

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

Regional Services Division
Maidan Garhi, New Delhi – 110068

Dated: _____

PROFORMA FOR ACTIVATION OF AN ADDITIONAL PROGRAMME AT AN EXISTING STUDY CENTRE

(PLEASE USE SEPARATE PROFORMA FOR EACH PROGRAMME)

1. a) Regional Centre : _____

b) Regional Centre Code No. : _____

2. a.) Name of the Study Centre : _____

b.) Code No. of the Study Centre : _____

3. Programme to be activated : _____

(*Please fill the name of only one Programme in the space provided in item 3*)

4. a) Programmes being currently offered at the Study Centre :

b) Programme-wise strength of the existing students enrolled at the Study Centre

c) Details of No. of approved Academic Counselors for each Programme :

5. Infrastructure available for the Programme proposed for activation

a. No. of rooms available for Counselling : _____

b. No. of computers available (for computer Programmes and computer related courses)

(Please enclose detailed list of software, hardware and PHOTOCOPY of licenses)

- c. Laboratory facilities available for Science, Agriculture,& Engineering- based Programmes i.e. Infrastructure and Apparatus: (**Please enclose detailed list of infrastructure and apparatus**)
 - d. Library facilities : _____
(**List of reference books available in the subject –area for which activation is sought**)
6. a. No. of prospective students for the Programme to be activated (Approximate no. may be given)
: _____
(**This entry is important for the Activation of the programme sought**)
- b) Total no. of qualified approved Academic Counsellors available for the Programme to be activated :

- c) No. of bio-data enclosed for recommendation as Prospective Counselors for counseling with qualification and experience : _____
- d. Recommendation sheet enclosed with course codes in the relevant column of prospective Academic Counsellors : (YES/NO) _____
7. Session from which Programme is to be activated
(Please specify as Jan. 20.....(Yr.)/July.20..... (Yr.....))
8. Rationale behind seeking the activation:

Place:

Date: (Signature of Coordinator)

(With Stamp)

To be handled at the Regional Centre:

Enrolment in the region in the Programme proposed in the preceding 2 Years:

Recommendation of the Regional Director:

Place:

(Signature of the Regional Director)
With Stamp

Date:

Please Note:

1. Please enclose the details of qualifications and relevant certificates also along with the bio-data in case of bio-data pertaining to SOSS AND SOCIS as these Schools demand the same while considering the bio-data.
2. Please do enclose the relevant LICENSE CERTIFICATES and details of HARDWARE in case of programmes offered by **SOCIS** / LABORATORY APPARATUS & EQUIPMENT DETAILS in case of Science & Technology based programmes of **SOA,SOCE(M.Sc.< DFSM >),SOS, SOET, & SOSS(BLIS/MLIS)** / INFRASTRUCTURE DETAILS in case of programmes offered by **SOHS**(wherever applicable) and DOCUMENTS like **NCTE** approval in case of teacher–training based programmes of **SOE**.