



Directorate of Distance Education
Janardan Rai Nagar Rajasthan Vidyapeeth Deemed University,
Pratap Nagar, Udaipur, Rajasthan-313001

RENEWAL FORM FOR STUDY CENTRE

Application No..... (For Office use only)

Application for Program.....

INFORMATION ABOUT THE INSTITUTION

Name of the Institution : (Use BLOCK letters only)

Postal Address :

District: State : Pin Code :

Phone No.: Fax:

Permanent Address : (Use BLOCK letters only)

District: State : Pin Code :

Phone No.: Fax:

Year of Establishment : _____ Status of Institution : _____

Institution(Central/State/U.T.) : _____

Private Institution : _____

(Trust/Regd. Societies/Other to be Specified) :

INFORMATION ABOUT THE DIRECTOR OF THE INSTITUTION
(Administrative activities)

Name of the Director: _____

Permanent Postal Address :

District: State :

Phone No.: No for SMS :

Photograph of the
Head of the
Institution/
Chairman/Director

INFORMATON ABOUT PROGRAM CO-ORDINATOR (For Academic Activities)

Name of the Co-Ordinator : _____

Educational Qualification : _____

Professional Qualification : _____

Permanent Postal Address : _____

Phone No. / Fax / E-mail : _____

Website Address of Centre : _____

No. of Staff Permanent Part time Full time

INFORMATION ABOUT THE SOCIETY/TRUST

Name of the Society /Trust (Attach the Registration Certificate) :

Registered Address (With Pincode, District, State) :

Phone /Fax/E-mail (With Appropriate Code) :

Year of Registration

Name of President of the Society/Trust

Note:-(You are required to attach attested Society Registration papers with the Application form)

OTHER DETAIL

Location of the Institution : _____

How to reach from Udaipur (If the Institute is in remote place, please attach Route Map) : _____

Nearest Town/City (Nearest Bus Stand/Railway Station/Airport) : _____

Name of the Nearest RVDU Associated Centre : _____

All the infrastructure and other facilities Available
being used exclusively or /and Shared by your Institute : _____

FINANCIAL DETAILS

Non-recurring Investment by the Institution :

Infrastructure : _____

Laboratory : _____

Faculty : _____

Library : _____

Other : _____

Estimated Recurring/Non-Recurring Expenditure : _____

Bank Balance as on Date of submission of Application : _____

INFORMATION ABOUT THE STUDY CENTRE :

Name of the Study Centre	Does the Host Institution affiliated to a Conventional University, if so, please furnish the details	What percentage of the Academic Counsellors belong to the Host Institution	Expected Enrolment of students

Infrastructure at Study Centre

No. of rooms available for Counselling (with size) :

No. of Books/Audio/Video cassettes pertaining to the program :
 (Attach list/annexure):

Dish Antenna: DVD: TV: Video cassette:

Audio cassette: Possibility of Teleconferencing: No. of Computers:

Availability of Internet Facility: Radio counseling: Fax:

Others like Website:

Academic Counsellors: (Attached list/Annexure)

Name from Host Institution/others	Designation with qualification and experience	Subject	For Which Program	Nature of employment permanent/ adhoc-part time/ full time	Whether trained for academic counseling or not

Building Structure:

- Area availablesq.ft.
- If not, will be made available by(date)
- Building Structure can accommodate:
 - Academic staff and their activities
 - Administrative staff and their activities
 - Storage of SIMs
 - Studio
 - Counelling Rooms
 - Library
 - Information Centre
 - Canteen
 - Any other

Study centre under Distance Education Program

Nature of the Building	Plinth Area	Covered Area	Cost / Estimated Cost	Status of Building i.e. complete/incomplete	Whether plans & estimates are approved by competent authority
1. Ownership					
2. For new Courses / Centre / Campus					

Total Land Area available (in Sq ft.).....

Seal of the Institute

**Signature
(Head of the Institute)**

(Annexure-II)

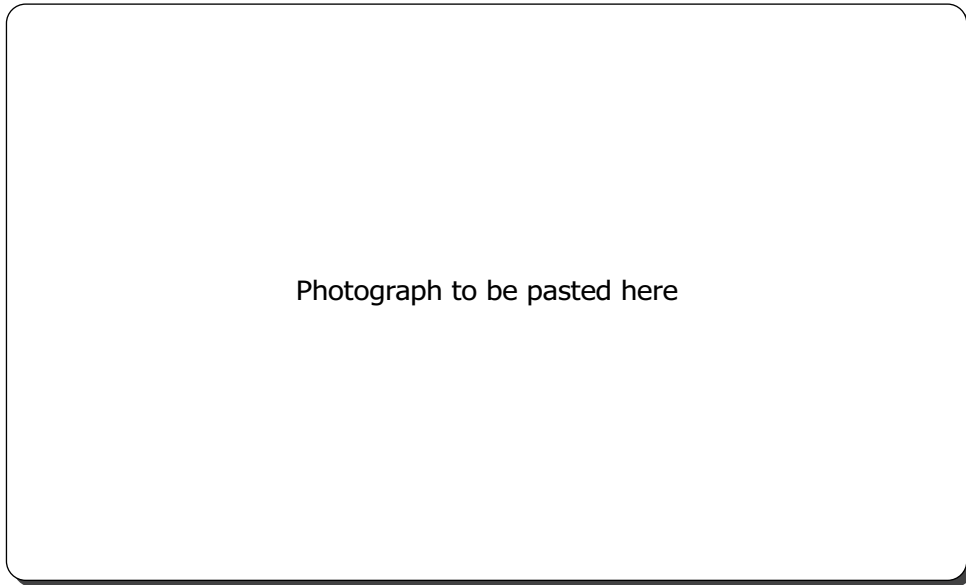
Infrastructure Details

(To be filled by the applicant)

DESC at (Road Map to be attached)

1. Building (Owned/rented):.....

(I) Total Area (Sq. ft.)..... (II) Build up area (Sq. ft.).....



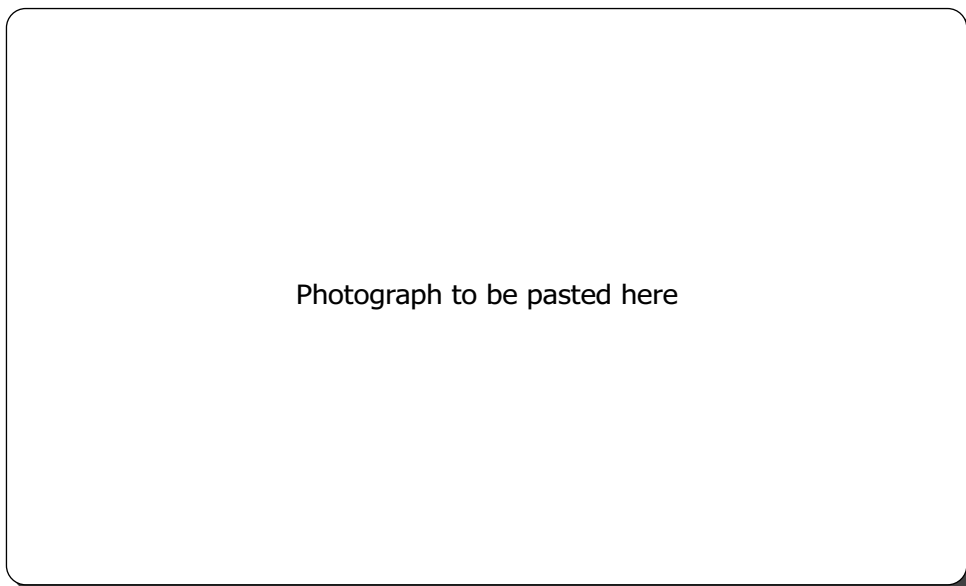
Photograph to be pasted here

Front view photograph of the building

2. Front office details

A) Counselor's Room

(I) Dimension..... (II) Area.....

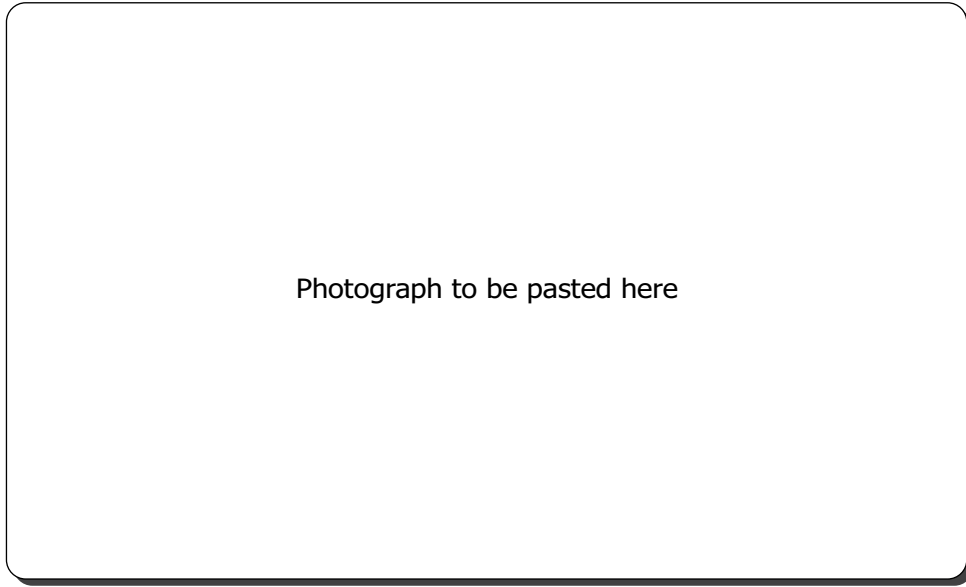


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Counselor Room Photograph

B) Coordinator's Room

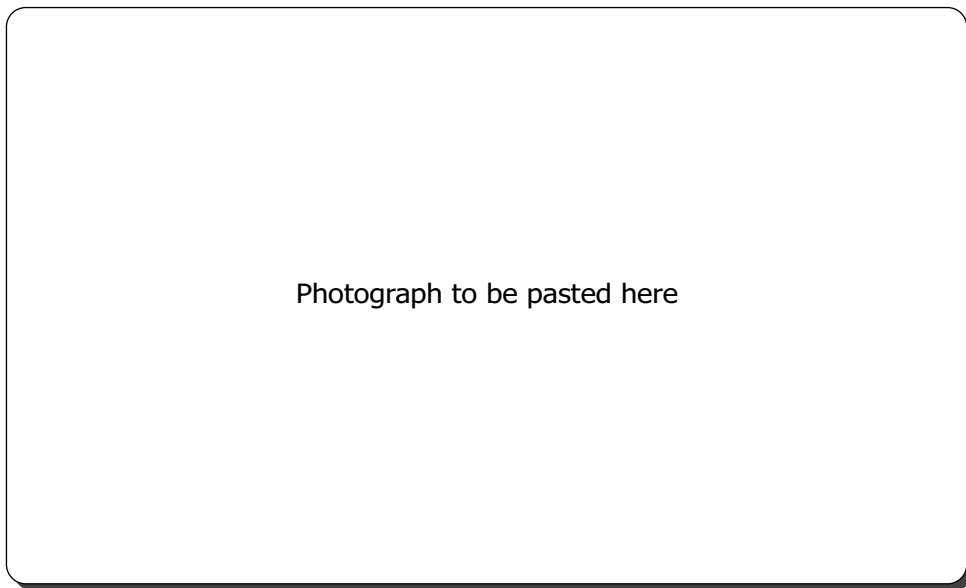
(I) Dimension..... (II) Area.....



Coordinator's Room Photograph

C) Staff Room

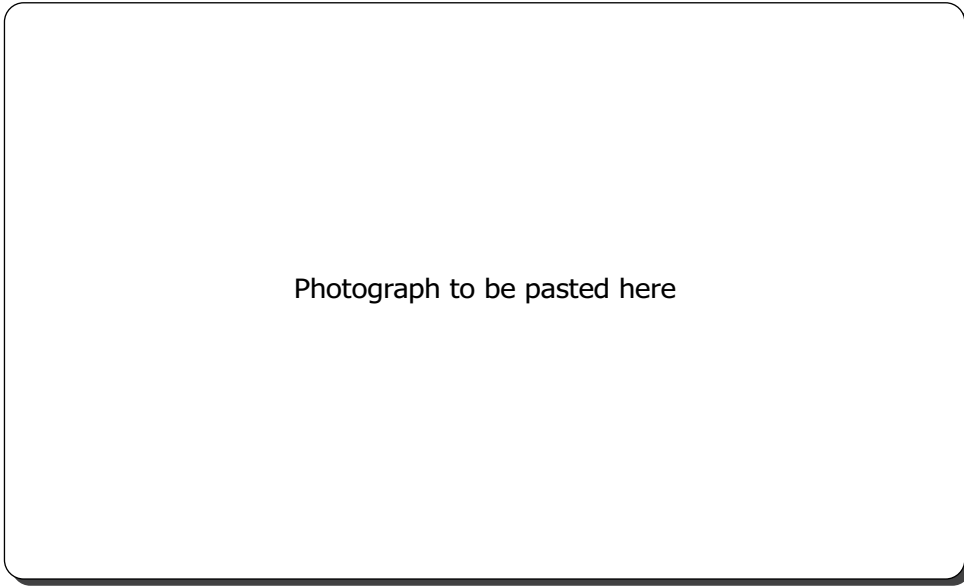
(I) Dimension..... (II) Area.....



Staff Room Photograph

D) Student Lobby

(I) Dimension..... (II) Area.....

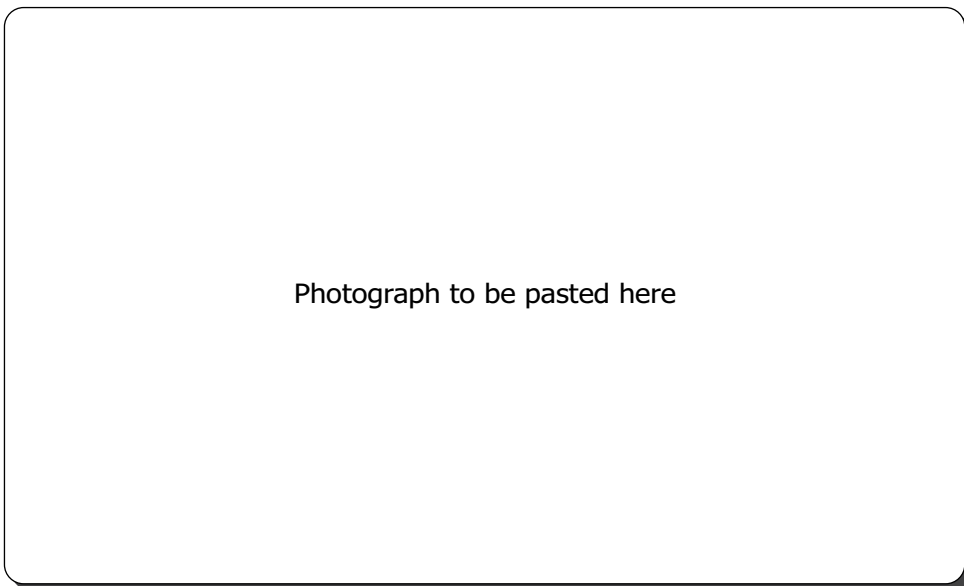


Coordinator's Room Photograph

2. Class room Details

A) Class room No. 1

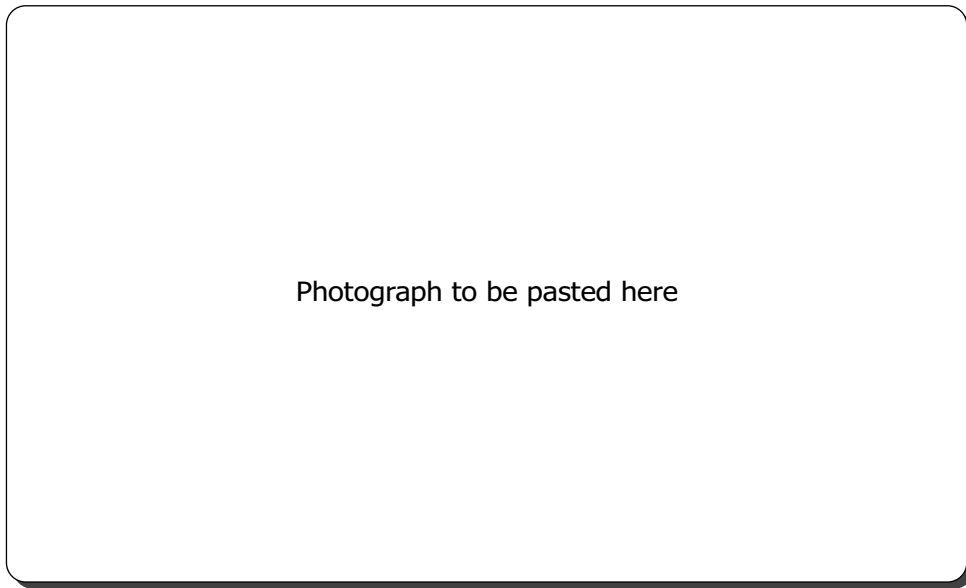
(I) Dimension..... (II) Area..... (III) Seating Capacity.....



Class Room Photograph

B) Class room No. 2

(I) Dimension..... (II) Area..... (III) Seating Capacity.....

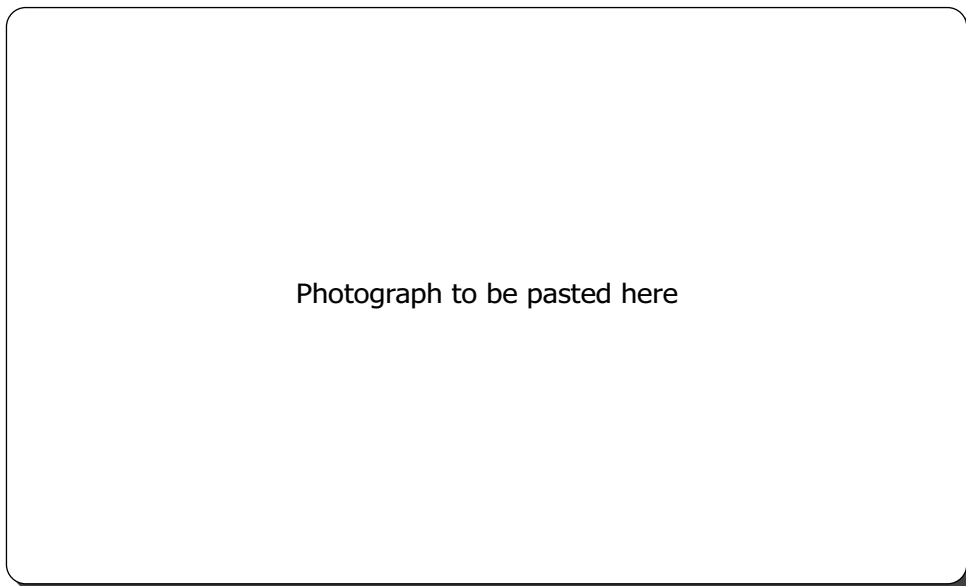


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Class Room Photograph

C) Class room No. 3

(I) Dimension..... (II) Area..... (III) Seating Capacity.....

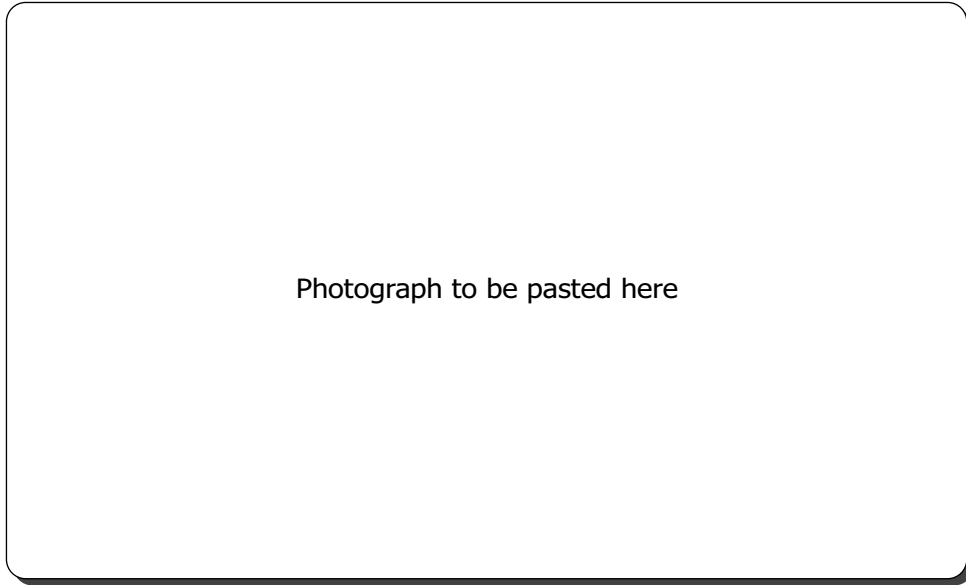


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Class Room Photograph

D) Class room No. 4

(I) Dimension..... (II) Area..... (III) Seating Capacity.....



Photograph to be pasted here

Class Room Photograph

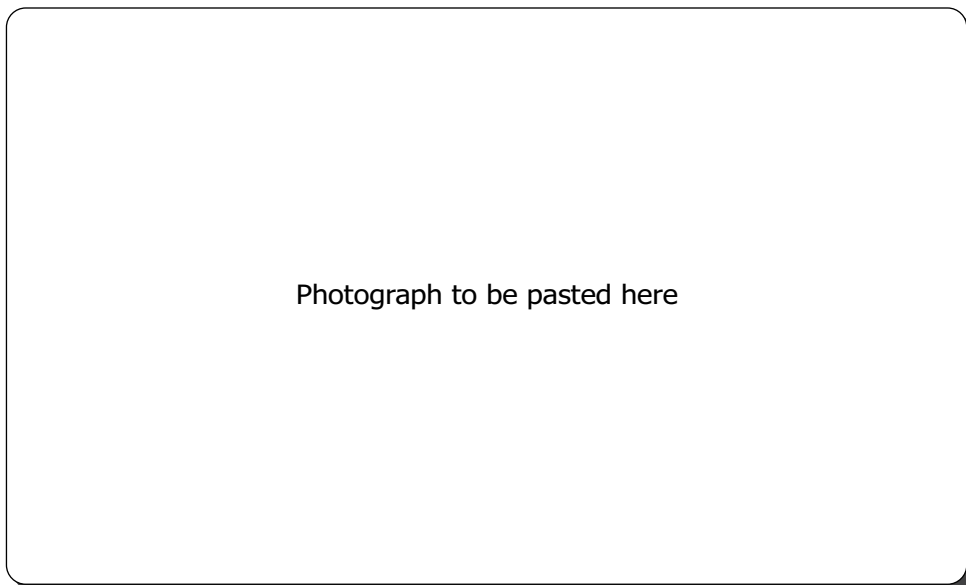
4. Computer Lab Details

(i)Dimension (ii) Area (iii) Number of computers(Independent/LAN)

(iv)Number of printers.....

Type (a) Laser (b) Inkjet..... (c) Dot Matrix.....

(v) Internet connection (Yes/ No)(vi) Air Conditioner (Yes/ No) Number.....



Photograph to be pasted here

Computer Lab Photograph

5. Library details :

Total no. of books

A. Information Technology

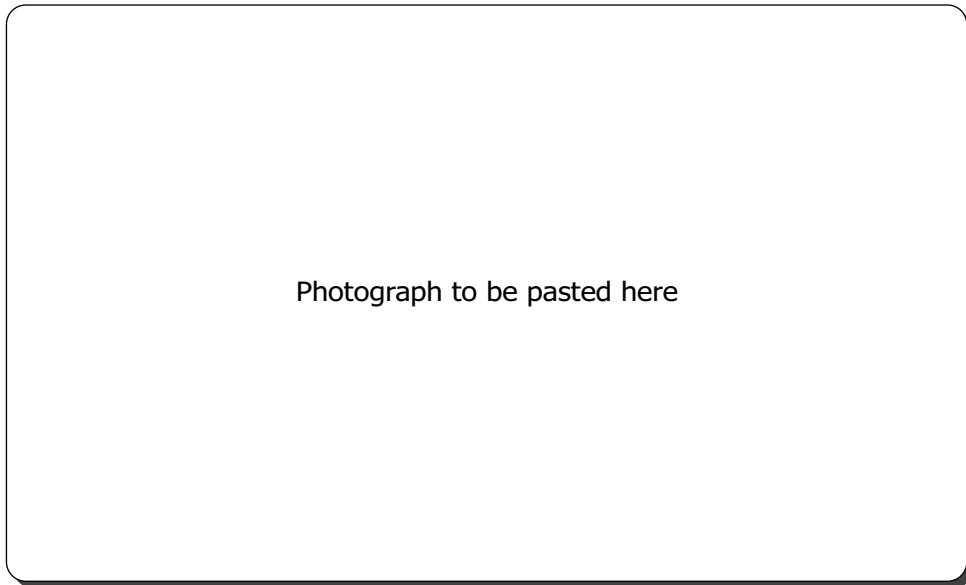
B. Management

C. Humanities

D. Newspapers

E. Magazines

F. Journals



Library Photograph

6. Faculty Details :

A) Regular Faculties

SR. No.	Name	Educational Qualification	Experience

* If there are more regular faculties please attach a separate sheet.

B) Visiting Faculties

SR. No.	Name	Educational Qualification	Experience

* If there are more regular faculties please attach a separate sheet.

7. Additional Details :

- A. Power Backup (Yes/No).....(If Yes)
 - (I) Generator/ UPS
 - (II) If Generator (Make).....(Capacity).....
 - (III) If UPS (Make).....(Capacity).....

- B. Projector (Yes/ No).....(If Yes)
 - (I) LCD/OHP.....
 - (II) If LCD (Make).....
 - (I) If OHP (Make).....
 - (II)

- C. Parking Space
 - (I) Dimension..... (II) Area.....

- D. Drinking Water (Yes/No)
 - (I) Water Purifier (Yes /No) (II) Water Cooler (Yes /No)

E. Toilet (Yes / No)

F. Software

Kindly attach list of all the licensed software which are required for students training in the laboratory.

**Signature with Seal
(Chairman Trust / Society)**

(Signature of the Applicant)

Note :

1. Kindly make sure to attach relevant photographs of all the spaces mentioned in the form.
- 2.If any of the above mentioned spaces are not supported by a photograph it will not be considered as part of your infrastructure.

To,

The Director
Directorate of Distance Education
J.R.N. Rajasthan Vidyapeeth University
Udaipur, Rajasthan.

Subject: Self Inspection of Associate Centre

Respected Sir,

On the request of applicant Study Centre _____
I have personally examined the Centre and find all the informations filled in application form is true and satisfactory to the best of my knowledge. I have inspected everything as per enclosures and feel satisfied with the arrangements.

Address of Study Centre _____

After careful examination of the documents, I certify that all the information given by the institution / study centre is truthful in the application form.

Photograph of Inspection Member	Name of inspection Member : _____
	Address : _____
	Contact No. : _____
	Qualification : _____
	Destination : _____

Place where working or from where retired: _____

Date :

Place :

Signature of Inspection Member

(With Seal)

(This Page should be attested by Notary on Rs. 10/- Stamp Paper.)

Note: If the Inspection Member is interested to give his/her service in future to the University in any of the following fields-

- | | |
|---------------------------|-----------------------------|
| 1.Paper Setting _____ | 2.Assignment Checking _____ |
| 3.Inspection member _____ | 4.Practical Examiner _____ |
| 5.Syllabus Setting _____ | 6.Others _____ |

Then they are welcomed, for that please attach your Bio-Data and acceptance letter (NOC) with this Page as per rules University will pay a remuneration. Please tick mark in front of esired field.

Rent Agreement

To,

The Director
 Directorate of Distance Education
 J.R.N. Rajasthan Vidyapeeth University
 Udaipur, Rajasthan.

Respected Sir,

I had given permission to _____ i.e. have
 no objection that this premises is being used for educational purpose by _____ for 3 years.

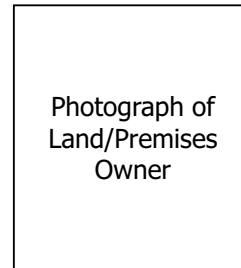
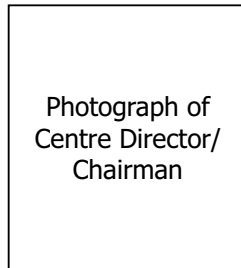
Name of Training Center : _____

Address : _____

Date of Agreement : _____

Last date of Agreement : _____

Name of Land / Premises Owner : _____

**Signature With Seal****(Centre Director/Chairman)****Signature****(Landlord)**

Date :

Place :

(This Annexure should be compulsorily filled whether the place is rented or owned)

(This Page should be attested by Notary on Rs. 10/- Stamp Paper.)

ANNEXURE-V

UNDER TAKING

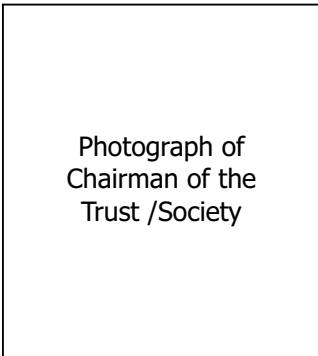
This is to certify that all the infrastructure and setup required for the work center/Theory center of the following course is per norms:-

Names of the Courses :-

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

As well as all the Annexure on the 10 Rs. Stamp paper required for courses are attached with application form.

If any information will be find incorrect or dissatisfactory, I _____
(Chairman of the Trust/Society) will be responsible for it and the university can take any action against the Study Center without prior information.



Signature With Seal
(Chairman of the Trust /Society)

This Annexure should be Notary on Rs. 10/- Stamp Paper and attested by Notary.

ANNEXURE-VI**UNDER TAKING (PSC's)****Performa for Minimum requirements of Work Centre for Computer Programs****MINIMUM REQUIREMENTS FOR PROGRAMS****MCA, PGDCA, B.Tech. BCA,.**

Director_____ of Institute

_____ assures that all the infrastructure and setup of Work Centre is as per norms. If any information will be found incorrect or dissatisfactory I will be responsible for it.

- Linoleum Flooring, Dust proof glass/ wooden partitions, Ventilation Blinds, Windows/Glass Partitions, Sun film on windows, Fluorescent light etc.
- Electrical fitting including outlets for approximately 25-30 Computers/Terminals/Printers with Circuit wiring as per program.
- Computer requirements for programs.

Program	No. of Computers
MCA,	30
B.Tech. (CS), M.Sc.(CS)	25
BCA, PGDCA	20

- Electrical Power generators, Air Conditioners, UPS, Computers and associated peripheral devices.
- Separate earthing for all power supplied to computers and appropriate Computer Furniture, i.e. table and chairs for 25-30 Computers as per program and cupboard to store consumable items and system manual.
- Fire Extinguishers and emergency lights in Computer room and terminal halls.
- Pentium based driving LAN & Pentium based nodes, older equipment should also be connected to the network to better utilize existing resources.
- At least one telephone line and Modem for connection to external networks. If possible a Multimedia Station, which could even be a power MAC & CD-ROM.
- Connecting cables and Installation Material:
 - o Laser Printer
 - o Dot Matrix Printer
- In addition to the computer Institute must have all the software that are given in the curriculum of related courses yearwise and out of the minimum number of Computers mentioned above 25% computers must be of higher computers.
- Licensed softwares as per Program.

Signature With Seal**(Director of Study Center)****Signature With Seal****(Chairman of the Trust / Society)**

Name of Program_____

Date_____

Place_____

ANNEXURE-VII

NO OBJECTION CERTIFICATE (PSC'S)
(This N.O.C. will be enclosed only for Engineering Courses)

To

The Director
Directorate of Distance Education
J.R.N. Rajasthan Vidyapeeth (Deemed-to-be) University

Sir,

I had given permission to _____
(Chairman of Trust/Society) i.e. I have no objection that this premises is being used as training center
by _____ (Name of the Society) for _____ years
(Duration). I assure that I have an Engineering college having _____ (Name
of the Departments) which can be used by the students enrolled in J.R.N. Rajasthan Vidyapeeth (Deemed-to-be)
University associated center and I have No Objection for that

Name of the Training Centre (Or Engineering College) with address

Duration of Agreement from _____ to _____ for courses

Name of Engineering College _____

Photograph of
Center Chairman
of the Trust/Society

Photograph of
Owner of
the College

Signature

(With Seal Chairman of the Trust /Society)

Signature With Seal

(Owner of the College)

Note :- The attachment of Engineering College should be of related department.

This Annexure should be on 10 Rs. Stamp Paper and attested by Notary.