



INTEGRATED MANAGEMENT INFORMATION SYSTEM (IMIS)

Quality Assurance - Institution Portal

User Guide VERSION: 2.0

MAY 2024



Quality Assurance-Institution Portal	technologies
Usage:	5
Pre-requisites:	5
Send Your Comments	6
1 Product Launching	6
1.1 Login and Product Access	6
1.2 Institution Dashboard	
Starting an application	
2.0 Certificate of Classification and Registration	
2.1 Name & Contact Section:	
2.2 Location Section:	
2.3 Infrastructure Section:	
2.4 Facilities Section:	
2.5 Staff Section:	
2.6 Finance Management Section:	
2.7 Vision & Mission:	
3. Institutional Response (Compliance)	
4.0 Interim Authority (ODAI)	
4.1 Name & Contact Section:	
4.2 Land Location Section:	
4.3 Vision & Mission:	
5.0 Interim Authority (University)	
5.1 Name & Contact Section:	
5.2 Land Location Section:	
5.3 Vision & Mission:	
6. Program Accreditation	
6.1 Name	
6.2 Documents	
7. Institution Affiliation	
7.1 Name and Location	
7.2 Affiliation Details	
8. Self-Assessment Report	
8.1 Vision and Mission:	



Quality Assurance-Institution Portal
8.2 Institutional Governance
8.3 Teaching and Learning
8.4 Quality of Staff 24
8.5 Financial Management25
8.6 Research and Publication25
8.7 Community Management
9. Statistical Return for Universities
Section A: INSTITUTION IDENTIFICATION
Section B: INSTITUION PURTICULARS AND PROGRAMS
Section C: STUDENT INFORMATION
Section D: ACADEMIC STAFF AND NON-ACADEMIC STAFF INFORMATION
Section E: INFRASTRUCTURE AND SANITATION INFORMATION
Section F: UTILITIES
Section G: ICT FACILITIES AND CONNECTIVITY
Section H: Total Income
10. Document Management 31
11.Desk Review Report Acknowledge (License Application)
12. Desk Review Report Response (License Application)
13. Vetting Meeting Acknowledge 33
14. Vetting Meeting Response
15. Verification Invoice Payment
16. Verification Report Acknowledge 35
17. Verification/Inspection Schedule
19. Administrative Visit Report Acknowledgement
20. Administrative Visit Report Response
21. Program Invoice Payment (Program Accreditation)
22. Equating & Recognition of Qualifications
22.1 Foreign Qualifications
1. Personal Details Section:
2. Qualifications Section: 40
Tracking Your Application 41
Reviewing Your Application 41



Quality Assurance-Institution Portal	technologies
23. URA Payment	
Institution Profile Management	
1.Profile	
2. Change Password	
3. Logout	
Support	
1. IMIS Institution Portal Unavailable - Unplanned	
2. Error Messages	

Quality Assurance-Institution Portal



Preface

This manual is intended for new users with little or no experience using the Future Gateway Integrated Management Information System Web based Technology. The goal of this document is to give a broad overview of the main functions of Future Gateway Integrated Management Information System Web based Technology and some basic instructions on how to set up and administer a list. This document will concentrate on demonstrating interaction with Future Gateway Integrated Management Information System using the Web based Technology.

Every effort has been made to ensure that this document is an accurate representation of the functionality of **Future Gateway Integrated Management Information System**. As with every software application, development continues after the documentation has gone to press so small inconsistencies may occur. The following documentation conventions have been used in this manual:

- Menus, options, icons, fields, and text boxes on the screen will be bold (e.g., the **Search** icon).
- Clickable buttons will be bold and within brackets (e.g., the **[OK]** button).
- Clickable links will be bold and underlined (e.g., the <u>Edit</u> link).
- Some screen captures have been cropped and/or edited for emphasis or descriptive purposes.

Usage:

No parts of this document may be reproduced or transmitted in any form without the prior written permission of Future Technologies Limited.

All parts of this guide are trademarks, registered trademarks, or trade names of their respective holders.

Pre-requisites:

You need to have a valid E-mail ID before doing the registration.

Please enter your mail ID carefully because an OTP (One-time Password) will be sent to that particular ID.

While registration if you experience any error, please take the screen shot of the same by pressing the "Print Screen" button from the keyboard. Please attach the screenshot and mail it to your IT administrator.

In case of problems during profile creation or application, log your problem and mail it to your IT administrator. Attached is the screenshot as described in point no 3.

This application is supported by Microsoft Edge, Mozilla Firefox, and Chrome. Please ensure that you are using the above-mentioned browsers only.

Please keep a scanned copy of your photograph and highest relevant qualification ready as these are to be submitted along with the application.

The scanned copies should only be in. Pdf format only. No other file formats will be accepted by the system.

Quality Assurance-Institution Portal



The confirmation mail will be received within 30 minutes of initial registration. So, kindly wait to receive the confirmation mail.

NB: In case some of the screen shots are not legible, you are requested to zoom the document.

Send Your Comments

If you find any errors or have any other suggestions for improvement, then please contact your support representative and provide your name, the name of the company who has license to our products, the title and part number of the documentation and the chapter, section, and page number (if available). Note: Before sending your comments, you might like to check that you have the latest version of the document and if any concerns are already addressed. To do this, contact your support team to verify. If you need assistance with Future Technologies software, then please contact your support representative.

Getting Started

<u>1 Product Launching</u>

The system shall be installed and configured on the computer server hence clients shall be able to access the system through the local area network.

1.1 Login and Product Access

To access the system, open your preferred web browser (Google chrome, Mozilla Firefox etc.) and type nche, open the national council for higher Education website. After opening, click on the Services page, then click on the e-Services option after therefore select from the list the program you want to log into by clicking on that program for example License Accreditation, Program Accreditation or Equation of Qualifications. The following page will be displayed.

← C	Not secure 192.168.2.4:8082/frmLogin.aspx	P	A٩	☆	C D	ť≡	œ	€6	 0
	Mational Council for Higher Education Description Good Morning, Welcome to Future Institution Login Username * Username Password * Password Forgot Password?	cation Excellence	!					g	
Ň	©Future Technologie	s Ltd. 2018							

Figure 1.1a: IMIS Institution Portal Login Page

To log in the system, you must enter your Username and Password created by the Institution and has been approved by nche administrators. Click on **[Login]** button to login the system as shown in *Figure 1.1a - IMIS Institution Portal Login Page*

Using the forgot password link

Once you have forgotten your password, provide your username and click the **Forgot your password?** Link.

You will receive a message containing further instructions. Only the email used during signing up will receive this message.

Sign up

To create New Accounts, click on the <u>Sign-Up</u> Link, the following page will be typically displayed. Please complete the Registration Form. The fields marked with an asterisk (*) are mandatory. Please note that once you have registered, you will use a username to access this site in future.



User Details
Usemane *
Osername -
Institution Name *
District *
Institution Type
Primary Email ID *
rimary chan to
Alternative Email ID *
Phone Number(Mobile) *
Phone Number (Landline) *
Contact Person *
Phone Number (Contact Person) *
Alternative Contact Person *
Phone Number (Alternative Contact Person) *
Password *
Confirm Password *
Commin Password -
Logo *
Choose File No file chosen
Submit

Figure 1.1b: Signup Page

Username: Enter your Institution username in this field.

Institution Name: Enter Institution full name in this field.

District: Enter the District Name where the Institution is located.

Institution Type: Specify the Institution Type whether its Public or Private by selecting from the dropdown menu.

Primary Email ID: Enter Your Institution Primary Email ID in this field.

Alternative Email ID: Enter your Institution Alternative Email ID in this field.

Phone Number (Mobile): Enter the phone number in this field.

Phone Number (Landline): Enter the phone number in this field.

Contact Person: Enter the contact person name in this field.

Phone Number (Contact Person): Enter the phone number in this field.

Alternative Contact Person: Enter the Alternative Contact Person name in this field.

Phone Number (Alternative Contact Person): Enter the Alternative Contact Person Phone Number in this field.

Note: You will use your username created during system login.

Password: Enter a password you would like to set.

Confirm Password: Re-type your password in this field to ensure that you have not made any typographical errors.



Logo: Attach the Institution Logo by clicking on the choose file button then after click upload.

Note: Below are the guidelines to create a valid password:

- Password should contain more than 7 characters.
- Password should contain at least one uppercase letter.
- Password should contain at least one Ospecial character i.e., %, \$, #, @ etc.

Once you have clicked **[Submit]**, you will be advised whether your registration has been successful. If it is not, please check the information you have submitted and rectify any errors/omissions. If successfully registered, you will be sent an OTP (One-time Password) to the email address you specified in the form. Open the email message and you will find a code. *Copy and paste the code contained in the email into the OTP field (shown below).*

Username *	
Doe	
Full Name	
John Doe	
Email ID	
kinotoy@vxmail.top	[Edit Resend OTP]
OTP	
Verify	
A SLUD	

Figure 1.1c: OTP Verification

The message "OTP verified successfully." will be displayed on screen once the OTP is verified.

Once you have registered and verified your OTP, you can use your login details (Username and password) to log into the NCHE IMIS Institution site.



Quality Assurance-Institution Portal

1.2 Institution Dashboard

Once you have successfully logged in, your Institution dashboard will be displayed. The dashboard consists of a sidebar menu and your license accreditation history and Accredited Programs presented in a tabular format.

			_	_				
Home 	Lie	cence Acc	reditation History					
Certificate of Classification and Registra	UЕ							
nstitutional Response (QA)		Application Code Search						
		#2	Application Code	Application Date	License Type	Status		
nstitutional Response (Compliance)		1	OTIR/2021/00001	10/Feb/2024	Certificate of Classification and Registration	Draft Created		
nstitutional/Complainant Response (C		2	UNII/2021/00002	10/Feb/2024	Letter Interim Authority to Operate as University	Council Recommnded For Licensing		
nterim Authority (ODAI)		3	ODAI/2021/00003	08/Feb/2024	Letter Interim Authority to Operate as Other Degree Awarding Institution	Draft Created		
Interim Authority (University)								
rogram Accreditation	A	ccredited	Programs					
stitution Affiliation		Pro	gram Name		Search			
elf Assessment Report								
atistical Return for Universities								
ocument Management								
stitution Response								
esk Review Report Acknowledge								
esk Review Report Response	-							

Figure 1.2a: IMIS Institution Portal Home page

In the Application Code field, you can input your application code and click the "SEARCH" button to filter the list and the same applies for Accredited programs. You can enter program Name and then click the "SEARCH" button to filter the list.

Starting an application

To apply for any license, you need to select any desired application from the sidebar menu. For this example, we shall be applying for the Certificate of Classification and Registration. Click the "CERTIFICATE OF CLASSIFICATION AND REGISTRATION" tab.

Note: This procedure applies to all the applications in the sidebar menu that is;

- Certificate of Classification and Registration
- Institutional Response (Compliance)
- Interim Authority (ODAI)
- Interim Authority (University)
- Program Accreditation
- Institution Affiliation
- Self-Assessment Report
- Statistical Return for Universities
- Document Management
- Institution Response
- Desk Review Report Acknowledge
- Desk Review Report Response
- Vetting Meeting Acknowledge

Quality Assurance-Institution Portal



- Vetting Meeting Response
- Verification Invoice Payment
- Verification Report Acknowledge
- Verification/Inspection Schedule
- Verification Report Response
- Administrative Visit Report Acknowledge
- Administrative Visit Report Response
- Program Invoice Payment
- URA Payment

2.0 Certificate of Classification and Registration

By default, the track application page will be displayed. Click the "CREATE NEW APPLICATION" link to begin the application process.

Аррис	auon for a cerunkate or classification and Registration (OTI)
	To track the application provide the required information and click on Track.
	To create a new application click on create New application
	Application Code
	Track
	Create New Application

Once you have clicked the link as shown above, the application form will be displayed, and you can begin capturing different information. The form is divided according to the category of information you will be providing. Let us go through the different form sections to complete our application.

2.1 Name & Contact Section:

This section allows you to add your basic Institution related Information i.e., Name of the Private Tertiary Institution, Email Address, Telephone lines etc. You can also update this information if it has changed. Fill in the form and click the "NEXT" button. The fields marked with an asterisk (*) are mandatory and are necessary for us to identify and contact you. You need not re-enter the information you already entered while registering.

Application for a certificate of class	inication and Registratio	in (011)				
1	2	3	4	5	6	7
NAME & CONTACT	LOCATION	INFRASTRUCTURE	FACILITIES	STAFFS	FINANCE MANAGEMENT	VISION & MISSION
1. Name of the Private Te	ertiary Institution		Kabale Institute of Healt	n Sciences		
2. Address of Tertiary Ins	titution					
(i) Postal Address						
(ii) E-Mail Address			sreejithop001@gmail.co	m		
(iii) Website Addres	is					
(iv) Telephone Line	5					
(v) Mobile						
Next						
Go Back						

Quality Assurance-Institution Portal



Once you have provided all relative information in the fields, click the next button to proceed. On completion of this section the form is saved automatically, and a unique Application Code is sent to your Institution email ID. Use this Application Code to review and track your application.

2.2 Location Section:

This section allows you to add your Institution's location information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

To upload a file, click the "BROWSE" button to select any file from your computer. Click the "UPLOAD "button to upload the file.

Application to	or a certificate of classific	auon and negistration	(OII)				
NA	1 AME & CONTACT	2 LOCATION	3 INFRASTRUCTURE	4 FACILITIES	5 STAFFS	6 FINANCE MANAGEMENT	VISION & MISSION
	ate when a provisional l first given (attach copy			Choose File No file choser	n 📕	Upload	
4. LA	AND AND LOCATION						
(i) Sta	ate the location of the inst	itution					
	he amount of land owned l of the land title)	by the institution (Plea	se attach a,	Acres Choose File No file of	chosen	Upload	
(iii) A	mount of land in the curre	ent use	· · · · · · · · · · · · · · · · · · ·	Acres			
(iv) A	mount of land for future u	ise	,	Acres			
(v) Ye	ears when all above pieces	of land were obtained					
	f the land occupied by the i ed,provide a copy of the ag			Choose File No file choser	1 1	Upload	
F Go Br	Previous Next						

2.3 Infrastructure Section:

This section allows you to add your Institution's infrastructural information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

Approximiter a carence or casanication and magnitudes (only					
a (00	· · · · · ·		(i	
NAME & CONTACT LOCA	TION INFRASTRUCTURE	FACILITIES	STATES	FINANCE MANAGEMENT	VISION & MISSION
5. INFRASTRUCTURE SUPPORTING THE DELIVERY OF HIGHER EDUCATION A. Buildings - State the total square metres of the following buildings:					
(i) Classrooms					
(ii) Libraries					
(iii) Science Laboratories					
(iv) Computer Laboratories					
(v) Staff Houses					
(vi) Number of Staff Houses					
(vii) Total Area of Administrative Staff					
(viii) Total Area for Staff Use					
(ix) Main Building/Administrative Block Area					
(x) Student Welfare Offices					
(xi) Health Clinic/Sick Bay Area					
(xii) Hostel/Dormitory Area					
(xiii) Meeting Hall Area					
(xiv) Provide a master plan of your campus showing how buildings relate to one another to create an attractive academic atmosphere.	Choose File: No file chosen Upload				
B. Ground, Physical Infrastructure and services/utilities					
(i) Area of playgrounds					
(ii) The types of playgrounds available (e.g. tennis courts, swimming pool etc.)					
(iii) Area of empty space (and within the campus dedicated to aesthetic and					
recreation use) (iv) Total mileage of roads and paths within the campus					
(v) What are the sources of water for the University?					
(vi) indicate the sources of power used?					
(vii) Do you have land suitable for agriculture? If so, how many acres?					
C. Transport					
State the number and registration of vehicles the institution has					
Previous Nast					
Go Back					



2.4 Facilities Section:

Quality Assurance-Institution Portal

This section allows you to add your Institution's facilities' information. Fill in the form and click

"NEXT." To return to the previous section, click the "PREVIOUS" button.

	2		4	5	6	()
NAME & CONTACT	LOCATION	INFRASTRUCTURE	FACILITIES	STAFFS	FINANCE MANAGEMENT	VISION & MISSION
6. EDUCATIONAL FACILITIES I	N PLACE					
(i) Total number of library books						
(ii) Total number of textbooks						
 (iii) Dates of publication of the n 1960s,1970s, 1990s, 2000s etc.) (iv) Total number of computers f 		ocks of dates,				
(v) Total number of computers in						
(vi) Total number of computers f	or academic staff use					
(vii) Total number of computers	for administration					
(viii) What library computer prog in the library and resource centr (ix) State whether students will a library	es?					
(x) Does the institution have acc	ess to internet?					
(xi) State the number of seats in	the					
(a) Libraries						
(b) Classrooms (lecture	halls)					
(c) Laboratories						
(d) Administration Block	r					
(xii) What facilities for student a	ccommodation do you have	:?				
Previous Next						
Go Back						

2.5 Staff Section:

This section allows you to add your Institution's staff information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

1	33	•	3	3	7
NAME & CONTRCT LO	CATION INTRASTRUCTURE	FACILITIES	STATIS	FINANCE MANAGEMENT	VISION & MISSION
ACADEMIC STAFF					
) How many full-time academic staff does the institution have?					
i) How many full-time academic staff does institution intend to have					
ii) Give the name and qualifications of each of the full-time accademic staff	Choose File No file chosen Upload				
e) State the number of part-time staff					
Give the name and qualifications of each of the part-time accademic staff	Choose File No file chosen Upload				
) How many of the following does the institution have?					
(a) Ph.D holders (Attach the disciplines in which they are qualified)	Choose File No file chosen	Upload			
(b) Master (Attach the disciplines in which they are qualified)	Choose File No file chosen	Upload			
(c) Bachelors	Choose File No file chosen	Upload			
(d) Diploma holders	Choose File No file chosen	Upload			
(e) Average staff/student ratio					
(f) Staff/student ratio for each of the programmes	Choose File No file chosen Upload				
(g) Staff overload (i.e. workload in hours per week)					
ADMINISTRATIVE AND SUPPORT STAFF					
How many administrative staff do you have?					
How many support staff do you have?					
) Please give the names, qualifications and gender of the following officers of	your institution.				
(a) All members of your Council	Choose File No file chosen Upland				
(b) All members of the Senate	Choose File No file chosen Upload				
(c)The Chairperson of the Governing Council					
(d) The Vice Chairperson of the Governing Council					
(e) The Principal					
(f) The Academic Registrar					
(g) The Heads of each of the academic divisions you have					
(h) Members of Academic Board					
Ownership Of The Tertiary Institute/ College					
ioase indicate who are the owners of the institution, clearly stating how they tain control (e.g. representation on Council,Senate,appointments etc):	//				
Previous Next					
Back					



2.6 Finance Management Section:

Quality Assurance-Institution Portal

This section allows you to add your Institution's finance management information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

To upload a file, click the "BROWSE" button to select any file from your computer. Click the "UPLOAD" button to upload the file.

\bigcirc	\cup	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
NAME & CONTACT	LOCATION	INFRASTRUCTURE	FACILITIES	STAFFS	FINANCE MANAGEMENT	VISION & MISSION
10. FINANCES AND THEIR M	ANAGEMENT					
(i) What other assets, besides	land and buildings,does the in	stitution own?	hoose File No file chosen	Upload		
(ii) What is the annual budget	of the institution?					
(iii) Attach the previous financ	ial year's accounts audited by	a certified accountant	hoose File No file chosen	Upload		
(iv) Fee structure		C	hoose File No file chosen	Upload		
(v) How much is the percenta	ge of the budget derived from	fees				
(vi) State other sources of inco	ome that support the institutio	n				
(vii) How much of the budget	will be given to:					
(a) Infrastructure dev	elopment					
(b) Research and dev	elopment					
(c) Computer hard an	d software					
(d) Science laboratory	equipment					
(e) Staff development						
(f) The Library						
(g) Staff salaries?						
(viii) Who are your current Ba	nkers?					
				//		
Previous Next						

2.7 Vision & Mission:

This section allows you to add your Institution's vision & mission information. Fill in the form and click "SUBMIT" to finish the application process. To return to the previous section, click the "PREVIOUS" button.

(1)	1	1		(5)		7
NAME & CONTACT	LOCATION	INFRASTRUCTURE	FACULTIES	STATES	FINANCE MANAGEMENT	VISION & MISSION
11. VISION AND MISSION OF THE INSTITUTION						
(i) What is the vision of the institution?		1				
(ii) What is the mission of the institution?		6				
(iii) What are the specific objectives of the institution?		//				
(iv) Provide a logo for the institution	Choose File No file ch	Upload				
(v) Attach a Strategic plan of the institution?	Choose File No file ch	Upload				
(vi) What programmes of study does the institution offer?		4				
(vii) What is your area of competence where you have done b institutions?	etter than other	la la				
(viii) What are the future planned programmes and when will	they start?	1				
12. STUDENT POPULATION						
(i) Total number of students the institution has						
(ii) Programme distribution of students (number and percenta	ege)	1				
(iii) Regions of origin						
(a) Eastern Region						
(b) Central Region						
(c) Northern Region						
(d) Western Region						
(iv) Non-Ugandans						
(a) East Africans						
(b) Others						
13. OTHER DOCUMENTS	-					
Doc. Name Attachme	int					
Choose	File No file chosen Upload					
Previous Submit		-				
Go Back						

Quality Assurance-Institution Portal



Tracking Your Application

To view the progress of your application, click the "HOME" tab. The license accreditation dashboard will be typically displayed. Provide your application code in the Application Code field and click the "SEARCH" button to filter the list.

e Accred	itation History			
Applica	ation Code OTIR/	/2021/00001	Search	
##	Application Code	Application Date	License Type	Status
1	OTIR/2021/00001	10/Feb/2024	Certificate of Classification and Registration	Draft Created

In the table displayed, locate the "STATUS" column to see your applications progress.

Reviewing Your Application

To review your application, click any application from the sidebar menu.

ne	Licence	Accre	ditation History			
ificate of Classification and Registra		Analis	ation Code			
tutional Response (QA)		Applic	ation code		Search	
tutional Response (Compliance)		##	Application Code	Application Date	License Type	Status
tutional Response (Compliance)		1	OTIR/2021/00002	20/Feb/2024	Certificate of Classification and Registration	Draft Created
tutional/Complainant Response (C		2	OTIR/2021/00001	10/Feb/2024	Certificate of Classification and Registration	Draft Created
rim Authority (ODAI)		з	UNII/2021/00002	10/Feb/2024	Letter Interim Authority to Operate as University	Council Recommnded For Licensing
		4	ODAI/2021/00003	08/Feb/2024	Letter Interim Authority to Operate as Other Degree Awarding Institution	Draft Created
rim Authority (University) gram Accreditation						
tution Affiliation	Accredit					
Assessment Report		Progr	am Name		Search	
istical Return for Universities						
ment Management						
ution Response						
Review Report Acknowledge						

The applications page will be typically displayed. Provide your Application Code and click the

"TRACK" button to view your application.

ł	Apprication for a cerunitate of classification and negistration (01)
1	To track the application provide the required information and click on Track.
l	To create a new application click on create New application
1	Application Code
I	Track

The details of your application will be displayed. You can navigate through the different sections by clicking the "PREVIOUS" or "NEXT" button.

3. Institutional Response (Compliance)

This section enables the Institutions to give responses online to complaints that have been raised against them and are being reviewed by the National Council for higher Education.

On the side menu bar, click on Institutional Response section to open, a list of pending applications for response will be available. Double click to open an application, capture your response, attach a file/document by clicking the "Choose File" button to select any file from



your computer. Click the "UPLOAD" button to upload the file. Click on the **[Submit]** button to proceed with the application.

ils		
QA Code. Institution	MC/2021/00007 PR/OTPL/2006/000007 Sul Kabale Institute of He	ealth Sciences
Date	19/Feb/2024	
ED Attachment	## Attachment Name	Download
	1 NCHE IMIS Human Resource User Manual (2).pdf	Download
Response		
Submit		
Cancel		
Attachments		
Choose File No file ch	ISED Listered	
	Upload	
## Attachment Name	Download Remove	

4.0 Interim Authority (ODAI)

By default, the track application page will be displayed. Click the "CREATE NEW APPLICATION" link to begin the application process

Application for a letter of internin automity to establish and operate a private Other Degree Awarding institution
To track the application provide the required information and click on Track.
To create a new application click on create New application
Application Code
Track
Create New Application

Once you have clicked the link as shown above, the application form will be displayed, and you can begin capturing different information. The form is divided according to the category of information you will be providing. Let us go through the different form sections to complete our application.

4.1 Name & Contact Section:

This section allows you to add your basic Institution related Information i.e., Name of the Private Tertiary Institution, Email Address, Telephone lines etc. You can also update this information if it has changed. Fill in the form and click the "NEXT" button. The fields marked with an asterisk (*) are mandatory and are necessary for us to identify and contact you. You need not re-enter the information you already entered while registering.

FutureGateway Quality Assurance-Institution Portal



Application for a letter of interim authority to establish and op	perate a private Other Deg	ree Awaroing insutution
1 2 NAME & CONTACT LOCATION	UISION & MISSION	
1. Proposed Name of the Private Institution:		Kabale Institute of Health Sciences
2. Address of the Institution		
(i) Postal Address		
(ii) E-Mail Address		sreejithop001@gmail.com
(iii) Website Address		
(iv) Telephone Lines		
(v) Mobile		
Next		
Go Back		

Once you have provided all relative information in the fields, click the next button to proceed. On completion of this section the form is saved automatically, and a unique Application Code is sent to your Institution email ID. Use this Application Code to review and track your application.

4.2 Land Location Section:

This section allows you to add your Institution's Land and location information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

To upload a file, click the "Choose File" button to select any file from your computer. Click the "UPLOAD "button to upload the file.

Application for a letter of interim authority to establish and operate a priv	ate other Degree Awarding Institution
1 2 VISION & VISION &	3 MISSION
3. LAND AND LOCATION	
(a) State the location of the proposed private institution	District Kabale V Region Select V
(b) Do you already have a title deed? (Please attach a copy of the land title)	Select Choose File No file chosen Upload
4. PROMOTERS: Name the promoters of the institution project	Choose File No file chosen Upload
Previous Next	
Go Back	

4.3 Vision & Mission:

This section allows you to add your Institution's vision & mission information. Fill in the form and click "SUBMIT" to finish the application process. To return to the previous section, click the "PREVIOUS" button.



NAME & CONTACT LOCATION	VISION & MISSION
5. VISION, MISSION, OBJECTIVES AND PHILOSOPHY	
(a) State the Vision of the institution to be established	
(b) State the Mission for which the institution is to be est	tablished
(c) State the Objectives for which the institution is to be established	
(d) State the philosophy of the institution to be establish	ed //
(e) State the proposed Governance Structures of the inst	itution
(f) State the proposed human resources that will be requi operate the institution	lifed to
(g) State the expected sources of financial resources	
(h) State the action plan towards the realization of the ol of the project	bjectives
(i) Describe the existing infrastructure to be used	
 (j) What programmes of study are planned in the setting institution 	up of the Choose File No file chosen Upload
6. OTHER DOCUMENTS	
Doc. Name Atta	.chment

5.0 Interim Authority (University)

By default, the track application page will be displayed. Click the "CREATE NEW APPLICATION" link to begin the application process

Apprication for a fetter of interim autionity to establish and operate a private university					
To track the application provide the required information and click on Track.					
To create a new application click on create New application					
Application Code					
	Track				
Create New Application					

Once you have clicked the link as shown above, the application form will be displayed, and you can begin capturing different information. The form is divided according to the category of information you will be providing. Let us go through the different form sections to complete our application.

5.1 Name & Contact Section:

This section allows you to add your basic Institution related Information i.e., Name of the Private Tertiary Institution, Email Address, Telephone lines etc. You can also update this information if it has changed. Fill in the form and click the "NEXT" button. The fields marked with an asterisk (*) are mandatory and are necessary for us to identify and contact you. You need not re-enter the information you already entered while registering.



Application for a letter of interim authority to establish and operate a private university	
1 2 3 NAME & CONTACT LOCATION VISION & MISSION	
1. Proposed Name of the Private University:	Kabale Institute of Health Sciences
2. Address of the Institution	
(i) Postal Address	
(ii) E-Mail Address	sreejithop001@gmail.com
(iii) Website Address	
(iv) Telephone Lines	
(v) Mobile	
Next	
Go Back	

Once you have provided all relative information in the fields, click the next button to proceed. On completion of this section the form is saved automatically, and a unique Application Code is sent to your Institution email ID. Use this Application Code to review and track your application.

5.2 Land Location Section:

This section allows you to add your Institution's Land and location information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

To upload a file, click the "Choose File" button to select any file from your computer. Click the "UPLOAD "button to upload the file.

Арриса	auon for a retter of interim authority to establish and operate a private university
	1 3 NAME & CONTACT LOCATION VISION & MISSION
	3. LAND AND LOCATION
	(a) State the location of the proposed private university kabale District Kabale V Region Select V
	(b) Do you already have a title deed? (Please attach a copy of the Select Choose File No file chosen Upload land title)
	4. PROMOTERS: Name the promoters of the University Choose File No file chosen Upload
	Previous Next
	Go Back

5.3 Vision & Mission:

This section allows you to add your Institution's vision & mission information. Fill in the form and click "SUBMIT" to finish the application process. To return to the previous section, click the "PREVIOUS" button.



Африканом пога нешего пителина анилопку то ескалыка ани органие з илие заку
5. VISION, MISSION, OBJECTIVES AND PHILOSOPHY
(a) State the Vision of the University to be established
(b) state the Mission for which the University is to be established
(c) State the Objectives for which the University is to be established
(d) State the philosophy of the University to be established
(e) State the proposed Governance Structures of the University
(f) State the proposed human resources that will be required to operate the University
(g) State the expected sources of financial resources
(h) state the action plan towards the realization of the objectives of the project
(i) Describe the existing infrastructure to be used
(i) What programmes of study are planned in the setting up of the Choose File) No file chosen Upload University
6. OTHER DOCUMENTS
Doc. Name Attachment
Choose File No file chosen Upload
Previous Submit
Go Back

6. Program Accreditation

By default, the track application page will be displayed. Click the "CREATE NEW APPLICATION" link to begin the application process.

	Apprication for Programme Acceleration of an institution						
	To track the application provide the required information and click on Track.						
L	To create a new application click on create New application						
	Application Code						
	Track						
	Create New Application						

6.1 Name

Navigation: Program Accreditation > Name

The page below will be typically displayed once you follow the navigation provided above.

Application for Programme Accreditation of an institution	
1 2 NAME DOCUMENTS	
Institution Name:	Kabale Institute of Health Sciences
Application Type	New
Program Type	✓
Programme Name:	
Duration of the Programme:	(No: of Semesters)
Next	
Go Back	

Fill in the application form by capturing details such as Application Type, Program Type Programme Name and Duration of the Programme and click the "NEXT" button to proceed.

Quality Assurance-Institution Portal



On completion of this section the form is saved automatically, and a unique Application Code is sent to your Institution email ID. Use this Application Code to review and track your application.

6.2 Documents

This section allows you to add your programmes necessary documents details. To return to the previous section, click the "PREVIOUS" button.

To upload a file, click the "Choose File" button to select any file from your computer. Click the "UPLOAD "button to upload the file. click "SUBMIT" to finish the application process

Application for Programme Accreditation of an institution		
1 2 NAME DOCUMENTS		
Attach detailed Programme(Course) Structure	Choose File No file chosen Upload	
Attach Letter of Submission	Choose File No file chosen Upload	
Previous Submit Go Back		

7. Institution Affiliation

By default, the track application page will be displayed. Click the "CREATE NEW APPLICATION" link to begin the application process.

Application for Anniauon of Institutions					
To track the application provide the required information and click on Track.					
To create a new application click on create New application					
Application Code					
	Track				
Create New Application					

7.1 Name and Location

This section allows you to add your basic Institution related Information i.e., Name of the Tertiary Institution, Address, Location, Telephone lines etc. You can also update this information if it has changed. Fill in the form and click the "NEXT" button. You need not reenter the information you already entered while registering.



1		
NAME & LOCATION	AFFILIATION DETAILS	
1. Name,Address and locat	on of the University	
(i) Name	Kabale Institute of Health Sciences	
(ii) Postal Address		
(iii) Location		
(iv) E-Mail Address	sreejithop001@gmail.com	
(v) Website Address		
(vi) Telephone Lines		
2. Name,Address and locat	on of the Tertiary Institution	
(i) Name		
(ii) Postal Address		
(iii) Location		
(iv) Fax Number		
(v) E-Mail Address		
(vi) Website Address		
(vii) Telephone Lines		
Next		
Go Back		

7.2 Affiliation Details

This section allows you to add your Institution's Affiliation details. Fill in the form and click "SUBMIT" to finish the application process. To return to the previous section, click the "PREVIOUS" button.

(1) (2)		
NAME & LOCATION AFFILIATIO	N DETAILS		
3. Purpose of Affiliation	Choose File No file chosen	Upload	
4. Rights and Obligations of both Institution	Choose File No file chosen	Upload	
5. Areas of Affiliation (courses/programmes)	Choose File No file chosen	Upload	
6. Awards (in whose name shall the awards be?)			
7. Please attach the following			
(i) Current legal Status of the Institution	Choose File No file chosen	Upload	
(ii) Definitions	Choose File No file chosen	Upload	
(iii) List of Staff and Qualifications	Choose File No file chosen	Upload	
(iv) Sharing of Resources	Choose File No file chosen	Upload	
(v) Courses/Programmes and Awards	Choose File No file chosen	Upload	
(vi) Amendment of Affiliation	Choose File No file chosen	Upload	
(vii) Liability and indemnity	Choose File No file chosen	Upload	
(viii) Governing law	Choose File No file chosen	Upload	
(ix) Termination and its effects	Choose File No file chosen	Upload	
(x) Dispute Resolution	Choose File No file chosen	Upload	
(xi) Relationship between the institutions	Choose File No file chosen	Upload	
(xii) Miscellaneous	Choose File No file chosen	Upload	
(xiii) Signatures and stamps of the institutions	Choose File No file chosen	Upload	
Previous Submit			



Quality Assurance-Institution Portal

8. Self-Assessment Report

By default, the track application page will be displayed. Click the "CREATE NEW APPLICATION" link to begin the application process

To track the applica	ion provide the required information and click on Track.
To create a new ap	lication click on create New application
	the Council to plan and serve you better; therefore it must be submitted by 30th September after every five years. Failure to submit this repo elay service provision for activities that directly depend on feedback from thi report for example programme accreditation.
Application Code	
	Track
Create New Applica	tion

Once you have clicked the link as shown above, the application form will be displayed, and you can begin capturing different information. The form is divided according to the category of information you will be providing. Let us go through the different form sections to complete our application.

8.1 Vision and Mission:

This section allows you to add Institution's vision and mission Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

Sell-A	ssessment keports p	y oniversities, other begree	2 Awarung insututions,	anu Other Tertiary III	sututions		
		2 INSITUTIONAL GOVERNANCE	3 TEACHING & LEARNING	4 QUALITY OF STAFF	5	6 REASEARCH & PUBLICATIO	
	1. VISION AND N	IISSION OF THE INSTITUT	ION				
	What is the vision	of the institution?					
	What is the missio	n of the institution?					
	What are the speci	fic objectives of the Instituti	on?				
	Next						
	Go Back						

8.2 Institutional Governance

This section allows you to add Institutional Governance Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button



Quality Assurance-Institution Portal

Sen-Assessment Reports by Universities, Other Degree Awarding Institutions, and Other	
2 3 VISION & MISSION INSITUTIONAL GOVERNANCE TEACHING & LEARNING	4 5 6 7 QUALITY OF STAFF FINANCIAL MANAGEMENT REASEARCH & PUBLICATION COMMUNITY MANAGEMENT
2. STRATEGIC PLAN Attach a Strategic plan of the Institution?	Choose File No file chosen Upload
3. INSTITUIONAL GOVERNANCE Governing Council / Institution Council	Choose File No file chosen Upload
Academic Board/Senate	Choose File No file chosen Upload
Faculties/Department	Choose File No file chosen Upload
Staff Unions/Associations	Choose File No file chosen Upload
Student Guild/Union	Choose File No file chosen Upload
Previous Next	
Go Back	

8.3 Teaching and Learning

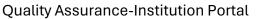
This section allows you to add the Institution's Teaching and Learning Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button

To upload a file, click the "Choose File" button to select any file from your computer. Click the "UPLOAD" button to upload the file.

1 VISION & MISSION INSITUTIONAL GOVERNANCE TEACHING & LEJ	ARNING QUALITY OF STAFF	FINANCIAL MANAGEMENT	REASEARCH & PUBLICATION	
4.TEACHING AND LEARNING Student enrollment per programme	Choose File No file chosen	Upload		
Institutional arrangements such as policies, strategies and procedures in place to support and ensure quality teaching and learning	Choose File No file chosen	Upload		
Educational Facilities in place: Lecture Rooms	Choose File No file chosen	Upload		
Workshops	Choose File No file chosen	Upload		
Library and learning materials	Choose File No file chosen	Upload		
Computer support services	Choose File No file chosen	Upload		
Counselling and student affair offices	Choose File No file chosen	Upload		
Institional arrangements in place for the quality management of short courses, exported and partnership programmes, and programmes offered at tution and stellte campuses	Choose File No file chosen	Upload		
Existing institutional arrangements to ensure the integrity of learner records and certification process	Choose File No file chosen	Upload		
Systems and procedures for programme development, review, approval and management	Choose File No file chosen	Upload		
Previous Next				

8.4 Quality of Staff

This section allows you to add the Institution's Quality of Staff Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button





in-Assessment Reports by Universities, Other Degree Awarding Institutions, and Other Te	Tuary insulutions
13	467
VISION & MISSION INSITUTIONAL GOVERNANCE TEACHING & LEARNING	QUALITY OF STAFF FINANCIAL MANAGEMENT REASEARCH & PUBLICATION COMMUNITY MANAGEMENT
5. QUALITY OF STAFF	
Recruitment, selection and appointment procedures of staff;	Choose File No file chosen Upload
Staff/student ratios per programme	Choose File No file chosen Upload
Student assessment of academic staff	Choose File No file chosen Upload
Student development	Choose File No file chosen Upload
Opportunities in place for scholary and professional development of staff	Choose File No file chosen Upload
Previous Next	
Go Back	

8.5 Financial Management

This section allows you to add the Institution's Financial Management Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button

To upload a file, click the "Choose File" button to select any file from your computer. Click the "UPLOAD" button to upload the file

Sen Assessment Reports by oniversities, other begree Awarding institutions, and other	
2 3 VISION & MISSION INSITUTIONAL GOVERNANCE TEACHING & LEARNING QUALIT	4 5 6 7 TY OF STAFF FINANCIAL MANAGEMENT REASEARCH & PUBLICATION COMMUNITY MANAGEMENT
6. FINANCIAL MANAGEMENT	
Budgeting Process	Choose File No file chosen Upload
Source of funding and amount from each source	Choose File No file chosen Upload
Budget allocation to academic staff salaries, academic inputs, library, computer and ICT installations, welfare of students etc.	Choose File No file chosen Upload
Previous Next Go Back	

8.6 Research and Publication

This section allows you to add the Institution's Research and Publication Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button



Quality Assurance-Institution Portal

sen-assessment reports by oniversities, other begree awarding institutions, and other i	ieroary insututions
13	6 7
VISION & MISSION INSITUTIONAL GOVERNANCE TEACHING & LEARNING	QUALITY OF STAFF FINANCIAL MANAGEMENT REASEARCH & PUBLICATION COMMUNITY MANAGEMENT
7. RESEARCH & PUBLICATION	
Policies and regulations at the institution	Choose File No file chosen Upload
Strategies which evaluate, monitor and track outcomes and impact of research	Choose File No file chosen Upload
Research funding by the institution	Choose File No file chosen Upload
Number of articles published in local or international journals or repute	Choose File No file chosen Upload
Number of patents registered by the staff or institution	Choose File No file chosen Upload
Number of books with ISBN published by staff	Choose File No file chosen Upload
Research management at the institution	Choose File No file chosen Upload
Previous Next	
Go Back	

8.7 Community Management

This section allows you to add Community Management Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button

To upload a file, click the "Choose File" button to select any file from your computer. Click the "UPLOAD" button to upload the file

Assessment reports by Universities, Other Degree Awarding Institutions, and Other	reruary institutions
23	
VISION & MISSION INSITUTIONAL GOVERNANCE TEACHING & LEARNING	QUALITY OF STAFF FINANCIAL MANAGEMENT REASEARCH & PUBLICATION COMMUNITY MANAGEMENT
8. COMMUNITY ENGAGEMENT	
Policies and procedures in place for the quality management of commun engagement	ty Choose File No file chosen Upload
Funding allocated to facilitate quality delivering in community management	ent Choose File No file chosen Upload
Programmes and projects focusing on the community needs and aspirations	Choose File No file chosen Upload
Number and effectives of intership programmes	Choose File No file chosen Upload
Community participation in Institution activities	Choose File No file chosen Upload
Regional Collaborations	Choose File No file chosen Upload
9. ANY OTHER RELEVANT INFORMATION	
Choose File No file chosen Upload	
Previous Submit	
Go Back	

9. Statistical Return for Universities

By default, the track application page will be displayed. Click the "CREATE NEW APPLICATION" link to begin the application process



Statistical Return for Univ	rsities
To track the applic	ation provide the required information and click on Track.
To create a new ap	plication click on create New application
Application Code	
	Track
Create New Appli	ation

Once you have clicked the link as shown above, the application form will be displayed, and you can begin capturing different information. The form is divided according to the category of information you will be providing. Let us go through the different form sections to complete our application.

Section A: INSTITUTION IDENTIFICATION

This section allows you to add Institution Identification Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

e Liniversities							
0		0					
SICTOR A		action a	series c	SICTOR D	ARTINI I	BCTONF	SECTION 6
CATION							
	V						
ner.	4						
or*							
	/						
ess?							
wort .							
d size (*							
60 ¹							
(any)							
. Service							
	Arra(Acre)						
	Area(Assec)						
	Area(Assec)						
PQ							
aris .							
	Male Penale Total						
ndel							
national							
(formal)							
e Diploma							
a							
	Tetal						
square)							
market separate)							
(notion Legame)							
tuden)							
urud							
-1							
•							

Section B: INSTITUION PURTICULARS AND PROGRAMS

This section allows you to add Institution Identification Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

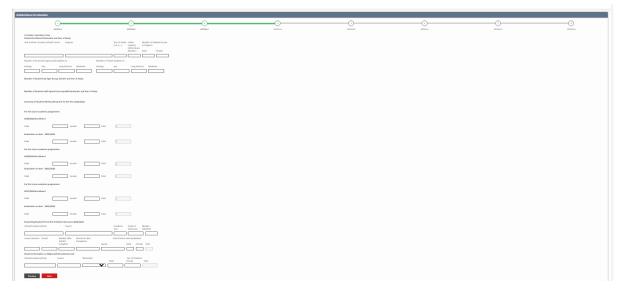
FutureGateway Quality Assurance-Institution Portal



SECTION A	SECTION B	SECTION C SI	ECTION D	SECTION E	SECTION F	SECTION G	SECTION H
INSTITUION PURTICULARS	AND PROGRAMS						
Status of Operation of Univers	sity/College/Institution	Private	•				
Urbanl/Rural		Urban 🔹	•				
Founding Year		2008					
Founding Body		SDA 🔹	/				
Funding Source		Partly Government-Aided	/				
University/College/Institution	Туре	Agricultural College	/				
Day/Boarding Type of Univers	ity/College/Institution	Day Institution	•				
Registration Status		Provisionally Licensed	•				
Distance to nearest Post-Seco	ndary/ Tertiary Institution	2.1 - 3 km	•				
22002110							
PROGRAMS							
Programs Offered at Postgrad	uate						
Unit:Institute /Faculty /School	/ Centre Program		Duration	Period (month, year)			
Award (Bachelor,Diploma etc.) Program Schedule (Tick for all	programs applicable)					
	Research Course V	/ork 🗌 Day 🗌 Evenin	g 🛛 Long Distance	Weekend			
Undergraduate Degree Progra							
Unit:Institute /Faculty /School	/ Centre Program		Duration	Period (month, year)			
Award (Bachelor,Diploma etc.) Program Schedule (Tick for all	programs applicable)					
	Course Work Day	Evening Long D	listance 🗌 Weekend				
Previous Next							
Go Back							

Section C: STUDENT INFORMATION

This section allows you to add Institution Identification Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.



Section D: ACADEMIC STAFF AND NON-ACADEMIC STAFF INFORMATION

This section allows you to add Institution Identification Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.



	0	0	0	-0	0	-0		-•
	SACEON &	BCDOV8	UKTNOW C	INCOM D	INCOME F	INCHOR F	METRON 6	007048
	STAR AND NON ALADEBUE STRRE INFORMATION							
	denis Staff Established (Approved Positions (Approved Positions)							
Me full								
Main Part 1								
Randons of Department	Facalmenk staff institution programs by Department 1 Staff (Aul Tane).	Staff (Part Turne).						
	Male Recale	Alaho Inscula-						
	Cell by Age, Notionality and Sender							
Acabraik 1	call by Lovvix							
Degring d	all Development Programs (including training on individual initiative)							
settate/in	adylchol/Cente Agended seel of Dactors Period Dalificities	No. of start. Male investige						
Ownall Adv	sinistrative Malf Established/Agground Positions							
ETABLIC	(Approved Positions)							
Make (Sell 1								
Main (Part 1	imej Fensie (Kat Time)							
American	two Staff by Age, Nationality and Gender							
American	two Staff By Qualification							
Inspatio	Maland Alaxies 5 Mala Security 5	tischert. Rischeitert. Isle Fersale Stalle Fessale						
Fort Strategy	te Oplana – Dylana – Certificate, Oth	er. litte						
Male	Fecule Able Fecule Male Fecule Male	e fectale titale festale						
	part Staff Established (Approved Politices.							
March Part 1	ine) Fecale (Full Score)							
Make Part 1	inne) Fernale (Part Terrer)							
Inspatio	Phil and Aloues	loders. Radeiars						
	Male Fecule A	tide Fertiale titale Fertiale						
	tr balana Dalana Lethor, Oh							
1.1.de	Fecale Mile Fecale Mile Fecale Mil	e fecule titile fecule						
Deguing Ro	search Projects in the University							
Report A	ni/ Unoplea k.g. Name of smill/Londmaring Collaborating Unaversities. Medicine, ICL e.L.C. Department/Individ/College/Haculty	Man Propid Sponsors Names of Iwo Procipal Investigation						
- Aprilland	constant, or the constant of the second the second se							
	Ned							

Section E: INFRASTRUCTURE AND SANITATION INFORMATION

This section allows you to add Institution's Infrastructure and Sanitation Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

INFRASTRU		ANITATION INF	ORMATION						
Туре	F	acility						Number	
Area (Sq. Meters)	N. of Chairs	No. of Desks/Tables	No. of Computers (All)	No. of Computers (on LAN)	OtherFacilities and Other 1;No.	Number,No.: Other 2;No.	Other 3;No	D.	
Institutiona	l facilities: Libra	ry							
Institutiona	l Facilities: Spor	ts & Other Facili	ties						
institutiona	r racinties, spor		ues						

Section F: UTILITIES

This section allows you to add Institution's Utilities Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

FutureGateway Quality Assurance-Institution Portal



Statistical Return for Universities							
1 SECTION A	2 SECTION B	3 SECTION C	4 SECTION D	5 SECTION E	6 SECTION F	7 SECTION G	8 SECTION H
UTILITIES							
Main Water Source	Piped Water	Borehole Protected	Well/Spring 🗌 Rain Wa	ter Tanks 🛛 Lake/River	Others (Specify)		
Distance to Nearest Water Source		~					
Energy Sources	Electricity	Generator 🗆 Solar 🗌	Cow Dung 🛛 Fire Wood	🗆 Charcoals 🛛 Others	(Specify)		
Communication	Landline Teleph	none OMobilephones	Radio Others (Spe	cify)			
Previous Nex	d						
Go Back							

Section G: ICT FACILITIES AND CONNECTIVITY

This section allows you to add Institution's ICT Facilities and Connectivity Information. Fill in the form and click "NEXT." To return to the previous section, click the "PREVIOUS" button.

SECTION A	SECTION B	SECTION C	SECTION D	SECTION E	SECTION F	SECTION G	SECTION
ICT FACILITIES AND CON	NECTIVITY						
ICT Resources							
ICT Equipments							
Туре	No. used by Academic Staff	No. used by No. share Students Staff & St	d by No. used by udents Administrative Staff	Total			
	~						
HOSPITAL WARDS (Teachin		Total Area No. of Roor	ms No. of Beds No	o. of Toilets No. of Bathrooms	No. of Pantries		
		Total Area No. of Roor	ms No. of Beds Ni		No. of Pantries		
			ms No. of Beds Ni		No. of Pantries		
Name of Ward	Nostel (Institution own	ed and affiliated)	ms No. of Beds Ni		No. of Pantries		
Name of Ward	Nostel (Institution own	ed and affiliated)	No. of Toilets No. of	No. of Dining	Dining (Sitting		
Name of Ward	/hostel (Institution own Total Area h S	ed and affiliated)	No. of Toilets No. of	No. of Dining	Dining (Sitting		

Section H: Total Income

This section allows you to add Institution's Total Income Information. Fill in the form and click "SUBMIT." To return to the previous section, click the "PREVIOUS" button.

FutureGateway Quality Assurance-Institution Portal



lotal Income								
nstitutional Budget								
Summary of Desired Insti	tutional Costs	(Million)						
Expenditure Items	Recurrent	Recurrent Budget	Development Budget	Development Budget	Amount By Source	Amount By . Source (Pvt)	Amount By Source	Amount By Source
~	Budget Estimate (Academic)	Estimate (Admin)	Estimate (Academic)	Estimate (Admin)	(Gov't)		(Donor)	(Others)
✓	Estimate (Academic)	Estimate (Admin)	Estimate	Estimate				(Others)
	Estimate (Academic)	Estimate (Admin)	Estimate (Academic)	Estimate	(Gov't)	Amount By . Source (Pvt)	(Donor)	(Others) Amount By Source (Others)

10. Document Management

This section allows the Institutions to manage both documents uploaded by Institutions and NCHE. Capture the Document Name, click on the "choose file' to upload a file and capture the remarks. Click on the **[Save]** button to save the document.

ocuments	
Doc. Code	Document Date 26/Feb/2022
Doc. Name	
Upload Attachment	Choose File No file chosen
Remarks	
Save	Cancel
Documents Uploaded by	Institution
Documents Uploaded by	NCHE

11.Desk Review Report Acknowledge (License Application)

This section allows the Institutions to acknowledge the Desk Review Report for any License Application they have submitted to nche.

Once you click on this section, by default there will be pending Desk Review Reports for acknowledgement as below.



Desk Keview Keport Acknowledge	
* Denotes required	
Pending Applications	
UNII/2021/00004 - Kabale Institute of Health Sciences Application Date 21/Feb/2024 Application Type Interim (University)	

Click on any pending record to open, then check the box by clicking on it to confirm receipt of Desk Review Report as shown below. Click on the **[Submit]** button to proceed with the application.

oplication					
oplication Reference: UNII/2	021/00004 - Kabale Institute of Health Sciences				
esk Review					
Desk Review Report	NCHE IMIS QA User Guide (Institution).docx				
Letter	NCHE IMIS QA User Guide (Institution).docx				
I here by confirm receipt o	Desk Review Report				
Submit					
Back					

12. Desk Review Report Response (License Application)

This section allows the Institutions to capture the Desk Review Report Response for any License Application submitted by nche.



Click on any pending record to open.

Application	
	021/00004 - Kabale Institute of Health Sciences
Desk Review	
Desk Review Report	NCHE IMIS QA User Guide (Institution).docx
Response	Choose File No file chosen Upload
Documents Attached by I	Institution
Doc. Name	Attachment
	Choose File No file chosen Upload
Submit	
Back	

To upload a file, click the "Choose File" button to select any file from your computer. Click the "UPLOAD" button to upload the file. Capture Doc.Name and then click on the "SUBMIT" button to submit the response.

13. Vetting Meeting Acknowledge

This section allows the Institutions to acknowledge the Vetting Meetings Minutes for any License Application they had submitted to nche.

Once you click on this section, by default there will be pending Applications for acknowledgement as below.



Click on any pending record to open, then check the box by clicking on it to confirm receipt of Vetting Meeting Minutes as shown below. Click on the [Submit] button to proceed with the application.



vetting meeting ivinutes Acknowleage

pplication pplication Reference: UNII/2021/00004 - Kabale Institute of Health Sciences				
Application Reference: UNII/	.021/00004 - Kabale Institute of Health Sciences			
Desk Review				
Meeting Minutes	NCHE IMIS QA User Guide (Institution).docx			
l here by confirm receipt	f Vetting Meeting Minutes			
Submit				
Back				

14. Vetting Meeting Response

This section allows the Institutions to capture the Vetting Meeting Minutes Response for any License Application submitted by nche.

* Denotes require	1		
ding Application			
UNII/2	021/00004 - Kabale Institute of Health Scie	nces	
	on Date 21/Feb/2024		
	on Type Interim (University)		

Click on any pending record to open.

plication	
plication Reference: UNII/	2021/00004 - Kabale Institute of Health Sciences
sk Review	
Meeting Minutes	NCHE IMIS QA User Guide
-	(Institution).docx
Response	Choose File No file chosen Upload
Documents Attached by	Institution
Doc. Name	Attachment
	Choose File No file chosen Upload

To upload a file, click the "Choose File" button to select any file from your computer. Click the "UPLOAD" button to upload the file. Capture Doc.Name and then click on the "SUBMIT" button to submit the response.



15. Verification Invoice Payment

This section allows Institutions to verify Invoice Payment by Uploading Pay slip.

Once you click on this section, by default there will be pending Applications as below

n invoice Payment	
ies required	
plications	
UNII/2021/00004 - Kabale Institute of Health Sciences	
Application Date 21/Feb/2024 Application Type Interim (University)	
	es required plications UNII/2021/00004 - Kabale Institute of Health Sciences Application Date 21/Feb/2024

Click on any pending record to open.

verification invoice Payme	nt	
Application Application Reference: UNI	I/2021/00004 - Kabale Institute of Healt	n Sciences
Invoice Payment		
Invoice	NCHE IMIS QA User Guide (Institution).docx	
Payment Slip	Choose File No file chosen	Upload
I here by confirm that t	he payment for the invoice has been made	
Submit Back		

To upload a file, click the "Choose File" button to select any file from your computer. Click the "UPLOAD" button to upload the file and then check the box by clicking on to confirm the payment of the Invoice. click on the "SUBMIT' button to submit the Invoice Payment.

16. Verification Report Acknowledge

This section allows Institution to acknowledge the verification report. Once you click on this section, by default there will be pending Applications as below. Click on the checkbox to confirm receipt of verification report.

rincanon keport Acknowledge	
* Denotes required	
	_
ending Applications	
UNII/2021/00005 - Kabale Institute of Health Sciences	
Application Date 22/Feb/2024	
Application Type Interim (University)	
	- I



sk Review Meeting Minutes NCHE IMIS QA User Guide (Institution).docx I here by confirm receipt of Verification Report	iences
Meeting Minutes NCHE IMIS QA User Guide (Institution).docx	
Meeting Minutes NCHE IMIS QA User Guide (Institution).docx	
(Institution).docx	
(Institution).docx	
I here by confirm receipt of Verification Report	
Submit	

17. Verification/Inspection Schedule

This section allows Institutions to access verification/Inspection schedule details. You can click on the letter itself to enable you to download it and view details.

* Denotes required		
ding Applications		
	0005 - Kabale Institute of Health Sciences	
Application Date Application Type	2 22/Feb/2024 e Interim (University)	
pproduor ryp		
	Schedule	
ication/inspection	scneaule	
ication/inspection	scneaule	
	scneaule	
ication/inspection lication		
lication	Scneaule JNII/2021/00005 - Kabale Institute of Health Sciences	
lication		
ication lication Reference: l		
ication lication Reference: l		
ication lication Reference: l	JNII/2021/00005 - Kabale Institute of Health Sciences IMIS Project Plan - 12 12	
ication lication Reference: I fication/Inspection	JNII/2021/00005 - Kabale Institute of Health Sciences	

18. Verification Report Response

This section allows Institutions to Upload Verification Report response through the system.

To upload a file, click the "Choose File" button to select any file from your computer. Click the "UPLOAD" button to upload the file and then click on the "SUBMIT' button to submit the Response.



Application		
Application Reference: UNII/2021/	/00004 - Kabale Institute of Health Sciences	
Desk Review		
Verification Report	NCHE IMIS QA User Guide (Institution).pdf	
Response	Choose File No file chosen Upload	
Documents Attached by Instit	ution	
Doc. Name	Attachment	
	Choose File No file chosen Upload	
Submit		
Back		

19. Administrative Visit Report Acknowledgement

This section allows Institutions to Acknowledge/confirm the Administrative Visit Report.

Click on the checkbox to confirm receipt of the Administrative Report and then submit it by clicking on the **[Submit]** button.

Ααπιπιstrative κeport Acknowl	eage			
Application				
Application Reference: UNII/202	Application Reference: UNII/2021/00004 - Kabale Institute of Health Sciences			
Desk Review				
Meeting Minutes	IMIS Project Plan - 12 12 2018.pdf			
I here by confirm receipt of A	dministrative Report			
Submit Back				

20. Administrative Visit Report Response

This section allows Institutions to Upload Administrative Visit Report response through the system.

To upload a file, click the "Choose File" button to select any file from your computer. Click the "UPLOAD" button to upload the file and then click on the "SUBMIT' button to submit the Response.



Administrative Report Response

Application		
Application Reference: UNII/20	21/00004 - Kabale Institute of Health Sciences	
Desk Review		
Administrative Report	IMIS Project Plan - 12 12 2018.pdf	
Response	Choose File No file chosen Upload	
Documents Attached by In	stitution	
Doc. Name	Attachment	
	Choose File No file chosen Upload	
Submit		
Back		

21. Program Invoice Payment (Program Accreditation)

This section allows Institutions to upload the Payment Slip for a particular Program Invoice.

To upload a Payment Slip, click the "Choose File" button to select any file from your computer. Click the "UPLOAD" button to upload the file and then click on the "SUBMIT' button to submit the Payment Slip.

Program invoice Payment			
Application			
Application Reference: PGA	C/2021/00059 - Artificial Intelligence an	d Machine Learning	
Payment Slip			
Payment Slip	Choose File No file chosen	Upload	
Submit			
Back			

22. Equating & Recognition of Qualifications.

To submit your qualifications for equating & recognition, you need to select any desired category from the sidebar menu. For this example, we shall be applying for the Equation of Foreign Qualification. Click the "FOREIGN QUALIFICATIONS" tab

Note: This procedure applies to all the applications in the sidebar menu that is;

- Foreign Qualifications
- Politician Qualifications
- Qualification



22.1 Foreign Qualifications

National Council for Higher Education Ensuing Quality for Excelence	NATIONAL COUNCIL FOR HIGHER EDUCATION	FUTURE GATEWAY Integrated Management Information System
National Qualifications		
Politicians Qualifications	Application to Recognize/Equate Foreign Qualifications	
Foreign Qualification	Do you want to Create an Application or Track an Application ?	

By default, the page displayed has two links. the "Create an Application and Track an Application link." Click "Create an application" link to begin the application process.

Application to Recognize/Equate Foreign Qualifications	
Do you want to Create an Application or Track an Application ?	

Once you have clicked the link as shown above, you will have to provide your Email ID to receive a unique application code to start your application process.

Application to Recognize/Equate Foreign Qualifications	
Email ID]
	Verify

Copy the code received and paste it in the Application Code field and click the "Verify" button. The application form will be displayed, and you can begin capturing different information. The form is divided according to the category of information you will be providing. Let us go through the different form sections to complete our application.

1. Personal Details Section:

This section allows you to add your basic Personal related Information i.e., Name, Telephone lines, E-mail, Address of Institution attended etc. You can also update this information if it has changed. Fill in the form and click the "NEXT" button. The fields marked with an asterisk (*) are mandatory and are necessary for us to identify and contact you. You need not re-enter the information you already entered while registering i.e., E-mail address.

FutureGateway Ouality Assurance-Institution Portal



Quality Assurar	nce-Institution Portal
U	0

PERSONAL DETAILS	QUALIFICATIONS	
Do you have a TIN?	®No ⊖Yes	
TIN		
1. Name*		
2. Address		
(i) Postal Address*		
(ii) E-Mail Address		stacioza@gmail.com
(iii) Telephone 1*		
(iv) Telephone 2 *		
National ID/Passport No.: '		
Attach National ID/Passpor	rt*	Choose File No file chosen Upload
3. Name of Employer(For e	employed applicants):	
4. Name and Address of	Institution Attended	
(i) Name of the Institution*		
(ii) Postal Address		
(iii) Telephone Lines		
(iv) E-Mail Address		
(v) Website Address (vi) Country		
(vi) Country (vii) Period of Study*		
(viii) Faculty		
(ix) Course/Programme		

2. Qualifications Section:

This section allows you to add your qualifications related information. Fill in the form and click "SUBMIT" to finish the application process. To return to the previous section, click the "PREVIOUS" button.



Quality Assurance-Institution Portal

Density Cally for Deally-on		
Acations		
ifications	Application to Recognize/Equate Foreign Qualifications	
ztion	(1)	
	PERCAN OFFICE	QUINCITON
	5. Last School Attended in Uganda (Where Applicable)	
	6. Date of leasing school/institution	
	7. Highest Class Attended	
	R. Duration of	
	(a) Primary Education	
	(b) Secondary Education	
	9. Uganda Certificate of Education or Equivalent	
	(a) tear of lixensiation	
	Attach capies of Certificate	Commut File Norther United
	18. Uganda Advanced Certificate of Education or Equivalen	
	(a) that of Example Contracts of Exactline of Equivalence	
	Attach copies of Certificate	Channer Falls Nov Ber showers Upload
	11. Administra	
	 Administration (a) tear of administration to university or incitation 	
	Qualification considered to merit admission	
	Upland Attachment Channer File: Nor His shares	لسلمك
	(c) Duration of Begree Course	
	(d) Type of Anald	Channe File No Be shown Upband
	(e) Date of Award	an ATTAC yes
	12. Did you have to learn foreign language before you were	
	admitted for the program?"	0 H4 0 H6
	12. If so how long did you take to learn the language?	
	17. Mtachments (Please attach all certificates/qualification (a) Other Certificates	Channe Her No He shows 194
	(b.) Yearworigt	Consus File No Be shows Upland
	28. PRYMENT STEPS FOR EQUATING OF QUALIFICATIONS	
	Level of Award	
	Fast	
	Amount	Consistent PR0
	PEN No.	Garanada Payneed Elip Cadros Payneed
	Attach Payment Slip*	Causer File In Ile shown Quand
	Payment Instruction	
	Payment Mode	V
	28. Any other information relevant to your application	
	Other Comments	
	Froma Rand	
	Note-In case you do not hear from us within three (2) months, (pinase revent to National Cauncil for Higher Islucation (NCHI).
	So Rak	

The same procedure applies for Other Application Forms such as National and Politician Qualifications.

Tracking Your Application

Notifications will be sent to the email you used during registration for every stage your application reaches.

Reviewing Your Application

To review your application, click any application from the sidebar menu.

The applications page will be typically displayed. Provide your Application Code and click the "Click here to Proceed" button to view your application.

Application to Recognize/Equate Foreign	Qualifications
To track the application provide the	application code
Application Code	
	Click here to Proceed

The details of your application will be displayed. You can navigate through the different sections by clicking the "PREVIOUS" or "NEXT" buttons.



23. URA Payment

This section allows Institutions to make URA Payment through the system.

Fill in the form by capturing the form details such as TIN Number if you have, phone number, Reference number. Select Fees from the dropdown menu and the Amount will be automatically displayed once the application fee type is selected. Choose from three categories of payment mode either to Generate PRN or Generate Payment Slip or Online Payment.

You can also select other Payment mode from the dropdown menu i.e., USSD/Mobile, and Online (Visa/Mastercard)

Do you have a TIN?	® No ○ Yes
TIN	
Institution Name	Kabale Institute of Health Sciences
Email	sreejithop001@gmail.com
Phone	
Reference No.	
Fees	▼
Amount	
PRN	
Generate PRN	Generate Payment Slip Online Payment
Payment Options	

ICT Support Request:

Navigation: Institution portal > ICT Support Request

The page below will be typically displayed once you follow the navigation provided above.



199000011 ISBAT University

Figure 2.3.1: Support Request

Support Request: To create a new support request, complete fields indicated as required below:

- **Request code:** This field is automatically generated when the form is saved.
 - Use the magnifying glass Q button to search for saved records.
- **Requested By:** Institution username is automatically displayed in this region. This field is not editable.
- Request Date: Capture the request date
- Category: Select the category of the request from the dropdown list
- Subject of Support: Specify the subject of the request in this field.
- Symptoms: Capture the symptoms of the request support
- Channel used to submit: Select the channel for used to submit the request
- Additional Information: Capture any additional information
- Priority: Select the priority of the request from the dropdown list
- **Urgency:** Capture the urgency of the request
- Impact: Capture the impact of the issue
- **Upload Attachment:** Click the **[Browse]** button to select any file from your computer. To upload the file selected, click the **[Upload]** button.

Click the **[Submit]** button to save your changes or the **"Cancel"** link to cancel your changes.

Note:

- Several files can be uploaded to form a list.
- To delete any record, click the **"Delete"** link found in the delete column of the table.



ICT Request Re-opening:

Navigation: License Application > ICT Request Re-opening

The page below will be typically displayed once you follow the navigation provided above.

On this page, all completed/processed Support requests will be displayed for you to reopen.

Re-open ICT Support Request: In order to re-open an ICT Request, Double click the Support Request to open, click the **[Re-Open]** link below tore-open the support.

Search for a support request: To search for an application, use the search field at the top of the table.

uest Details			
Request C	ode	SUP/2022-2023/00017	
Requested		PR/UNCH/2019 ISBAT Univers	
			y
Document		16/Apr/2024	
Category		Office Suite Support 🖌	
Subject of	f Support	sds	
Symptom	s	dfdf	
Channel U	Used to Submit	Online 🗸	
Additional	I Information	Other Comments	
Priority		Medium 🖌	
Urgency		fdfd	
Impact		ffdfd	
Attachme	ents:		
	Attachment Name		Download
1 5	icreenshot (74).png		Download
ommendatio	ons & Status		
History:			
## Age	ent Name Group N	ame Status Start Date End Date	Comment
No Histor	ry Found!!		
Re-0	Open		
	open		

Quality Assurance-Institution Portal



24. Institution Profile Management

To access this menu, click the Institution name at the top right corner of the page.

National Council for Higher Education Ensuing Quality for Excelence	TIONA	L COUNC	IL FOR HI	GHER EDUCATION	FUTURE GATE Integrated Management Information : Kabale Institute of Health Sc
ome	icence Accred	litation History			
ertificate of Classification and Registra	Applic	ation Code		Search	
stitutional Response (QA)	##	Application Code	Application Date	License Type	Status
titutional Response (Compliance)	1	ODAI/2021/00005	22/Feb/2024	Letter Interim Authority to Operate as Other Degree Awarding Institution	ILA Acknowledged Receipt of Desk Review Response
titutional/Complainant Response (Co	2	UNII/2021/00005	22/Feb/2024	Letter Interim Authority to Operate as University	Institution Acknowledged Recept of Verification Report
erim Authority (ODAI)	з	UNII/2021/00004	21/Feb/2024	Letter Interim Authority to Operate as University	Institution Sent Response for Administrative Visit Report
erim Authority (University)	4	UNII/2021/00003	20/Feb/2024	Letter Interim Authority to Operate as University	Draft Created
gram Accreditation	5	OTIR/2021/00002	20/Feb/2024	Certificate of Classification and Registration	Draft Created
	6	ODAI/2021/00004	20/Feb/2024	Letter Interim Authority to Operate as Other Degree Awarding Institution	Draft Created
itution Affiliation	7	OTIR/2021/00001	10/Feb/2024	Certificate of Classification and Registration	Draft Created
Assessment Report	8	UNII/2021/00002	10/Feb/2024	Letter Interim Authority to Operate as University	Council Recommnded For Licensing
atistical Return for Universities	9	ODAI/2021/00003	08/Feb/2024	Letter Interim Authority to Operate as Other Degree Awarding Institution	Draft Created
	ccredited Pro	ograms			
stitution Response	0	im Name		Search	

1.Profile

In this section you can change the Institutions information i.e., Institution Name, Contact information and logo. Once you have made changes click the "SUBMIT" button to save them.

i i one internet			
* Denotes required			
ile Details			
Usemame * PR/OTPL/2006/00000	7		
Institution Name *			
Kabale Institute of He	ath Sciences		
District *			
Kabalo		v	
Primary Email ID *			
sree(thop001@gmail	som		
Alternative Email ID * sreej8hop001@gmail.			
Phone Number(Mobile			
Phone Number(Mobile			
Phone Number (Landi	nel *		
Contract Person *			
Phone Number (Conta	t Person) *		
Alternative Contact Pe	son*		
L			
Phone Number (Altern	ative Contact Person)		
-			
Submit			
Back to Login			
a Accreditation History			
			/
# Application Cos	Application Data	Annual Annual Annual	Status
•• Application cot	 Approximit uses 	ACCIVITIZEDE STATUS	
1 ODA(/2023/0000	22/Feb/2024	Letter Interim Authority to Operate as Other Degree Awarding Institution	LA Acknowledged Receipt of Desk Review Response
			Institution Acknowledged
2 LINI(2021/00005	22/5+8/2024	Letter Interim Authority to Operate as University	Recept of Verification Report
3 UNI(3021/00004	21/Eab/2024	Letter Interim Authority to Operate as University	Institution Sent Response for
			Administrative Valt Report
4 LINI(3021/00003		Letter Interim Authority to Operate as University	Draft Created
5 CTIR/2021/00003		Certificate of Classification and Registration	Draft Created
6 ODA(/3021/0000		Letter Interim Authority to Operate as Other Degree Awarding Institution	Draft Created
7 CTIR/3021/00000	30/Teb/2024	Certificate of Classification and Registration	Draft Created
8 UNI(3021/00002	30/Feb/2024	Letter Interim Authority to Operate as University	Council Recommisted For Licensing
9 ODA(/3031/0000	00.000	Letter Interim Authority to Operate as Other Degree Awarding Institution	Draft Created
- 0000000000	and send spinst	the second second in the second s	unal Create

At the bottom of this page, your Institutions license accreditation history will be typically displayed.

2. Change Password

In this section you can change the Institutions password. To change your password, your current password will have to be provided first. Input your new password twice and click the "SUBMIT" button to save it.



ge Password			
Username *			
PR/OTPL/2006/000007			
Full Name *			
Kabale Institute of Health Sciences			
Current Password *			
New Password *			
Confirm Password *			
·			
Submit			

3. Logout

To logout of the application, hover over your username in the top right corner and click the

"LOGOUT" link.

Support

1. IMIS Institution Portal Unavailable - Unplanned

If Future Gateway IMIS Institution Portal is unavailable, log a call with your IT support representative. An email will be issued to all affected users as soon as possible to notify them of the issue and provide an update. There may be planned maintenance related occasions when Future Gateway IMIS Institution Portal will be unavailable. These will be kept to a minimum and you will be notified in advance

2. Error Messages

Log a ticket with your IT support representative. You will receive an email with further instructions.