**QUALITY ASSURANCE CELL**

**HIGHER EDUCATION DEPARTMENT, KHYBER PAKHTUNKHWA, PESHAWAR**

**Address: QAC Office, H# 54, ST# 19, Shami Road Near Bilal Masjid, Peshawar**

**Email:** [**qached.kp@gmail.com**](mailto:qached.kp@gmail.com) **Phone: 091-9223086/9223087 Fax# 9223088**

**Governance of the College/Institution**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report on Files Management For BS Colleges For Semester Fall /Spring** . | | | | | | |
| **College Name:** | | | | | | |
| **Total number of BS Programs offered:** | | | | | | |
| **S. No** |  | **Maintain Files**  (Write down **Yes / No** against each Program) | | | | **Remarks** |
|  | **Name of BS Program** | **Program File** | **Course Files** | **Student Files** | **Faculty Files** |
|  | Program A |  |  |  |  |  |
|  | Program B |  |  |  |  |  |
|  | Program C |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Signature of BS Programs Coordinator:** | | | | | | |
| **Signature of QEC Focal Person:** | | | | | | |
| **Signature of Principal:** | | | | | | |