

**CENTRE FOR DISTANCE EDUCATION
ACHARYA NAGARJUNA UNIVERSITY::NAGARJUNA NAGAR-522510**

PROFORMA APPLICATION FORM FOR STUDY CENTRE

1. Name of the College and :
Postal Address with Pin-code

2. Name of the Educational :
Society and Registration No.
and Date

3. Name and Address of the :
Secretary & Correspondent
with Mobile No.

Mobile No:

4. Name of the Principal with :
Mobile No.

Mobile No:

5. Name of the Co-ordinator :
with Mobile No.

Mobile No:

6. Name of the Office Assistant :
identified for CDE Programme

Ph:

7. Name of Affiliating University :
and Courses sanctioned
(enclose copies of affiliation
orders)

8. List of Courses for which :
permission is requested for
study centre
(Enclose the list)

9. For each course/programme, enclose the list of faculty members identified for Teaching weekend classes. You are also requested to submit the Bio-data of each faculty member as given in Annexure-I for considering your request. Without the Bio-data of faculty members your application will be rejected.

10. Details of Accommodation :
Available (Enclose Building
Photo)

Building Area :

No. of Class Rooms :

No. of Labs and details :

No. of Books in the Library :

11. Whether Internet facility is
available or not :

Name of the Website :

e-mail id :

UNDERTAKING

I hereby declare that we shall conduct weekend classes as per the norms laid down by the CDE and shall abide by the rules and regulations of Acharya Nagarjuna University in extending student support services and we agree to the condition that the University reserves the right to withdraw the permission given for offering courses in the event of any deviations or violation of terms and conditions specified in the MOU.

Signature of the Secretary & Correspondent with Seal

ANNEXTURE – I
BIO-DATA FOR FACULTY MEMBER

Affix latest
Photograph

1. Name of the Faculty Member and Address with Mobile No. :

Mobile No.
2. Name of the Father/Husband :
3. Date of Birth :
4. Educational Qualifications :
(Enclose Xerox copies of Certificates)
5. Technical/Professional Qualifications :
(Enclose Xerox copies of Certificates)
6. Nature of Appointment : Permanent/Temporary
7. Date of Joining :
8. Previous Experience :
9. Subjects being taught/earlier taught :
(mention whether UG or PG)
(a) Presently Teaching :
(b) Earlier Taught :

UNDERTAKING

I hereby declare that I am willing to teach the students of CDE as per the syllabus prescribed with focus on examination pattern.

Signature of the Faculty Member

Date:

From

To
The Director,
Centre for Distance Education,
Acharya Nagarjuna University,
Nagarjuna Nagar-522510.

Sir,

I furnish the following information for DEC.

Table A :

Study Centre (Give full address)	Type of Staff	Full Time	Temporary	Part Time
	Academic			
	Administrative			
	Technical/ Professional			
	Any other			
	Total			

Table B:

Location of Study Centre	Address of Study Centre	Name of Coordinator	No. of Programmes activated	Total No. of Counsellors

Table C:

Details	No. of Rooms	Furniture	Equipment
Office			
Teleconferencing			
Library			
Computer Lab			
Science Lab			
Counseling			
Any other : Specify			

Thanking You,

Yours Sincerely,

(PRINCIPAL)