdrawn	
Withdrawn (Struck off due to long absence)			
Strength at end of the month			
Total Sections			
Teachers/Sections Ratio		Strength at the end of month	

State of Fee Defaulters		
Default Period	Number of Students	Amount (Rs)
One month		
Two months		
Three months		
Four month & above		
Total		

Sr. Accountant

Principal

BAHRIA Foundation College
_____ Campus
Date_____

Executive Director of Education & Training
BAHRIA Foundation
6th Floor, BAHRIA Complex-II
M T Khan Road
Karachi.
Dear Sir,

LETTER OF PROCEEDINGS - 201

1. I have the honour to submit following proceedings in respect of BAHRIA Foundation College, _____ Campus for the month of _____ 201____.

2. **General**

(Briefly highlight important events)

3. **Academic Activities**

- a.
- b.
- c.
- d.
- e.

4. **Extra Curricular Events**

5. **Visits/Outdoor Trips**

6. **Maintenance/Civil Works**

7. **Purchase**

- a. **Capital Items**
- b. **Non Revenue Items**

8. **Training Aids/Computer Laboratory/ Science Laboratory**

- a.
- b.

9. **Achievements**

10. **Finance**

Gist of Income and Expense.

11. **Personnel**

Gist of monthly state of personnel as per attached proforma (i.e. Annex 'J' of BFC Rules).

12. **Tuition Fee**

Fees received and outstanding

Receivable Current Month	Rs. _____	Action Taken
Receivable Previous Defaulters	Rs. _____	
Total Receivable	Rs. _____	
Received Current Month	Rs. _____	
Received Previous Defaulters	Rs. _____	
Total Received	Rs. _____	

13. **Utilities Bills**

Telephone	Sui gas	Electric	Water

14. **Security/Discipline**

15. **Any Other Points**

Yours faithfully,

Annex

- A Gist of Income and Expense
- B Gist of Personnel

BAHRIA FOUNDATION COLLEGE

LEAVE APPLICATION

Dated: _____

Name & Designation _____

Department _____

Leave / Casual leave. Date leave to commence from _____ to _____

Reason for requiring leave _____

Leave address & Tel No. _____
(IN BLOCK LETTERS)

Dated: _____

Signature of Applicant

II

No. of days leave due: Leave _____ Availed during the year _____
Casual leave _____ Availed during the year _____

Leave entered in leave register at page No. _____

Signature of Accountant

III

Leave recommended/Not recommended _____
Relief not required/required _____
Remarks, if any _____

Signature of Head of Department

No. BFC/ _____

IV

Leave approved/Not approved _____

Signature of Principal

BAHRIA FOUNDATION
TEMPORARY DUTY FORM

Name_____Designation:_____

Nature of Duty_____

From_____ To_____

PLACES WHERE DUTY WILL BE PERFORMED

<u>S.No.</u>	<u>Place</u>	<u>From</u>	<u>To</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

MODE OF TRANSPORT: BY AIR / RAIL / ROAD

Signature_____

Designation:_____

RECOMMENDED / NOT RECOMMENDED

Date:_____

Signature_____

Designation_____

(Head of Department)

APPROVED / NOT APPROVED

Date:_____

Signature_____

Designation_____

(MD/ DG BEATS/ EDET)

APPLICATION FOR EMPLOYMENT

- 1. Name _____
- 2. N I C # _____ (Attached Photocopy)
- 3. Sex _____ Date of Birth _____ Domicile _____
- 4. Father’s Name _____
- 5. Father’s/Occupation/Designation _____
- 6. Married/Single _____
- 7. Spouse’s Name _____
- 8. Spouse’s Occupation/Designation _____
- 9. Applicant’s Present Residential Address _____

10. Applicant’s Permanent Residential Address _____

11. **APPLICANT’S EDUCATIONAL/ PROFESSIONAL QUALIFICATIONS:**

Degree/ certificate	Year Passed	Professional qualification	Division/ Grade	Subjects	Institution	Board/ University

- 12. Applicant’s Present Employment _____
- 13. Applicant’s Business/Office Address: _____

14. **SPECIAL SKILLS (if any)**

15. APPLICANT'S PREVIOUS WORK EXPERIENCE

Name of institution	Responsibilities	Date joined	Date Left	Pay drawn	Reason for leaving

16. May we refer to your present/previous employer ? Yes/No _____

17. Briefly state the reason for selecting this profession:

18. REFERENCES: Name two persons (not relatives) who can vouch for your Character.

Name _____ Name _____

Address _____ Address _____

Tel _____ Tel _____

CNIC No _____ CNIC No _____

19. I fully understand that if engaged I will be on probation for the period stated in my appointment letter and my employment may be terminated at any time by me or the BAHRIA Foundation College (in accordance with the conditions given in my appointment letter).

APPLICANT'S SIGNATURE

Address _____

CNIC No: _____

**PROPOSAL FOR NEW EMPLOYMENT/REPLACEMENT/RE-EMPLOYMENT/
RENEWAL OF CONTRACT**

BAHRIA FOUNDATION COLLEGE
Proposal No _____/201 _____ Dated _____

S. No	Full Name / CNIC No	Qualification	Appointment Proposed	Subject to be taught (for teachers)	Pay scale / Contract / Casual	Salary		Reason for new employment / Replacement / Replacement	Date of 1 st Appointment	Date of Employment / Renewal of Contract	Remarks
						Previous	Proposed				

No. of Teachers Borne _____
 No. of Mont. Helpers Borne _____
 No. of Mont. Sections _____

Total No. of Sections _____
 Teachers/Section Ratio _____
 (excluding Principal) _____

(Faculty including PTI, Pesh Imam,
 Librarian, Music Teacher)

Signature _____
 Name _____

Coordinator
(concerned section)

Signature _____
 Name _____

Sr. Teacher
(in case of Teachers)

Signature _____
 Name _____

**Admin Officer/
 Admin Supervisor**
(in case of Admin Staff)

Signature _____
 Name _____

Principal

APPROVED / NOT APPROVED

BAHRIA Foundation Campus _____

Ref: _____

Dear Sir,

**LETTER OF APPOINTMENT
(FOR REGULAR EMPLOYEE)**

You are appointed as “_____” in BAHRIA Foundation College _____ Campus with effect from the date of your joining subject to acceptance of the terms and conditions set out in this Letter of Appointment.

1. SALARY STRUCTURE

You will be placed in BAHRIA Foundation College pay scale BFC____ Stage____, the breakdown of which is as under:

Basic Pay	Rs. _____	per month
House Rent	Rs. _____	per month
Dearness Allowance	Rs. _____	per month
Conveyance Allowance	Rs. _____	per month
Medical Allowance	Rs. _____	per month
Total	Rs. _____	per month

2. LIFE AND HEALTH INSURANCE

On successful completion of probation period, you will be confirmed, after which you will become entitled to life and health insurance as per BAHRIA Foundation College Rules.

3. SERVICE RULES

Your services shall be governed by the Service Rules of BAHRIA Foundation Colleges.

4. PLACE OF DUTY

Your initial place of duty will be _____, however, you may be posted to other locations from time to time at the discretion of BAHRIA Foundation College authorities.

5. OTHER SERVICE OR BUSINESS INTERESTS

You will not enter into the service or employment of any other person or give tuitions or carry on business or be interested in any business now carried on by BAHRIA Foundation during the continuance of your appointment.

6. This letter is valid for 30 days from the date of issue.

Yours faithfully,

EDET

I accept terms set out above.

I have joined / shall be joining on _____

Signature _____

Name _____

CNIC No. _____

Designation _____

Date _____

Copy to:

Principal
Director Finance

BAHRIA Foundation Campus _____

Ref: _____

LETTER OF APPOINTMENT
(FOR CONTRACT EMPLOYEE)

1. You are appointed as “_____” at BAHRIA Foundation College _____ Campus on contract with effect from the date of your joining for an initial period of _____ months extendable by mutual agreement subject to acceptance of the terms and conditions set out in this letter. Your total remuneration paid by BAHRIA Foundation will be Rs _____/- (Rupees _____only) per month.

2. **RESPONSIBILITIES**

For the performance of your duties you will be responsible to the Principal BAHRIA Foundation College _____.

3. **PLACE OF DUTY**

Place of your duty will be _____.

4. **PROBATION**

You will remain on probation for a period of six months from the date of your appointment which may be extended. Unsatisfactory performance within the probation period may result in termination of your services with 07 days notice or 07 days salary in lieu thereof without assigning any reason.

5. **LEAVE ENTITLEMENT**

a. **Casual Leave**

- (1) Your casual leave entitlement will be 15 days Casual Leave per annum with pay, accruing pro-rata for each completed month of service w.e.f. your initial appointment.
- (2) Casual leave, when taken cannot be combined with any other leave.
- (3) Casual leave for more than three days at one time is not Permissible.

b. If at any time you are incapacitated by illness or any other reason, your emoluments shall not be payable during such incapacity or absence except to the extent leave is admissible to you, as aforesaid.

c. Un-availed leave is not en-cashable.

6. **TERMINATION OF CONTRACT**

a. During the currency of the contract, either party may terminate the contract by giving one month written notice or one month’s remuneration in lieu of notice.

b. In case of misconduct and activities considered detrimental to BAHRIA Foundation College, your services can be terminated immediately and no notice or salary thereof will be admissible.

c. One month salary shall be deducted in four equal installments during the 1st four months of the service as security deposit, which shall be reimbursed at the time of regularization/ termination of contract with prior notification by the employee.

7. You will obey all lawful orders given to you by your superiors or by any other person so authorized.

8. You will observe the working hours at your job location intimated to you by your immediate superior officer and will discharge your responsibilities diligently, honestly and to the best of your abilities.

9. You will protect the organization's confidential information/documents, which may come in your possession or knowledge by reason of your employment and will not disclose such information/documents in any manner whatsoever to any unauthorized person. In case of doubt, you will obtain written confirmation from your immediate superior.

10. You will not enter into the service or employment of any other person or give tuitions or carry on business or be interested in any business now carried on by BAHRIA Foundation during the continuance of this contract.

11. BAHRIA Foundation College's total encumbrance of emoluments with respect to your employment is contained in this letter.

12. This letter is valid for 30 days from the date of issue. Your date of joining duty shall be taken as your date of appointment.

EDET

I accept terms set out above.

I have joined / shall be joining on _____

Signature: _____

Name: _____

Designation: _____

Date: _____

Copy to:

Principal
Director Finance

BAHRIA Foundation Campus _____

BAHRIA FOUNDATION
LETTER OF APPOINTMENT OF CASUAL EMPLOYEE

EMPLOYEE NAME _____

BFC _____

DATED _____

REFERENCE: Your application dated _____

1. You have been appointed as _____ in BAHRIA Foundation College, _____ as visiting faculty from _____ to _____ subject to acceptance of the terms and conditions set out in this letter.

- a. You will teach for total _____ days a week from _____ to _____ hours from _____ to _____.
- b. You will take a teaching load of _____ periods per day.
- c. The College normal rules for teaching staff will not be applicable to you.
- d. You will attend the college as and when required by the Principal, usually the attendance will be mandatory only during the time period scheduled for your classes.
- e. The period of contract will be renewable by mutual agreement.
- f. The contract is liable to be terminated at the discretion of the Principal with one week's notice or one week's gross salary in lieu thereof without assigning any reason.
- g. No notice or salary in lieu thereof shall be given for termination of services on disciplinary grounds or misconduct.
- h. You may resign on giving one week notice.
- j. You will be given fixed salary of Rs. _____ (Rupees: _____ only) and no increment shall be admissible.
- k. You will not be entitled to any kind of leave. To cater for any absence or three instances of coming late your salary will be deducted on the basis of 22 working days per month i.e Rs. _____/- for each absence or three late arrivals.
- l. You will not be paid for summer/ winter vacation period unless you are required by the Principal for some task.

m. Appointment letter No.BFC_____ dated _____ may be treated as cancelled w.e.f _____

2. Your initial place of duty will be Karachi, however, you may be posted to other locations from time to time at the discretions of Bahria Foundation College authorities.

EDET
BAHRIA Foundation Karachi

I accept terms and conditions set out above.

Signature _____
Name: _____
CNIC No. _____
Designation: _____
Date: _____

Copy to:

Director Finance
Principal

BAHRIA Foundation Campus _____

BAHRIA FOUNDATION
LETTER FOR OFFERING HONORARIUM TO VISITING FACULTY

Dear Mr./Mrs. _____

The Principal BFC _____ has recommended that you may be requested to teach the subject of _____ to the students of _____ classes and deliver lecture on _____ topic.

For your valuable time and gracious presence BAHRIA Foundation would like to offer you an honorarium of Rs. _____ per lecture/ period i.e total of Rs. _____ for _____ lectures/ periods to be delivered from _____ to _____.

I would request you to kindly confirm your availability.

EDET
BAHRIA Foundation Karachi

BAHRIA EDUCATION AND TRAINING SERVICES
ANNUAL CONFIDENTIAL REPORT-TEACHING FACULTY

Part-I

ANNUAL/ SPECIAL Report for the period From _____ To _____

Name _____

Date of Birth _____ N.I.C No _____

Present Appointment _____ Present Pay Scale/ Stage _____

Date of Appointment as Regular employee _____

Date of Promotion to present Grade / Pay Scale _____

Part-II

1. **Academic/ Professional Qualifications**

<u>Degree</u>	<u>Year passed</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **Previous Teaching Experience**

<u>Name of Institution</u>	<u>Subject taught</u>	<u>From</u>	<u>To</u>
_____	_____	_____	to _____
_____	_____	_____	to _____
_____	_____	_____	to _____

3. **Teachers Training / Workshop Attended**

<u>Name of Course / Workshop</u>	<u>Institution</u>	<u>From</u>	<u>To</u>
_____	_____	_____	to _____
_____	_____	_____	to _____
_____	_____	_____	to _____

4. **Present Teaching Responsibilities**

<u>Subjects Taught</u>	<u>Class</u>	<u>Periods per week</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part-III

To be filled in by the Section Head/ Coordinator

1.	Punctuality/ Regularity	5	4	3	2	1
2.	Dress and Cleanliness	5	4	3	2	1
3.	Knowledge of Subjects Taught	5	4	3	2	1
4.	Proficiency in English language for all teachers. (Urdu, Islamiat, P.T. and Music teachers may be assessed on their communication skills).	5	4	3	2	1
5.	Lesson Planning, Assessments and Records	5	4	3	2	1
6.	Teaching Performance and Class Management	5	4	3	2	1
7.	Proper Interaction with Colleagues, Students and Parents	5	4	3	2	1
8.	Honesty, Integrity and Moral Values	5	4	3	2	1
9.	Initiative and Resourcefulness	5	4	3	2	1
10.	Leadership and Administrative Ability	5	4	3	2	1

Total Marks out of 50

Corresponding Assessment in Words

11. **General Remarks of Section Head/ Coordinator** (Any additional skills of the teacher e.g. Computer literacy and Fine Arts etc must be included in these remarks).

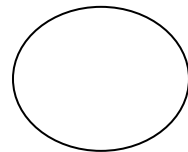
Name: _____

Designation _____

Signature _____

Date: _____

Stamp



Key: '5' Excellent '4' Very Good '3' Good '2' Satisfactory '1' Un satisfactory

Note: The rating should be recorded by initialing the appropriate box.

Part-IV
(To be filled in by the Principal)
(Initial in the box if applicable)

1. **Recommendations**

- a. Recommended for Annual Increment
- b. **NOT** Recommended for Annual Increment due to following reasons.
(Give Details of Warnings, Punishment etc)

- c. Recommended for Individual Performance Honorarium (IPH)
(Only 10% of employees can be recommended for IPH)
- d. Recommended for promotion
- e. Not yet eligible for promotion
- f. Not eligible/ qualified for further promotion
- g. Eligible and qualified but **NOT** Recommended for further
Promotion due to following reasons.

2. **Principal's Assessment**

Total Marks out of 50

Corresponding Assessment in Words

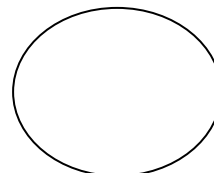
Principal's Remarks

Name: _____

Designation _____ Signature _____

Date: _____

Stamp



INSTRUCTIONS

1. **INSTRUCTIONS FOR THE SECTION HEAD/ CO-ORDINATOR**

- a. Keep an updated list of all employees of the section for ensuring that ACRs of all concerned persons are submitted.
- b. Arrange for the proper completion of Parts I and II of all the ACR forms and re-checking by the persons for whom ACRs are being rendered by 1st December.
- c. While reporting on your subordinates:
 - (1) Be as objective as possible.
 - (2) Be as circumspect as possible.
 - (3) Be clear and direct, not ambiguous or evasive in your remarks.
 - (4) Avoid exaggeration and gross understatement.
- d. Over writing and erasing is not permitted.
- e. In Part-III, all boxes should be initialed and Overall Assessment signed by the Section Head/ Coordinator.
- f. After completion of Part-III ACR forms should be handed over to the Principal by 15 December.

2. **INSTRUCTIONS FOR THE PRINCIPAL**

a. The Principal should weigh the remarks of Section Head/ Coordinator against his own assessment of the person reported upon, then either concur with the remarks of the Section Head/ Coordinator.

OR

b. If Principal considers that the assessment of the Section Head/ Coordinator is biased in any way, he/ she should give his/ her correct overall assessment and strictly explain reason for the same in his/ her remarks.

c. The Principal should underline in red ink all the adverse remarks in the ACR and should show them to the person reported upon and obtain his/ her initial against each adverse remarks.

d. If any individual is working directly under the Principal Parts-III and IV will be filled by Principal himself/ herself.

e. The Principal should complete all the ACR forms by 31 Dec and dispatch them in a sealed envelop; so as to reach Head/ Regional Office by 5 Jan.

FOR HEAD/ REGIONAL OFFICE USE

Date of receipt in Head/ Regional Office _____ **Initial** _____

Date scrutinised by DDCA _____ **Initial** _____

Remarks:

Date _____ Approved by EDET _____ **Initial** _____

BAHRIA EDUCATION AND TRAINING SERVICES
ANNUAL CONFIDENTIAL REPORT – NON TEACHING FACULTY

Part-I

Annual/ Special Report for the period from _____ to _____

Name _____

Date of Birth _____ N.I.C No _____

Present Appointment _____ Present Pay Scale/ Stage _____

Date of Appointment as Regular employee _____

Date of Promotion to present Grade / Pay Scale _____

Part-II

1. **Academic/ Professional Qualifications**

<u>Degree/ Certificate</u>	<u>Year passed</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. **Previous Experience**

<u>Name of Organization</u>	<u>Appointment</u>	<u>From</u>	<u>To</u>
_____	_____	_____	to _____
_____	_____	_____	to _____
_____	_____	_____	to _____

3. **Training/ Courses Attended**

<u>Name of Course/ Training</u>	<u>Organization</u>	<u>From</u>	<u>To</u>
_____	_____	_____	to _____
_____	_____	_____	to _____
_____	_____	_____	to _____

4. **Present Duties**

Part-III

To be filled in by the Section Head

1.	Punctuality/ Regularity	5	4	3	2	1
2.	Dress and Cleanliness	5	4	3	2	1
3.	Reliability/ Quality of Work	5	4	3	2	1
4.	Efficiency/ Output	5	4	3	2	1
5.	Intelligence	5	4	3	2	1
6.	Amenability to Discipline	5	4	3	2	1
7.	Co-operation and Tact	5	4	3	2	1
8.	Honesty Integrity and Moral Values	5	4	3	2	1
9.	Initiative and Resourcefulness	5	4	3	2	1
10.	Leadership and Administrative Ability	5	4	3	2	1

Total Marks out of 50

Corresponding Assessment in Words

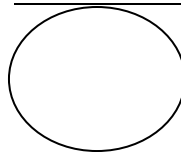
11. **General Remarks of Section Head**

Name: _____

Designation _____ Signature _____

Date: _____

Stamp



Key: '5' Excellent '4' Very Good '3' Good '2' Satisfactory '1' Un satisfactory
Note: The rating should be recorded by initialing the appropriate box.

Part-IV

(To be filled in by the Principal)

(Initial in the box if applicable)

1. **Recommendations**

a. Recommended for Annual Increment

b. **NOT** Recommended for annual increment due to following reasons.
(Give details of warnings, punishment etc)

c. Recommended for Individual Performance Honorarium (IPH)
(Only 10% of employees can be recommended for IPH)

d. Recommended for promotion

e. Not yet eligible for promotion

f. Not eligible/ qualified for further promotion

g. Eligible and qualified but **NOT** recommended for further promotion due to following reasons:

2. **Principal's Assessment**

Total Marks out of 50

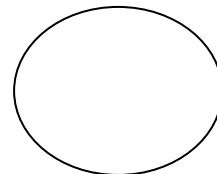
Corresponding Assessment in Words

Name: _____

Designation _____ Signature _____

Date: _____

Stamp



INSTRUCTIONS

1. INSTRUCTIONS FOR THE SECTION HEAD

- a. Keep an updated list of all employee of the section for ensuring that ACRs of all concerned persons are submitted.
- b. Arrange for the proper completion of Parts I and II of all the ACR forms and re-checking by the persons for whom ACRs are being rendered by 1st December.
- c. While reporting on your subordinates:
 - (1) Be as objective as possible.
 - (2) Be as circumspect as possible.
 - (3) Be clear and direct, not ambiguous or evasive in your remarks.
 - (4) Avoid exaggeration and gross understatement.
- d. Over writing and erasing is not permitted.
- e. In Part-III, all boxes should be initialed and Overall Assessment signed by the Section Head.
- f. After completion of Part-III ACR forms should be handed over to the Principal by 15 December.

2. INSTRUCTIONS FOR THE PRINCIPAL

a. The Principal should weigh the remarks of Section Head against his own assessment of the person reported upon, then either concur with the remarks of the Section Head.

OR

b. If Principal considers that the assessment of the Section Head is biased in any way. He/ She should give his/ her correct overall assessment and strictly explain reason for the same in his/ her remarks.

c. The Principal should underline in red ink all the adverse remarks in the ACR and should show them to the person reported upon and obtain his/ her initial against each adverse remarks.

d. If any individual is working directly under the Principal Parts-III and IV will be filled by Principal himself/ herself.

e. The Principal should complete all the ACR forms by 31 Dec and dispatch them in a sealed envelop; so as to reach Head/ Regional Office by 5 Jan.

FOR HEAD/ REGIONAL OFFICE USE

Date of receipt in Head/ Regional Office _____ **Initial** _____
Date scrutinised by DDCA _____ **Initial** _____

Remarks:

Date Approved by EDET _____ **Initial** _____

RETURNS**PERSONNEL**

Division	Total on 30 June 2015		Employed During Half Year		Discharged During Half Year		Total on 31 December 2015		Total on 31 Dec 15
	Ex-PN	Others	Ex-PN	Others	Ex-PN	Others	Ex-PN	Others	
	Officers	Non-officers	Officers	Non-officers	Officers	Non-officers	Officers	Non-officers	

IMPORTANT EVENTS

DIVISION	EVENTS

NEW PROJECTS

DIVISION	PROJECTS UNDER TAKEN DURING THE HALF YEAR					Projects in Advance
	FINANCIAL ASPECT					Stage of Negotiations
	Feasibility	EQP Cost (Rs)	Installation Cost (Rs)	Total (Rs)	Approval of COA if Required	

* Separate page may be used for each subject heading.

LEAVE ENTITLEMENT CHART

	ENTITLEMENTS	LEAVE GRANTING AUTHORITY		
		Vacation Leave	C/L upto 3 days	C/L more than 3 days
Principals	15 days sick and casual leave + 30 days less than total vacation period	EDET/ Regional Head	EDET/ Regional Head	EDET/ Regional Head
H.Ms/ Section Heads	15 days sick and casual leave + 15 days less than total vacation period	Principals/ Autonomous H.Ms	Principals/ Autonomous H.Ms	Principals/ Autonomous H.Ms
S.Ms (Senior Teacher)	-do-	-do-	H.Ms	-do-
Teaching Staff	-do-	-do-	-do-	-do-
Administrative & helping staff	15 days sick and casual leave + 30 days less than total vacation period	-do-	Principals/ Autonomous H.Ms	-do-

**As Fee Structures Annex
See as Excel file in the folder**

BAHRIA FOUNDATION -- EDUCATION & TRAINING SERVICES**FEE CONCESSION FORM**

*Please answer all questions on the form carefully. Incomplete application will not be processed

*A Separate form should be filled for each Student seeking Fee Concession.

* All spaces must either be filled in or 'NA' should be written if not applicable. Wherever an option is given it should be Ticked (☐) or cancelled as applicable.

Section A (Fee Concession Categories) (This section is to be filled in by the parents/ guardian. Fill all categories which are applicable. Category most beneficial to the student will be awarded)

1. **MERIT** (For top three students with A-1 grade or at least three A grades in O/AS Level)
2. **Real Brothers/ Sisters studying in BFC**
3. **Shaheeds/ Martyrs of Armed Forces**
4. **BAHRIA Foundation College Permanent Employees** (Serving) (Expired during Service)
5. **BAHRIA Foundation Permanent Employees** (Serving) (Expired during Service)
6. **Naval Personnel (including Civilian Employees)** (Serving) (Retired)
7. **Army/ Air Force Personnel (including Civilian Employees)** (Serving) (Retired)

Section B (Student's/ Family Particulars) (This section is to be filled by the parents/ guardian)

Name of Student: _____ **Class:** _____ **Section:** _____

BFC Registration No: _____ **Date of Joining First BFC** _____ **Branch:** _____

Date of Joining Present BFC _____ **Branch:** _____

Father's Name _____ **Occupation** _____

NIC No _____ (Fill in father's particulars even if he is not responsible for the child and attach a copy of NADRA Form (Bae). Armed Forces Personnel should attach a letter or copy of proof showing Name, Service No. and Unit)

Guardian's Name (Only required if father is not responsible) _____
(Attach copy of NADRA Form (Bae) if guardian is the mother or Affidavit of Guardianship if other than the mother)

Relationship with student _____ **Occupation** _____ **NIC No** _____

Name of Parent working in BF or BF College (if applicable) _____

Designation _____ **Place of Duty** _____

Date of Joining as Casual/ Contract Employee _____ **Date of Confirmation as Permanent Employee** _____

Names, Classes and Sections of real Brothers/ Sisters Studying in BFC

1. _____
2. _____
3. _____
4. _____

Date: _____ **Name of Parent/ Guardian** _____ (Signature)
Office/ Business/ Home address of Parent/ Guardian _____
Phone Nos _____

Section C (Student's Latest Final Exam Result) (This section is to be filled by the Class Teacher)

Subject	Percentage	Grade		Subject	Percentage	Grade
English				Islamiat		
Urdu				Pak Studies		
Mathematics				Social Studies		
Science				Geography		
Physics				History		
Chemistry						
Biology						
Computer Studies						
				OVERALL % (Grade)		

(Signature of Class Teacher)
Name _____
Date _____

(Signature of Principal)
Name _____
Date _____

Section D (For Head Office Use)

Checked and Recommended for Fee Concession as follows:

Admission Fee	Security Deposit	Tuition Fee	Other Charges	Period of Concession
_____ %	_____ %	_____ %	_____ %	From _____ To _____

Signature of AD (CA)
Name _____
Date _____

Approved by

Signature of EDET
Name _____
Date _____

NOTE: Copies of approved form are to be forwarded to GM/AM (F) and concerned BF College for necessary action.

BAHRIA FOUNDATION -- EDUCATION & TRAINING SERVICES**MERIT CUM POVERTY SCHOLARSHIP FORM**

*This form is **NOT** to be handed over to the student or his/ her parents/ guardian. It must be filled by the Class Teacher and the Principal based on the application/ information received from the Parents/ guardian.

*Please answer all questions on the form carefully. Incomplete application will not be processed

*A Separate form should be filled for each Student seeking Merit cum Poverty Scholarship.

* All spaces must either be filled in or 'NA' should be written if not applicable. Wherever an option is given it should be Ticked (☐) or cancelled as applicable.

Section A (Student's/ Family Particulars) (This section is to be filled by the Class teacher)

Name of Student: _____ **Class:** _____ **Section:** _____

BFC Registration No: _____ **Date of Joining First BFC** _____ **Branch:** _____

Date of Joining Present BFC _____ **Branch:** _____

Father's Name _____ **Occupation** _____

NIC No _____ (Fill in father's particulars even if he is not responsible for the child and attach copy of NADRA Form (Bae).

Guardian's Name (Only required If father is not responsible) _____
(Attach copy of NADRA Form (Bae) if guardian is the mother or Affidavit of Guardianship if other than the mother)

Relationship with student _____ **Occupation** _____ **NIC No** _____

Names, Classes and Sections of real Brothers/ Sisters Studying in BFC

1. _____ 2. _____

3 _____ 4. _____

Section B (Student's Latest Final Exam Result) (This section is to be filled by the Class Teacher)

Subject	Percentage	Grade	Subject	Percentage	Grade
English			Islamiat		
Urdu			Pak Studies		
Mathematics			Social Studies		
Science			Geography		
Physics			History		
Chemistry					
Biology					
Computer Studies					
			OVERALL % (Grade)		

(Signature of Class Teacher)

Name _____

Date _____

Section C Financial Status of Parents/ Guardian *(This Section is to be filled by the Class Teacher or Principal, based on the application/ information received from the parents/ guardian. The financial status and circumstances of the parents/ guardian of the student and justification for seeking scholarship on Merit cum Poverty should be clearly stated. Also indicate change in circumstances (if any) since the admission of the child)*

Parents'/ Guardian's total Emoluments including Salary and all Allowances _____
(Attach copies of salary slip(s) or any other proof of income if available)

Family Income from all other sources _____
Total Income of the Family _____

Information about all other family members supported from this income.

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Occupation</u>
1.	-----	-----	-----	-----
2.	-----	-----	-----	-----
3.	-----	-----	-----	-----
4.	-----	-----	-----	-----
5.	-----	-----	-----	-----

Office/ Business/ Home address of Parent/ Guardian

Phone Nos _____

Recommended for 30% / 50% / 70% Scholarship

(Signature of Class Teacher)
Name _____
Date _____

(Signature of Principal)
Name _____
Date _____

Section D (For Head Office Use)

Checked and Recommended for Fee Concession as follows:

Admission Fee _____ %	Security Deposit _____ %	Tuition Fee _____ %	Other Charges _____ %	Period of Concession From _____ To _____
---------------------------------	------------------------------------	-------------------------------	---------------------------------	--

Signature of A D (CA)
(Office Stamp)

Approved by

Signature of EDET(S)
(Office Stamp)

Date _____

Date _____

NOTE: Copies of approved form are to be forwarded to GM/AM (F) and concerned BF College for necessary action.

FEE CHALLAN

BFC _____ **ALLIED BANK BRANCH** _____ **A/C NO.** _____

Receipt No. _____ Date _____ Fee for the Month _____ Name _____ A / C No. _____ Class _____ Tuition Fee College Fund..... Magazine Fund Computer Fee Lab / Mont Fund Library Fund Late Fee Misc. Charges..... Admission Fee Security Fee..... Annual Charges Misc. / Arrears..... Adv. Fee June Adv, Fee July _____ Total: _____ Due Date 15 th of each month Computer Generated Voucher Stamp / Signature not required Deposited by _____ Bank Signature & Seal _____ College Copy	Receipt No. _____ Date _____ Fee for the Month _____ Name _____ A / C No. _____ Class _____ Tuition Fee College Fund..... Magazine Fund Computer Fee Lab / Mont Fund Library Fund Late Fee Misc. Charges..... Admission Fee Security Fee..... Annual Charges Misc. / Arrears..... Adv. Fee June Adv, Fee July _____ Total: _____ Due Date 15 th of each month Computer Generated Voucher Stamp / Signature not required Deposited by _____ Bank Signature & Seal _____ Bank Copy	Receipt No. _____ Date _____ Fee for the Month _____ Name _____ A / C No. _____ Class _____ Tuition Fee College Fund..... Magazine Fund Computer Fee Lab / Mont Fund Library Fund Late Fee Misc. Charges..... Admission Fee Security Fee..... Annual Charges Misc. / Arrears..... Adv. Fee June Adv, Fee July _____ Total: _____ Due Date 15 th of each month Computer Generated Voucher Stamp / Signature not required Deposited by _____ Bank Signature & Seal _____ Student Copy
---	--	---

BAHRIA FOUNDATION COLLEGE STATEMENT OF FEE DEFAULTERS
FOR THE MONTH OF 201

				Rupees	Rupees	Rupees	
S No.	G.r No.	Name of student	Class	Current month defaulter	Previous month defaulters	Total defaulters	Previous defaulter months
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
TOTAL							

TUITION FEE

Class	Regular Civilians		Navy		Army / Air Force		Bahria Foundation		Concession to Staff	Brother/Sister Concession	Total Amount
	No. of Students	Fees per student	No. of Students	Amount	No. of Students	Amount	No. of Students	Amount			
Montessori											
I											
II											
III											
IV											
V											
VI											
VII											
VIII											
IX											
X											
XI											
XII											
TOTAL											

Note:

- I) No. of students & fees detail in “Concession to Staff” & “Brother/ Sister Concession” Columns are not required to be entered, only amount needs to be filled in these columns.
- II) Separate section of a class should be merged in one class.
- III) Only monthly tuition fee detail needs to be entered.

Accountant Signature

Principal Signature

BAHRIA FOUNDATION COLLEGE PROFIT AND LOSS STATEMENT
FOR THE YEAR

	Actual Month	Budget Month	Actual year to date	Budget year to date
REVENUE INCOME				
Tuition fees				
Miscellaneous income				
Interest income				
Admission fee				
Prospectus fee				
REVENUE EXPENDITURE				
ADMIN, SELLING & OPERATING EXPENSES				
Salaries, allowances & benefits				
Electricity, gas & water				
Telephone, fax & postage				
Travelling & conveyance				
Insurance				
Depreciation				
Printing & stationery				
Repair & maintenance				
Rent & taxes				
Advertisement				
Legal & professional fee				
Others expenses				
FINANCIAL EXPENSES				
Bank Charges				

Profit / (Loss) before Tax _____

WITH-HOLDING TAX RETURN FOR THE PERIOD FROM _____ TO _____
 BFC _____

Tax Amount	Taxable Amount	Tax Payer Business-Name	Tax Payer Status	Tax Payer Address	Tax Payer City	Tax Payer Name	Tax Payer CNIC	Tax Payer NTN	Payment Section

BFC PAY SCALES
BFC-1 TO BFC 16

in the Excel Files

BAHRIA FOUNDATION COLLEGE
TRAVELLING EXPENSES CLAIM FORM

Name of the Employee: _____

Designation: _____

Division: _____

<p>A. <u>Fare Charges</u></p> <p>Destination: From _____ To _____ And Back :From _____ To _____</p> <p>B. <u>Accommodation Charges:</u> Mess Bill Period From _____ To _____ No. of Days _____</p> <p>C. <u>Daily Allowance:</u> <u>Departure Arrival</u> Time: AM/PM AM/PM Date: No. of Days: Rate Rs.</p> <p>D. <u>Other Expenditure:</u> Taxi Fare 1. 2.</p>	
<p>Total Amount Advance</p>	
<p>Net Amount Payable</p>	

Employee
Signature

Principal
Signature

Approved by
MD / Regional Head / EDET

DISPOSAL CERTIFICATE

1. In pursuance of Principal's T M No. _____ dated _____ the committee assembled in the campus on _____ and physically mustered the old record /stores to ascertain their disposal and utility. The Committee reached to the conclusion that due to wear and tear, following items are unserviceable and are beyond economical repair.

S.No	Description of Item	Qty	Initial Purchase Price	Present Value (Approximate)
a.				
b.				
c.				
d.				
e.				

2. The Committee recommends that in accordance with BFC rule 2.38 the items listed above be disposed of by auction /re-sale.

a. _____ Senior Teacher (President) _____

b. _____ Senior Teacher (Member) _____

c. _____ Senior Teacher (Member) _____

COUNTERSIGNED

BAHRIA EDUCATION & TRAINING SERVICES – STORES DEMAND REQUISITION

**A Separate form should be filled for each category/ type of stores. A list may be attached if there are many different items in the same category.*

**This form is to be prepared in triplicate. *Copies No.1 and 2 are to be forwarded to Manager BEATS. Copy No.3 is to be retained as Originator's Office Copy.*

** All spaces must either be filled in or 'NA' should be written if not applicable. Wherever an option is given, it should be Ticked (✓) or cancelled as applicable*

Demand Serial No:_____ dated _____ URGENT / ROUTINE
Name of Department /Institution:_____

Budget Year: _____ CAPITAL / REVENUE Expenditure sub head: _____

Amount allocated under Expenditure sub head: Pak Rs _____

Total amount already spent/ committed under same Expenditure sub head: Pak Rs _____

Balance Amount under same Expenditure sub head: Pak Rs _____

DESCRIPTION OF STORES (Attach Additional Information Sheets/ Brochures/ Drawings if required)

Name of Stores required _____ Quantity Required _____

UNBRANDED/ Name of Manufacturer _____ Country of

Manufacture/ Origin _____ Make / Model No. _____

Model / Year of Manufacture _____ Measurements / size

_____ Brochure/ Picture/ Drawing of Required Item ATTACHED/

NOT ATTACHED

Type of Finishing Required _____ Raw Material to be used _____

Remarks (if an y)

JUSTIFICATION (Give full justification for the required stores. Attach Additional Sheets if required)

<u>DELIVERY OF STORES</u>	<u>MINIMUM QUOTED COST BREAKDOWN</u>
Last date before which stores must be delivered _____	Last date of validity of quotation _____
City where Dealer/ Supplier is located _____	Basic Price per Unit _____
Place where Stores will be Inspected _____	Basic Price for _____ Units _____
Place where Stores are to be delivered _____	(+) Cartage _____
	(+) Insurance _____
	(+) Other Costs <i>(if any)</i> _____
	(-) Discount _____ % _____
	(-) Buy back of used items _____
<u>WARRANTY PERIOD</u>	Total Cost of Voucher/ Bill (A) _____
For Free Replacement of Parts _____	
For Free Servicing/ Labour Charges _____	<u>DEDUCTION AT SOURCE BY BF FINANCE DEPARTMENT</u>
	(-) Income Tax @ _____ % _____
	(-) Other Tax <i>(if any)</i> _____
<u>REMARKS</u> <i>(if any)</i>	Total Deduction (B) _____

_____	Total to be paid to supplier / contractor (A-B) _____

<u>Prepared by</u>	<u>Recommended by</u>	<u>Verified by</u>	<u>Approved by</u>	<u>Accepted/ Regretted</u>
Name & Appointment	(Principal/AD) (Office Stamp)	(DD) (Office Stamp)	MD/ Regional Head/ EDET (Office Stamp)	Manager Falah Trading Agency (Office Stamp)

**REQUEST FOR EDUCATIONAL - CUM-RECREATIONAL TRIP FOR STUDENTS
/ FACULTY**

1. Proposed Date(s) _____
2. Time of departure from BFC _____
3. Time of return to BFC _____
4. Place(s) to be visited _____

5. Number of Students _____
6. Number of Teachers _____
7. Number of Non Teaching Staff _____
8. Type of Transport to be used _____
9. Breakdown of Expenditure:
 - a. _____ Rs. _____
 - b. _____ Rs. _____
 - c. _____ Rs. _____
 - d. _____ Rs. _____
 - e. _____ Rs. __________
- Total Rs. _____
10. Amount of contribution being asked from the students Rs. _____ per head.
11. a. Balance remaining in 'Sundries' Sub head Rs. _____
b. Amount requested to be spent from 'Sundries' Sub head. Rs. _____