

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 :

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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)

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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:

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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**.