



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**REGIONAL SERVICES DIVISION**  
**MAIDAN GARHI, NEW DELHI – 110068**



**PROFORMA FOR ESTABLISHMENT OF AN  
IGNOU PROGRAMME STUDY CENTRE**

1.	Location of the Proposed Centre - Village/Town/City	: .....
	District (Please also attach a District map indicating location)	: .....
	State	: .....
1.1	Area likely to be covered by the proposed study centre  (Mark the area in the State map)	: .....
1.2	Approximate population which can be benefited by the study centre	: .....
1.3	Percentage of SC/ST in 1.3 above	: .....
1.4	Percentage of literacy	: .....
1.5	Languages / spoken	: .....
1.6	Number and details of Institutions of Higher Education in the area (Please attach separate list)	: 1..... 2..... 3..... 4.....
1.7	Code & address of nearest IGNOU Study Centre and its distance from the proposed centre	: .....
1.8	Programmes on offer at the nearest / nearby Study Centres Programme wise present enrolment of the nearest Study Centres  Total enrolment in the region-  Enrolment in the region for the proposed programme/ programmes	: .....
1.9	Potential Sources of enrolment of IGNOU	: 1..... 2..... 3..... 4..... 5.....

2.0	Name of the Management / Governing Body	:	.....
2.1	Address of the Management / Governing Body	:	..... ..... .....PIN..... E-mail.....
2.2	Name and address of the host institution	:	
2.3	Location	:	Centrally located On the outskirts Other specification
2.4	Year of Establishment	:	
2.5	Type of Institution	:	a) Govt
		:	Private
		:	Aided
		:	University
		:	Any other (Specify)
		:	B) Co-education
		:	For Girls only
		:	For Boys only
2.6	Host Institution	:	Authorized Area Unauthorized Area
	Educational profile of the Host Institution	:	Institute recognized by statutory Body / University
	Details of Academic Activities	:	Programmes / courses being run by the Host Institution
2.7	Teaching faculties (please attach separate statement programme wise with brief biodata for more detailed information)	:	No. of Teachers                  No. of Students
	UG	:	Arts..... Science..... Commerce.....
	PG	:	P.G. Courses.....
2.8	Qualification-wise break-up of teachers	:	Degree                          No. of the faculty holding the degree
		:	Ph.D. M.Phil Post Graduate Other (specify).....
2.9	Break up of the Teaching Faculty	:	Permanent Temporary Visiting
3.0	Physical facilities	:	.....
	Number of	:	.....
	Lecture room	:	.....
	Examination Hall	:	.....
	Auditorium	:	.....
	Laboratories	:	.....
	Computer facilities	:	.....
	Library	:	.....
	Hostels	:	.....

3.1	Has the Management / Governing Body of the institute agreed to provide 3 to 4 rooms for exclusive use of the proposed study centre	# Yes/No	Remarks
3.2	Details of the rooms proposed to be spared for exclusive use of IGNOU Study Centre	Room	Area (Sq. feet)
		1.	
		: 2.....	
		: 3.....	
		: 4.....	
3.3	Name proposed for appointment of the Co-ordinator {please enclose their complete bio-data)	1.....	
		2.....	
		3.....	

**Date**

**(Signature of the Head of the Institution)**

For appointment of Coordinator, the host institution shall recommend a panel of these names preferably from among the academics serving in the institution, following provisions shall be observed while recommending the panel.

1. The name of the head of the institution where the Study Centre is proposed to be located should not be recommended.
2. The persons recommended should be fairly senior, preferably with some administrative, organizational experience.
3. They should be willing to work for the promotion of the open learning system.
4. They should not be retired persons of those nearing retirement.

**Certificate to be given by the head of the institution**

Certified that the proposal for establishing and IGNOU Study Centers has been duly approved by the Governing Body of the Institution. The Governing Body has also agreed to provide 3 to 4 rooms for exclusive use of the IGNOU Study Centre without charging any rent.

**(Signature of the Head of the Institution)**

**Name**  
**Designation**



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**BASIC INFORMATION PART – II FOR PSC**

**2.1 INDIRA GANDHI NATIONAL OPEN UNIVERSITY PROFORMA FOR PROGRAMME STUDY CENTRE**

- 1 Name of the Institution/Organization : .....
- 2 Type of Organization.(Govt,PVt,NGO,Aided : .....
- Other types please specify.)
- 3 Profile of the Institution, Details of Educational Activities:.....
- 4 Name and Designation of Head of the Organisation
- 5 Postal Address : .....
- 6 Telephone : .....
7. Programmes for which the study centre to be set up- : .....
8. Details of infrastructure facilities
  - a. Office space in Sq.ft. ....
  - b. Classroom in sq. ft. ....
- 9 Equipments required for the education Programmes
  - a. Projector (In Nos.) : .....
  - b. Slide preparation facilities : .....
  - c. Xerox Machine : .....
  - d. Library (No. of books) : .....
  - e. Journals of Academic expertise : .....
- 10 Details of Academic expertise : .....
- 11 Supporting Staff (In Nos.) : .....
- 12 How many hours you can allot for IGNOU programmes per day? .....
- 13 Can you provide students support services on week and holidays? .....
- 14 Are you willing to accept IGNOU terms and conditions? .....
- 15 How many computers do you have? .....
- 16 How many of them in working Conditions? .....
- 17 Do you have internet connection? .....

- 18 Do you have Dish Antenna facilities? .....
- 19 If no, will you accept if we provide for our .....  
teleconferencing programme
- 20 Can you explain why do you want to have a Study Centre for IGNOU

**Date:**  
**Place:**

**Signature of Head of the Institution**

**Name:**

**Designation:**

**(With Seal)**

**INSTRUCTIONS TO FOLLOW WHILE FILLING UP ENTRIES IN PROFORMA FOR STUDY CENTRE**

- 1.1 (a) Enclose a detailed map of the district where the centre is located.  
  
(b) Enclose the map of the entire region and point out locations of the existing SSCs/SSCs and the proposed centre in this map.
- 1.2 Indicate the area in 1.1 (b) above.
- 1.7 Indicate the names of the University, Colleges, Institutions having plus-two and any other institutions of higher learning.
- 1.9 One can indicate target group like dropouts, housewives, etc., but these are of general nature. Instead, the target groups peculiar to the place may be mentioned. For example, if there is any industry, one can mention the industry workers and their family members, as they are potential learners.
- 2 Please indicate the PIN Code very clearly.
- 2.5 In a separate sheet please indicate the names of teacher / professional who are capable of becoming our academic counsellors. Please indicate their qualifications and teaching / professional experience. Please include the names of teachers of such discipline which are relevant to the programmes proposed to have been activated.

The list of teachers need not be from the host institution only. Ideally, there should be representatives from all the institutions named against item 1.7.

- 2.7 As far as computer facilities are concerned please ask the host institution to provide the documents regarding licensed software.

Programme(s) for which centre is being recommended -

1.....4.....7.....  
2.....5.....8.....  
3.....6.....9.....

Estimated no. of learners :.....

Programme wise expected enrolment :.....



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
REGIONAL SERVICES DIVISION  
MAIDAN GARHI, NEW DELHI – 110068**



**MEMORANDUM OF UNDERSTANDING  
FOR PROGRAMME STUDY CENTRE (PSC)**

Signed between the Indira Gandhi National Open University, hereinafter referred to as 'IGNOU' and the Head of the Host Institution regarding the organizational responsibilities of the proposed PSC at

**1. The Host Institution will:**

- Recommend a panel of three names to IGNOU for appointment of the Programme in-Charge
- Provide space of approximately 500-800 sq. ft. for exclusive use of IGNOU without charging any rent. This space will be utilized for the office of the Programme In charge.
- Let a signboard of the IGNOU Programme Study Centre be installed prominently at a proper place.
- Make halls/rooms available for holding counselling sessions and IGNOU examinations.
- Extend library, laboratory, computer facilities, etc. to IGNOU students for the given programme on mutually agreed terms.
- Provide facilities like tape recorder, TV, VCR, VCD, etc. for using the cassettes/CDs of IGNOU.
- Ensure that the Programme In charge maintains accounts and submits the expenditure statements to the Regional Director every month.
- Have the right to inspect the Programme Study Centre whenever he/she likes and advise the PIC.

**2. IGNOU will:**

- Appoint a Programme-in-Charge (PIC) out of a panel of 3 names suggested by the head of the host institution. The PIC will be paid **Rs. -----/-** per month as honorarium and fixed amount as conveyance charges per month at the rate approved by IGNOU from time to time.
- Pay contingent charges and other remuneration for counselling sessions, evaluation of assignments, holding examinations, stationery, postage, telegrams etc as per IGNOU norms.
- Pay an amount towards secretarial assistance, either lump sum or on per student basis, whichever is more, as per approved rates.
- Provide 5 sets of SIM (Self Instruction Material), and one set of audio videocassettes and/ or CDs pertaining to the Programme.
- Pay to the host institution for use of laboratories and equipment and rates approved by IGNOU from time to time.
- Appoint academic counsellors as per IGNOU norms out of proposals made by PIC.
- Have the right to shift or close the Programme Study Centre if it finds that support services are not provided, as per the requirements of the University. In such case the PIC would have to hand over all the assets and academic records of the learners to the Regional Director. The PIC will also have to settle all financial accounts with the Regional Director.

**Agreed upon and signed**

On behalf of the Host Institution

On behalf of IGNOU

.....

.....

**Head of the Institution**

**Regional Director**



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
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**PROFORMA FOR APPOINTMENT OF PART TIME COORDINATOR / PIC**

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**REGIONAL CENTRE: IGNOU RC 38**

**1. Name (in Block letters) :**

**2. Designation :**

**3. Address (Residence) :**

**Address (Office) :**

**4. Date of Birth :**

**5. Pay Scale/ Pay Allowances :**

**6. Academic Qualification**

Degree	Subjects	University	Year	Division
Doctoral Degree				
Masters Degree				
Bachelor Degree				
Any other (Pl Specify)				

**7. Experience**

a). Total teaching experience at UG/PG level :

b). Details of teaching experience during the last 5 years :

Classes taught/taken	Subjects	Years with date	
		From	To
Research Level			
PG level			
UG Level			
Any other (PL Specify)			

c). Administrative Supervisor Experience :



d). Experience of work connected with  
IGNOU activities such as counseling  
Assistant Coordinator etc.:

e). Research Experience :  
Research Project / Studies undertaken (Pl. Specify)

**Signature of the Candidate**

**Name:**

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**Recommendations of the Principal / Head of the host Institution**

**Signature of the Principal /  
Head of the host Institution**

**Name**

**Seal**

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**Recommendations of the Regional Director**

Based on the self-attested photocopies of the received documents the credentials of  
\_\_\_\_\_ stand verified. She/he is recommended for appointment  
as Part- time Coordinator / PIC at IGNOU SC \_\_\_\_\_ / the proposed centre.

**Signature of Regional Director**

**Name**

**Seal**

**FUNCTIONS OF PROGRAMME – INCHARGE**

1. Ensure availability of necessary Infrastructural facilities in consultation with Head of the host institution:
  - a). Space for counselling and audio-video sessions
  - b). Laboratories / Hospitals / Public / Health / Centre / Industries / Libraries / Computers as and when required.
  - c). Installation of Equipment / Apparatus / Instruments etc.
  - d). Ensure that the Equipment / Apparatus etc. are in working order.
  - e). Arrange proper consumables as well as other materials required for practicals.
  - f). Demonstrative access to workshop apparatus/Computers/site Equipment's/ Drawing Board/Technical Library.
  - g). Conduct of Practicals/Fields Sessions and Examinations as per Schedule.
2. Organising of Counselling and Audio-Video Sessions:
  - a). Identify course-specific academic counsellors
  - b). Prepare schedules of Counselling/ Practicals/Clinical Sessions in consultation with Head of the Host Institution.
  - c). Oversea conduct of Counselling/ Practicals /Clinical sessions as per the schedule and maintain a record of attendance.
  - d). Arrange periodic meetings with the counsellors and students to review progress of the programme.
3. Assignment Handling receive assignments and get them evaluated from the concerned counsellors and arrange to send the feedback to the students and send report and award list.
4. Feedback & Quality Control:
  - a). Give programme specific information to the prospective and the enrolled students.
  - b). Sent monthly feedback reports on counselling, audio-video and practical sessions conducted and student response to the programme.
  - c). Maintain session-wise record of practical work and prepare an evaluation report of students in consultation with Counsellors / Supervisors.
5. Arrange payment to the Counsellors/Evaluators and others as per payment norms of the programme and maintain a record relating to such payments.
6. The host institution of the work centre will be paid hire charges towards the use of Laboratories/Equipments/Consumables as per the approved norms of the University.
7. Remuneration to the personnel approved by the University working at the work Centre will be paid as per the approved norms of the University.
8. Arrange practical sessions, demonstrations, fieldwork etc. as per the IGNOU Programme requirements.
9. Receive assignments from Students, get them evaluated by the IGNOU approved Academic Counsellors & send feedback to students and grade sheets to SR & ED Division and the RC.



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**TRANSMISSION OF BIO-DATA FOR EMPANELMENT OF ACADEMIC COUNSELLORS  
(To be submitted strictly discipline-wise.)  
RECOMMENDATION SHEET**

Letter No. \_\_\_\_\_ Dated \_\_\_\_\_

**REGIONAL CENTRE: IGNOURC 38      SC/PSC Code: ..... Programme Code: .....**

**DETAILS OF PROSPECTIVE ACADEMIC COUNSELLORS**

Sl. No.  (1)	Name of the Counsellors (Use Capital letters)  (2)	Course(s) for which Recommended by Coordinator  (3)	Course-wise approval of School (To be filled in by the School)  (4)	Signature of IGNOU Faculty Member approving the courses  (5)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**COORDINATOR/ PROGRAMME I/C  
(Signature & Stamp)**

We have scrutinized the bio-datas and the persons mentioned in the attached Proforma are recommended for the empanelment of the Academic Counsellors for the courses mentioned at Column No. 3 of the Proforma. Please note: Column 4 and 5 are to be filled up by the IGNOU School /Division concerned, NOT BY THE STUDY CENTRE OFFICIALS.

**REGIONAL DIRECTOR  
(Signature & Stamp)**

**DIRECTOR (RSD)** \_\_\_\_\_

**DIRECTOR OF SCHOOL/ DIVISION** \_\_\_\_\_

Checked and approved as per the courses mentioned in Column No. 4 of the Proforma.

**DIRECTOR OF SCHOOL/ DIVISION** \_\_\_\_\_



**1.3.5. BIO-DATA PROFORMA FOR ACADEMIC COUNSELLORS FOR ALL MASTER'S, BACHELOR'S, DIPLOMA AND CERTIFICATE PROGRAMMES (EXCEPT COMPUTERS, HEALTH SCIENCES & ENGG. PROGRAMME).**

**Part-I — General Information**

1. Name (in BLOCK Letters) :
2. Date of Birth :
3. Present Designation/ Profession :
4. Whether belongs to SC/ST/OBC :
5. Residential Address :  
(Mention Pin Code)
6. Office Address :  
(Mention Pin Code)
7. Phone No. (Off) ..... : (Resi.) ..... (Mobile) .....
8. E-mail address :

**Part-II — Programme Specific Information**

9. Academic Qualifications

Sl. No.	Degree	University	Year	Subjects	Specialization

10. Details of teaching experience :

Level	Courses Taught	Tutorial/Teaching Experience	Name of the institution	Total Teaching Experience
Under Graduate				
Post Graduate				

11. Research and Publication :

- i) No. of Research Articles published : .....
  - ii) No. of Books published : .....
- (add an additional sheet, if required)

- iii) Details of Research work! Project work guided:

.....  
.....

12. Please indicate your work experience commensurate with the issue of counselling for the course of your choice:.....  
.....

- .....  
 .....  
 13. Please tick the language(s) in which you will be able to counsel.  
 English \_\_\_\_\_ Hindi \_\_\_\_\_ Regional Language (P1. specify ) \_\_\_\_\_
- 14 Experience in the Open and Distance Learning.  
 YES \_\_\_\_\_ NO \_\_\_\_\_ (If Yes, Please give detail on a separate sheet)
15. Please mention priority-wise, the choice of course you would like to do counselling for (see the syllabi of the concerned programme and write course codes).
- i) .....  
 ii) .....  
 iii) .....
16. Any other relevant information.....
17. If enrolled as student of IGNOU, please give the following details :
- i) Programme with Enrolment No. \_\_\_\_\_  
 ii) Present Status: Completed \_\_\_\_\_ Not Completed \_\_\_\_\_

**DECLARATION:**

I hereby declare that information given above is correct. I accept to undertake the tasks of academic counselling, evaluation of assignment scripts and any other activities related to the academic functions of the Study Centre.

PLACE:

**SIGNATURE**

DATE

**FOR USE AT THE STUDY CENTRE/PROGRAMME SC**

Original Degrees/Certificates/Mark sheets have been verified by the undersigned and the candidate is recommended for empanelment as a part time Academic Counsellor for the following courses

.....  
 .....

Special recommendation, if any (Add extra sheet, if required.)

.....

**PLACE:**

**SIGNATURE OF THE COORDINATOR /  
 PROGRAMME INCHARGE WITH STAMP**

**DATE:**

**FOR USE AT THE REGIONAL CENTRE OF IGNOU**

Based on the self-attested photocopies of the relevant documents the credentials of the persons as stated by the Coordinator stand verified. He / She is recommended for empanelment for the following Courses:

.....  
 .....

Special recommendation, if any (Add extra sheet, if required.)

.....

PLACE:

**SIGNATURE OF THE REGIONAL DIRECTOR  
 (With Stamp)**

DATE :

**Appendix III**

**1.3.5. BIO-DATA PROFORMA FOR PIC AND ACADEMIC COUNSELLORS OF HEALTH SCIENCES DISCIPLINE OF SCHOOL OF HEALTH SCIENCES.**

**REGIONAL CENTRE: IGNOU RC 38.**

**Programme Study**

Programme Study Centre.....  
 (Full name & address) .....

**General Information**

1. Name (in BLOCK Letters) :
2. Date of Birth :
3. Present Designation :
4. Whether belongs to SC/ST/OBC :
5. Residential Address with Tel.No. :  
(Mention Pin Code)
6. Office Address with Tel. No. :  
(Mention Pin Code)
7. E-mail address
8. Academic Qualification :

Degree	University	Year	Specialization
MBBS			
MD/MS			
Others			

9. Details of teaching experience  
 Total number of years of teaching experience:

Level	Position	Name of the Institution	Experience (YRS)
Under Graduate			
Post Graduate			

**10. Details of Administrative Experience:**

Position Held	Area of Work	Institution/Hospital	Experience in (YRS)

**DECLARATION:**

I hereby declare that information given above is correct. I accept to undertake the tasks of academic counseling; evaluation of assignment scrip's and may other activities related to the academic functions of the Study Centre.

PLACE:

**SIGNATURE**

DATE :

**FOR USE AT THE STUDY CENTRE**

Original Degrees/Certificates/Mark sheets have been verified by the undersigned and the candidate is recommended for empanelment as a part time Academic Counsellor for the following courses

.....  
 .....  
 .....

Special recommendation, if any (Add extra sheet, if required.)

.....  
 .....

PLACE:

**SIGNATURE OF THE COORDINATOR /**

DATE:

**PROGRAMME INCHARGE**

**(WITH STAMP)**

**FOR USE AT THE REGIONAL CENTRE OF IGNOU**

Based on the self-attested photocopies of the relevant documents the credentials of the persons as stated by the Coordinator stand verified. She / he is recommended for empanelment for the following Courses:

.....  
 .....  
 .....

Special Recommendation, if any (Add Extra Sheet, if required.)

.....  
 .....  
 .....

PLACE:

**SIGNATURE OF THE REGIONAL**

DATE :

**DIRECTOR (WITH STAMP)**

**FOR USE AT THE SCHOOL OF HEALTH SCIENCES**

Recommended for Appointment as a part-time Academic Counsellor

**SIGNATURE OF THE DIRECTOR**

**(WITH STAMP)**



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
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**PROPOSAL FOR PROGRAMME STUDY CENTRE OF POST GRADUATE DIPLOMA IN  
CLINICAL CARDIOLOGY PROGRAMME**

1. Name of the Institution/Organisation

.....  
.....

2. Type of Institution/Organisation : Teaching/Non-teaching

3. Name and Designation of the Head of the Organisation:

.....  
.....

4. Address for Correspondence

.....  
.....

Ph.(O) :..... Ph. ( R ).....  
Fax :..... E-mail : .....

5. Availability of resources for academic purpose:

Faculty Strength : DM (Cardiology).....  
: DNB (Cardiology).....  
: Mch (Cardiothoracic & Vascular Surgery).....  
ECG & Stress Testing : Yes/No  
Echocardiography Lab : Yes/No  
Cardiac Catheterization : Yes/No  
Audio Video Facility : Yes/No  
Transport for field visits : Yes/No

6. Details of infrastructure facilities that could be provided for IGNOU

Programme without any charge:

Rooms to IGNOU : No.s : One/Two  
: Space Area :.....sq.M.

Class Rooms for Theory Counselling : Yes/No  
Place for IGNOU Sign Board : Yes/No  
Library Facility : Yes/No  
Paediatric Cardiology ward : Yes/No  
OPD Facility : Yes/No  
Ward Facility : Yes/No

The IGNOU norms for the Programme Study Centre has been carefully studied and are acceptable to the Institution/Organisation.

**Date :**

**Place :**

**Signature of the Head of the Institution  
(With Seal)**