

Application Letter for the establishment of **Learner Support Centre** of  
Tamil Nadu Open University, Chennai-15

To

The Deputy Director,  
Student Support Services Division (SSSD)  
Tamil Nadu Open University,  
511, Anna Salai, Saidapet,  
Chennai -15

Sir/Madam,

**Sub: Application for Establishment of 'Learner Support Centre' of Tamil  
Nadu Open University for B.Ed. Spl. Ed. Programme.**

This College / Institution is keenly interested in establishing a Learner Support Centre of  
Tamil Nadu Open University for offering B.Ed Spl. Ed. Programme. I am sending  
herewith the detailed information of our College / Institution in the prescribed format.

I request that our application may kindly be considered.

Yours faithfully,

(Principal / Head)

Enclosed: 1. Application for establishment of LSC

Date:

Place:



# Tamil Nadu Open University (TNOU)

Student Support Services Division (SSSD)

577, Anna Salai, Saidapet, Chennai-600 015

Phone: (91-44) 2430 6621 / 6622 / 6627

Fax: (91-44) 2430 6640

email: [sssd@tnou.ac.in](mailto:sssd@tnou.ac.in); website: [www.tnou.ac.in](http://www.tnou.ac.in)

## Application Form for the Establishment of TNOU-Learner Support Centre (LSC)

(Filled in Application form with the relevant documents is to be submitted to the Deputy Director, Student Support Services Division, No.577, Anna Salai, Saidapet, Chennai-600015 either in person or by Speed Post/Registered Post only)

1.	Name of the College/Institution of Special Education	
2.	Type of Organization (Govt / Private/ NGO/ Aided/ Other types please specify)	
3.	Profile of the Institution including the details of Special & Rehabilitation Services. (enclose separate sheet)	
4.	Name and Designation of Head of the Institution/Organisation Mobile No. E-mail Address	
5.	Postal Address for Communication Phone Number / Mobile Number / WhatsApp Number / E-mail  Fax Website	

6.	Details of infrastructure facilities	
	a. Office space in sq.ft.	
	b. Classroom in sq.ft.	
	c. Equipments available for the education Programmes	
	d. Projector (In Nos.)	
	e. Slide preparation facilities	
	f. Xerox Machine	
	g. Computers	
	h. Library (No. of books)	
	i. Journals of Academic expertise	
	j. Space availability for TNOU teleconferencing programme	
7.	Details of Academic Staff and Supporting Staff (a separate sheet may be enclosed)	
8.	Enclose the following supporting documents	Please Tick (√)
	a. RCI Recognition order copy	
	b. TNTEU Approval order copy	
	c. Memorandum / Bylaws of Society or Trust or NGO or Others	
	d. Resolution of Society or Trust for starting Learner Support Centre of TNOU	
	e. Address Proof of your Institution / Organisation (Lease Deed / Rent Agreement / Sale Deed / Ownership Documents).	
	f. Audited Balance Sheets of previous three years.	
	g. PAN Number of the Institution / Organisation.	

	h. Photograph of Institution / Organisation, Classrooms, Lab, Library, Front Office etc.	
	i. Photo ID Proof of Head of Institution	
	j. Two Coloured Photograph of the Head of Institution / Organisation.	
	k. Bio-data of the Programme In-charge of the proposed PSC.	
	l. Details of the Academic Counsellors (Teachers) along with copy of RCI Recognition.	
	m. Details pertaining to the association with other Universities / Institutions.	
	n. Quality Rating of the Institution by NAAC/any other	
	o. Bank A/c. No. of the Institution Name, IFSC Code, City (as all the payment from University side will be made to you online in your account)	

Date :

Signature

Place :

Name and Designation Seal  
Office Round Seal  
of Head of Institution

## **Declaration**

1. I/We certify that all the Information given above and in the proceeding pages signed by me/us is/are complete and correct.
2. I/We declare that the Institute will abide by all the rules and directions of TNOU given from time to time.
3. In case of any information furnished by me/us is found wrong or incomplete, I/We declare that the Institution may be derecognized and is also open to any action as per law.
4. I/We hereby undertake that if it is ever found that the Institution is not able to run as per the norms, rules and procedures laid down by TNOU, TNOU shall be free to withdraw the Centre recognition.
5. I/We understand that TNOU reserve the right to terminate the Centre registration, If it is found that I/We have knowingly made a false declaration.
6. I/We understand that the approval of my/our Institution as Learner Support Centre shall be done as per the norms of the TNOU. And I/We understand that TNOU reserve the right to reject the application without assigning any reason.
7. I / We declare that all the infrastructural facilities and Academic expertises are available for running the TNOU programmes.
8. I / We understand that TNOU authorities will make periodical inspection / surprise visits of our institution and premises at any time with notice or without notice and agreed to rectify the omissions and short comings within a month and submit a completion report to TNOU.
9. I / We assure that necessary assistance / help will be rendered to all the students enrolled for successful completion of their programmes.
10. I / We understand that complaints if any received on us will be enquired and suitable action taken, as deems fit by the TNOU authorities.
11. I / We understand that the expenditure on Admission, Contact classes, Counselling and Practicals, Assignments valuation will be borne from the funds made available under the sharing pattern as per MOU executed and will be implemented.
12. I / We assure that my/our institution shall abide by the regulations of the Rehabilitation Council of India (RCI) and the Tamil Nadu Open University (TNOU) to act as LSC laid down from time to time.

Date :

Signature

Place :

Name and Designation Seal  
Office Round Seal  
of Head of Institution



**TAMIL NADU OPEN UNIVERSITY**  
**Learner Support Centre**  
**Personal Bio-Data of Programme (LSC) Co-ordinator**

1	Name of the College, where Learner Support Centre is proposed		
2	Name of Programme		
3	Name and Residential Address of the Programme (LSC) Co-ordinator (CRR No. _____)		
	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 Programme Co-ordinator where employed		
	1. Institution Name		
	2. Present Designation		
	3. Total Years of Experience		
5	Details of Telephone/Fax/ Email/ of the Programme (LSC)	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 Programme (LSC) Co-ordinator.

Date:

Signature of Programme (LSC) Co-ordinator



**TAMIL NADU OPEN UNIVERSITY**  
**Learner Support Centre**  
**Personal Bio-Data of Academic Counsellor / Teacher**

1	Name of the College, where Learner Support Centre 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 (CRR No. _____)		
	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 the Coordinator