

# PQR (Proforma), Shaheed B.B University, Sherinagl, Dir Upper

Campus/ College Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

## 1. Degree Program Detail

Program Sr. No.	Title of degree Program	Admission Requirements to program	Degree abbreviation	Accreditation status (No, Not Applicable, Yes)	Education System(Annual, Semester)	Mode of Study (Regular, Private)	Session Type (Morning, Evening)
1.							
2.							
3.							

## 2. Credit Hours Duration

Program Sr. No	Date from	Date To	Credit Hours	Duration (Years)	No. of Semesters	Minimum Duration (Years)	Maximum duration (Years)
1.							
2.							
3.							

## 3. Area of Specialization

Program Sr. No	Area of Specialization (if any)	Other Area of Specialization
1.		
2.		
3.		

## 4. NOC obtained from HEC

Program Sr. No	Date	Month	Year
1.			
2.			
3.			

## 5. Program Recognition Date

Program Sr. No	Start Date	End Date	Is Current?
1.			
2.			
3.			

**Signature of Dean/HOD/In-charge/Principal**

Note: Kindly submit the hardcopy to Intikhab Ullah Deputy Controller (Secrecy)/ Focal Person PQR (Shaheed BB University) and email the soft copy on email address [intikhab@sbbu.edu.pk](mailto:intikhab@sbbu.edu.pk)