

TAMILNADU OPEN UNIVERSITY
SAIDAPET, CHENNAI

Application for registration / recognition as Study Center to offer
Skill oriented partnership linkage programme

Name of the institutions		
Nature of the institution		Government / private
Nature of ownership		Single / trust / registered society / corporate entity / other specify
Year of establishment		
Details of the head of the institutions		
Name and designation		
Address for communication		
Postal address		
Phone no		
e- mail		
Fax		
Website		
Details of the premises		
a)	Provide building sketch and other details of the building	
b)	Whether the institutions is housed in a temporary / permanent building	
c)	If in temporary building, indicate the period of occupation permitted and whether permission has been accorded by the owner to use it for academic purpose (attach the deed copy)	
d)	If permanent building , provide ownership details and postal address of the institution.	
Educational activities courses being offered		
a) i)	Self designed courses offered and current student strength - course wise	
ii)	The year from which such courses are offered – course wise	
b)	Courses offered under distance education mode	
i)	Name of the university	

ii)	Date on which permission was accorded	
iii)	Student strength course wise	
c)	If distance education programme of any university are not offered by the institution, whether any of its sister institutions offers such programmes, if so, provide the details.	
d)	Whether any programme is offered as collaborative programme	
i)	Name of the collaborator	
ii)	Year from which such a programme is offered	
iii)	The current strength of students	
e)	The fee prescribed for courses offered	
f)	The courses opted to offer	
g)	The proposal fee and justification therefor	
h)	Provide the teaching staff and other staff available to offer the programme opted in separate annexure	
i)	If adequate staff are not available on roll, indicate how will you manage the programme	
j)	If approved, how effectively the candidates will be prepared for the respective university degrees / diplomas and the jobs intended for.	
Infrastructural facilities		
Number of class rooms available and their capacity – course wise		
Number and capacity of laboratories / computer lab available - course wise		
Whether such labs are fully equipped to provide hands on training for the courses opted		
Whether separate library is available or available with every department		
Number of books available course wise for the opted courses		
Whether the institution has canteen facilities to cater to the needs of the students of participatory programmes		
Whether adequate Transportation facilities are available		
Whether hostel facilities are available and whether students of participatory programmes will be accommodated, if opted		
Profile / Coordinators Bio data and their strengths		

Signature of the head of the college /
competent authority with seal

Place :

Date :



TAMIL NADU OPEN UNIVERSITY

Community College

Personal Bio-Data of Coordinator

1	Name of the Institution, where Community College is proposed		
2	Name of Programme and Course		
3	Name and Residential Address of the Coordinator		
	a. Name		
	b. Educational Qualification		
	c. Door Number		
	d. Street Name		
	e. Area Name		
	f. Post		
	g. Taluk Name		
	h. District Name		
	i. Pin Code		
4	Institution details of the Coordinator where employed		
	1. Institution Name		
	2. Present Designation		
	3. Total Years of Experience		
5	Details of Telephone/Fax/ Email/ of the Coordinator	STD Code	Phone Nos
	a. Office Phone		
	b. Fax		
	c. Residence Phone of Director/Principal		
	d. Mobile Phone of Director/Principal		
	e. E -Mail Address		
6	Experience in Distance Education if any		

I hereby declare that all the information given above are correct. If any time it comes to the notice of the University that the above information/statements are false, the University may terminate my appointment as Coordinator.

Date:

Signature of Coordinator



TAMIL NADU OPEN UNIVERSITY
Community College
Personal Bio-Data of Academic Counsellor / Teacher

1	Name of the Institution, where Community College is proposed		
2	Name of Programme and subject for which the Academic Counsellor is engaged		
3	Name and Residential Address of the Academic Counsellor / Teacher		
	a. Name		
	b. Educational Qualification		
	c. Door Number		
	d. Street Name		
	e. Area Name		
	f. Post		
	g. Taluk Name		
	h. District Name		
	i. Pin Code		
4	Institution details of the Academic Counsellor/Teacher where employed		
	1. Institution Name		
	2. Present Designation		
	3. Total Years of Experience		
5	Details of Telephone/Fax/ Email/ of the Academic Counsellor	STD Code	Phone Nos
	a. Office Phone		
	b. Fax		
	c. Residence Phone		
	d. Mobile Phone		
	e. E-Mail Address		
6	Experience in Distance Education if any		

I hereby declare that all the information given above are correct. If any time it comes to the notice of the University that the above information/statements are false, the University may terminate my appointment as Academic Counsellor / Teacher.

Date:

Signature of Academic Counsellor

Signature and Seal of Coordinator