

## BASIC INFORMATION ABOUT INSTITUTION/AREA

## (Establishment of an IGNOU Study Centre)

1.	Name of village/Town/City where the Study Centre is proposed to be established	:	
	District	:	
	State	:	
1.1	Geographical Situation(enclose map, if possible)	:	
1.2	Area likely to be covered by the proposed Study Centre	:	
1.3	Approximate population which can be benefited by the Study Centre	:	
1.4	Percentage of SC/ST in 1.3 above	:	
1.5	Percentage of literacy	:	
1.6	Language Spoken	:	
1.7	Number of Institutions of Higher Education in the area (Please attach separate list)	:	
1.8	Nearest IGNOU Study Centre and its distance from the place	:	
1.9	Potential Source of Enrolment of IGNOU	:	1.
		:	2.
		:	3.
		:	4.
		:	5.
		:	6.
		:	
2.	Name and Address of the host institution	:	
		:	
		:	
		:	Tele No.
2.1	Name of the Management/ Governing Body	:	
		:	

2.2	Situation in the City/Town	:	a) Centrally Located	
		:	b) On the outskirts	
		:	c) Other Specification	
2.3	Year of Establishment	:		
2.4	Type of Institution	:	a) Govt.	
		:	Private	
		:	Aided	
		:	University	
		:	Any other (Specify)	
		:		
		:	b) Co-education	
		:	For Girls only	
		:	For Boys only	
		:		
2.5	Teaching Faculties (Please attach separate statement for more detailed information)	:	No. of Teachers	No. of Students
		UG :	i. Arts	
		:	ii. Science	
		:	iii. Commerce	
		PG :	iv. P.G. Courses	
		:		
		:		
2.6	Qualification-Wise break-up of teachers	:	Degree	No. of Faculty holding the degree
		:	i) Ph.D	
		:	ii) M.Phil	
		:	iii) Post Graduate	
		:	iv) Other(Specify)	
		:		
		:		
2.7	<b>Physical Facilities</b>	:		
	Number of :-	:		
	Lecture Room	:		
	Examination Hall	:		

	Auditorium		
	Laboratories		
	Computer Facilities:-		
	Library		
	Hostels		
3.	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
3.1	Details of the rooms proposed to be spared for exclusive use of IGNOU Study Centre.		Room                  Area(Sq. Feet)
			1.
			2.
			3.
			4.
4.	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]  
With Stamp

For appointment of Co-ordinator, the host institution shall recommend a panel of three names preferably from among the academics saving 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 with at least three years' experience as full-time lecturer and 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 or those nearing retirement.

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

Certified that the proposal for establishing an IGNOU Study Centre 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]  
With Stamp

Name: .....  
Designation: .....

**PROFORMA FOR ESTABLISHMENT OF AN IGNOU REGULAR STUDY CENTRE/  
PROGRAMME STUDY CENTRE / SPECIAL 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 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	:	Authorised Area Unauthorised Area	
	Educational profile of the Host Institution	:	Institute recognised 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 Co-ordinator, 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 Centres 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

Name of the Regional Director with Stamp

Place: .....

Place: .....

Date: .....

Date: .....



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**Regional Services Division**

3.1

Regional Centre .....

**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 Organisation :-----

5 Name and Designation of Head of Organisation

**II Activities**

1 The major objective :-----

2 Programmes run by the organization :-----

3 Jurisdiction (Please, attach map of the area)

4 Expected Enrolment :-----

5 The target group for which the organisation/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.

Signature of Head of the Institution

Name .....

Seal.....

3.2

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**Regional Services Division**  
**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 Centre

Name -

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 on going 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 organisation, 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 (3) (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, creche, day-care centres 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.

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**Maidan Garhi, New Delhi – 110068**  
**REGIONAL CENTRE PATNA**

**PROFORMA FOR APPOINTMENT OF  
PART-TIME COORDINATOR**

1. NAME (In Block Letters) : \_\_\_\_\_
2. DESIGNATION : \_\_\_\_\_
3. ADDRESS (Residence) : \_\_\_\_\_
- (Office) : \_\_\_\_\_
- : \_\_\_\_\_
- : \_\_\_\_\_
4. DATE OF BIRTH : \_\_\_\_\_
5. Pay Scale/Pay Allowances : \_\_\_\_\_
6. ACADEMIC QUALIFICATION :

Degree	Subject	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	Subject	Year/s with date	
		From	To
Research level			
PG level			
UG level			
Any other (Pl. specify)			

- c) Administrative / Supervisory : \_\_\_\_\_  
Experience
- d) Experience of work connected : \_\_\_\_\_  
with IGNOU activities such as  
Counselling, Asst. Coordinator etc
- e) Research Experience : \_\_\_\_\_

Research projects/ Studies undertaken (Pl. specify)

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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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**To be filled by Regional Director**

Based on the self – attested photocopies of the received documents the credentials of \_\_\_\_\_ stand verified.

He/she is recommended for appointment as Part-Time coordinator/PIC at IGNOU SC \_\_\_\_\_ / the proposed centre

Signature of the **Regional Director**

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

Seal

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**REGIONAL SERVICES DIVISION**  
**MAIDAN GARHI NEW DELHI – 110068**  
**TRANSMISSION OF BIO-DATA FOR EMPANELMENT OF ACADEMIC COUNSELLORS**  
**(To be submitted strictly discipline –wise)**  
**RECOMMENDATION SHEET**

NAME OF THE REGIONAL CENTRE : \_\_\_\_\_ RC CODE: \_\_\_\_\_ SC/PSC Code: \_\_\_\_\_  
 NAME OF THE LEARNER SUPPORT CENTRE: \_\_\_\_\_  
 NAME OF THE PROGRAMME\*: \_\_\_\_\_ PROGRAMME CODE\*: \_\_\_\_\_ COURSE NAME\*: \_\_\_\_\_  
 COURSE CODE \*: \_\_\_\_\_  
 (\*Please refer Prospectus or the IGNOU web site)

**Details of Prospective Academic Counsellors \***  
 (\*Only column 1, 2 & 3 to be filled by the LSC)

(1) S. No	(2) Name of the Counsellors (Use capital letters)	(3) Course(s) for which Recommended by the CO-ORDINATOR	(4) Courses approved by School Faculty (to be filled by the School faculty of IGNOU)	(5) Course/s not approved (To be filled by the IGNOU School Faculty)	(6) Reason for non-approval of Course/Course llor (To be filled by the IGNOU School Faculty)	(7) Signature of IGNOU faculty member approving the courses
1						
2						
3						
4						
5						

**PLEASE NOTE: Columns 4&5 are to be filled up by the IGNOU School/Division concerned ,NOT BY THE STUDY CENTRE OFFICIALS.**

CO- ORDINATOR / PROGRAMME I/C  
 (Signature with DATE & STAMP)

We have scrutinized the bio-data 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.

To be forwarded to: State the name of the SCHOOL here,e.g.SOH,SOSS,ETC.

REGIONAL DIRECTOR

\_\_\_\_\_  
 (Signature with DATE & STAMP)

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

Signature with DATE and STAMP of Director of SCHOOL /DIVISION \_\_\_\_\_

Signature with DATE and STAMP of DIRECTOR (RSD) \_\_\_\_\_



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
REGIONAL CENTRE**



**2nd Floor, BISCOMAUN Tower, Patna-800001. BIHAR**

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

- Part-I : General Information : SC/PSC Code .....**
1. Name (in BLOCK Letters) : .....
  2. Date of Birth : .....
  3. Present Designation/Profession : .....
  4. Whether belong to SC/ST/OBC : .....
  5. Residential Address with Pin Code : .....
  6. Official Address with Pin Code : .....
  7. Phone Numbers : (Off.)..... (Resi)..... Mobile.....
  8. E-mail Address : .....

**Part-II : Programme Specific Information**

9. Academic Qualification

S. No.	Degree	University	Year	Subject	Specialization**
1.	Graduation				
2.	Master Degree				
3.	Ph. D.				
4.	Others				

10. Details of Teaching Expenditure:

Level	Courses Taught**	Tutorial/Teaching Experience	Name for 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: - (add an additional sheet, if required)

.....

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 (Pl. specify)

\* Specialisation must be mentioned.

\*\* Pl. mention course like Modern India 1757-1947 or Ancient India (Social History).

14. Experience in the Open and Distance Learning : YES  NO

15. Please mention priority wise, the choice of course you would like to counselling for (see the syllabus of the concerned program 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) Program with Enrollment : .....

(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 function of the Study Centre.

**Place:**

**Date :** .....

**Signature**

**For use at the Study Centre/Program Study Centre**

Original Degree / Certificate / Mark Sheets have been verified by the undersigned candidate is recommended for empanelment as a part time Academic Counselor for the following course :

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

Special recommendation, if any (add extra sheet, if required) : .....

.....  
.....

**Place:**

**Date :** .....

**Signature**



**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 Course :

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

**Place:**

**Date :** .....

**Signature of the Regional Director (with stamp)**