

PROFORMA FOR ESTABLISHMENT OF AN IGNOU REGULAR STUDY CENTRE
BASIC INFORMATION FOR REGULAR STUDY CENTRE

1.	Location of the Proposed Centre - Village/Town/City	:	..... .....
	District (Please also attach a District	:	.....
	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.....
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 resent enrolment of the nearest Study Centres Total enrolment in the region-	:	
1.9	Potential Sources of enrolment of IGNOU	:	1..... 2..... 3.....
2.0	Name of the Management / Governing Body	:	.....

2.1	Address of the Management / Governing Body	:	..... ..... ..... .....PIN.....
2.2	Name and address of the host institution	:	
2.3	Location	:	Centrally located On the outskirts
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
	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 bio-data 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
		:	Ph.D. M.Phil Post Graduate (Other specify)
2.9	Break up of the Teaching Faculty	:	Permanent Temporary
3.0	Physical facilities	:	.....
	Number of	:	.....
	Lecture room	:	.....
	Examination Hall	:	.....
	Auditorium	:	.....
	Laboratories	:	.....
	Computer	:	.....
	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	Room Area (Sq. feet)
		: 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

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 :



**MEMORANDUM OF UNDERSTANDING
(REGULAR STUDY CENTRE)**

Signed between Indira Gandhi National Open University, hereinafter referred to as 'IGNOU', and Head of the Host Institution, regarding the Organizational representations the proposed Study Centre at.....

I. The Host Institution will:

- give 3 to 4 rooms with a space of approx. 800-1000sq. ft. for exclusive use of IGNOU
- Study Centre without charging any rent.
- let a signboard of IGNOU Study Centre be installed prominently at a proper place.
- ensure security of the equipment provided by IGNOU.
- make halls/rooms available for holding IGNOU examinations.
- extend library, laboratory and computer facilities to IGNOU students for specialized
- programmes requiring use of institutional infrastructure facilities on mutually agreed terms

The Head of the institution shall have the right to –

- . recommend a panel of three names to IGNOU for the appointment of Coordinator.
- . Inspect the Study Centre whenever he/she likes and advise the Co-ordinator, and also write to the Regional Director

II IGNOU will

- provide furniture and equipment for the Study Centre as per norms.
- bear all recurring and non-recurring expenditure on maintenance of the Study Centre.
- pay contingent charges and other remuneration for holding examinations.
- appoint part-time Coordinator from the panel recommended by the head of the institution
- and pay him honorarium at the rates in force from time to time.
- appoint Part-time Class-III and Class-IV staff and other Study Centre functionaries on the basis
- of recommendation of the Coordinator and pay them remuneration at the rates in force from time to time..
- pay an honorarium to the Head of the institution for general supervision of the Study Centre as
- fixed by IGNOU from time to time
- have the right to shift or close the Study Centre if it finds that support services are not being provided, as per the requirements of the university. In such case the Coordinator would have to hand over all the assets and academic records of the learners to the Regional Director. The Coordinator will also have to settle all financial accounts with the Regional Directors.

Agreed upon and signed

On behalf of the Host Institution

On behalf of IGNOU

Name of the Head of the Institution with Stamp
Place:

Name of the Regional Director with Stamp
Date:

Date:



PROFORMA FOR APPOINTMENT OF PART TIME COORDINATOR / PIC

REGIONAL CENTRE: IGNU 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:

RECOMMENDATIONS OF THE PRINCIPAL / HEAD OF THE HOST INSTITUTION

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

**Name
Seal**

TO BE FILLED BY 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

Date :

Name

Seal



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

Letter No. _____ Dated _____

REGIONAL CENTRE: IGNOU RC 38

SC/PSC Code:

Programme Code:

DETAILS OF PROSPECTIVE ACADEMIC COUNSELLORS

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

REGIONAL CENTRE: IGNOU RC 38

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 _____

(Please put a slash or N.A. whichever entry is NOT APPLICABLE. Please write your name and address clearly.)

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:
DATE**

SIGNATURE

FOR USE AT THE STUDY CENTRE/PROGRAMME SC

Original Degrees/Certificates/Marksheets 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:
DATE:**

**SIGNATURE OF THE COORDINATOR /
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. He/She is recommended for empanelment for the following Courses:

.....
.....

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

.....

**PLACE:
DATE :**

**SIGNATURE OF THE REGIONAL DIRECTOR
With Stamp**



Appendix III

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

Programme Study Centre.....

REGIONAL CENTRE: IGNOU RC 38.

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	Specialisation
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:
DATE :

SIGNATURE

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:
DATE:

**SIGNATURE OF THE COORDINATOR /
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:
DATE :

**SIGNATURE OF THE REGIONAL 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)**