



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



PROFORMA FOR ESTABLISHMENT OF AN IGNOU SPECIAL STUDY CENTRE

BASIC INFORMATION PART – I FOR SSC

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 resent 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..... 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	:	.....
	Auditori	:	.....
	Laboratories	:	.....
	Computer	:	.....
	Libr	:	.....
	Hos	:	.....

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	Room	Area (Sq. feet)
		1.	
		:	2.....
		:	3.....
		:	4.....
3.3	Name proposed for appointment of the Co-ordinator {please enclose their complete	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
(With Seal)**



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
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3.1 BASIC INFORMATION PART – II FOR SSC

REGIONAL CENTRE: IGNOU RC 38

**Proforma for establishment of Special Study Centre For disadvantaged Group,.....
(SC/ST, Minorities, Resident of Rural/Remote Area/ Jail Inmates/Women/ EEBB /JSS /Physically Handicapped) Please Tick mark the category**

I The Institution

- 1 Name :-----
- 2 Address :-----
- PIN _____

Tel. No. E-mail/
Internet Address

- 3 Year of Establishment :-----
- 4 Type of Organization :-----
- 5 Name and Designation of Head of Organization

II Activities

- 1. The major objective :-----
- Programmes run by the organization :-----
- 2. Jurisdiction (Please, attach map of the area)
- 3. Expected Enrolment :-----
- 4. The target group for which the organization/Institution is working for

III Infrastructure

- 1 Accommodation
- a Total built up area :-----
- b Accommodation exclusively for IGNOU activities
- c Target specific infrastructure available
- 2 Personnel
- a Teachers (Pl. attach resume)
- b Professional (Pl. attach resume)
- c Others

IV Finances of the Organisation

- 1 Sources of Finance : -----
- 2 A brief statement of Income & Expenditure

UNDERTAKING

- 1. The information furnished above is true to the best may knowledge and belief.
- 2. The organisation agrees to provide all necessary Infrastructural facilities.
- 3. Necessary academic support will be provided by the Organization.
- 4. The organisation will abide by the terms and conditions of the Scheme if Special Study Centre.

Place:

Signature of Head of the Institution

Name

Seal.....



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**MEMORANDUM OF UNDERSTANDING
FOR SPECIAL STUDY CENTRE (SSC)**

Signed between Indira Gandhi National Open University, hereinafter referred to as 'IGNOU', and Head of the Host Institution, (Please mention full name and address of the Institution)

Please mention the category for which Special Study Centre is sought.....

1. The Host Institution will

- Recommend the name of IGNOU for appointment of the Coordinator.
- Give 1 or 2 rooms with a space of approximately 500-800 sq. ft. for exclusive use of IGNOU for the office of Coordinator, Special Study Centre.
- Let a signboard of IGNOU Special Study Centre installed prominently at a proper place.
- Make halls/rooms available for holding counselling, practicals and term-end examinations.
- Bear recurring expenditure towards stationary, computer, stationery, telephone charges and maintenance of equipment supplied by the University.
- Arrange necessary personnel for delivery of programmes/services.
- Extend library, computer and Laboratory facilities etc. to the students of IGNOU for given programme(s).

2. IGNOU will

- Provide equipment as per the scheme i.e. CTV 29", VCD, Audio System, Telephone and Satellite Receiver.
- Provide table, cabinet for CTV, VCD, Audio System and Audio-Video Cassettes.
- Provide five sets of Self-instructional and Audio-Video materials pertaining to the programme(s) activated.
- Provide lump sum grant on per student per programme basis to the Host Institution at the rates prescribed in the scheme.
- Appoint part time Coordinator on the basis of the recommendation of the Host Institution with monthly honorarium at the prescribed rates.
- Have the right to shift or close the Special 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.

Accepted and Signed

On behalf of the Host Institution/Organization

Name -
Designation-
Seal -

On behalf of IGNOU
Regional Director
Regional CentreName -
Designation -
Seal -

**Instructions to follow which filling up proforma for Special Study Centre
(Specific Category of the Special Study Centre should be mentioned clearly)**

- 1(2) The **PIN** code and the STD code should be mentioned clearly.
- 11(1) **The** major objective of the institution in respect of its ongoing activities, irrespective of its proposal for having a IGNOU centre, should be spelt out clearly.
- II(2) The existing educational programmes of the institution/organizations should be mentioned. For example, if it is a college, they may write BA/B.Com/B.Sc. but if it is an organization, it should indicate the disciplines for which it is activated.
- II(3) (a) Enclose the 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/PSCs. In this map indicate the location of the proposed centre.
(c) In II (30) (b) indicate the area that the proposed centre will cater to.
- II(4) Indicate the expected enrolment for each programme for which the centre is proposed to get activated. The total expected enrolment can be worked out as the sum of the figures pertaining to each programme.
- II(5) Mention the target group for which the institution is working, irrespective of its applying for an SSC of IGNOU.
- 111(1) (b) Please indicate the number of rooms and their total areas.
- 111(1) © This refers to the requirement for specific target groups and programmes having special requirement. For example if the proposal is meant for visually impaired learners then the available Blind-Friendly-Arrangements, if any, should be indicated. Likewise for hearing impaired, the Deaf-Friendly-Arrangements, if any, should be indicated.
If it is meant for Women's programme like DNHE/DECE facilities like pre-school, crèche, day-care centers etc., should be indicated. If the centre has proposed for any lab based programme then the relevant details of the laboratory (Computer Science, Engineering and Technology, etc.) should be indicated.
- III(2) (a) Please attach a separate sheet indicating the names, educational qualifications, experience of the teachers who can be our counsellors. Such teachers need not be drawn from the host institution only. They may be taken from any other institution of higher learning from which each access to the host institution is available.
- III(2) (b) Indicate the names of professionals such as Doctors, Engineers, Lawyers, Chartered Accountants, whose qualifications and experience are commensurate with our requirement.
- IU (2) (c) This category is independent from teachers and professionals. Here you may indicate persons who by way of their work experience be our academic counsellors. For example. A person may not be a teacher but might have contributed towards science popularization. Such a person can become an academic counsellor of FST-01. Persons in charge of creches, day-care centres, pre schools can be academic counsellors of the courses under Women's studies. However, for that special recommendations have to be made by the Coordinator at the stage of sending the bio-data format.
- IV (1) The** host institution should clearly indicate all sources of finance.
- IV (2) ideally the host institution should given the audited account statements of the Previous financial year.



**PROFORMA FOR APPOINTMENT OF
PART TIME COORDINATOR / PROGRAMME IN-CHARGE
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	Year/s 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 Course Writing, Counselling,
Asstt. Co-ordinator 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

Name

Seal



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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: 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)

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 counseling for the course of your choice:

.....

13. Please tick the language(s) in which you will be able to counsel.
 English _____ Hindi _____ Regional Language (Pl. 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:
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:

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

PLACE:
DATE :

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