**DR. C. V. RAMAN UNIVERSITY**

**KARGI ROAD KOTA, BILASPUR (C.G.)**

**INSTITUTE OF OPEN & DISTANCE EDUCATION**

**APPLICATION FOR SETTING UP LEARNER SUPPORT CENTRE**

**(PLEASE FILL THE FORM IN CLEAR CAPITAL LETTERS)**

1. A. NAME OF THE COLLEGE :- .............................................................................. B. AFFILIATED WITH (UNIVERSITY NAME) :- ..............................................................................

2. FULL MAILING ADDRESS :- VILLAGE :................................... CITY :...................................

 TEHSIL :.................................. BLOCK :..................................

 DISTRICT :................................... PIN :..................................

3. FAX NO. :- .........................................................................................

4. PHONE NO. :- ................................, Mo. No. .........................................

5. E-MAIL ADDRESS :- .........................................................................................

6. INSTITUTION HEAD/NAME OF PRINCIPAL :- .....................................................................................

PHONE NO. :- ......................................................................................... E-MAIL :- .........................................................................................

7. NO. OF COURSES CONDUCTED BY THE COLLEGE :-

|  |  |  |
| --- | --- | --- |
| **S.NO.** | **COURSES** | **NUMBER** |
| 1 | GRADUATION LEVEL |  |
| 2 | POST GRADUATION LEVEL |  |
| 3 | DIPLOMA |  |
| 4 | SKILL PROGRAMME |  |
| 5 | OTHERS |  |

8. DETAILS OF COURSES CONDUCT BY THE COLLEGE :-

|  |  |  |  |
| --- | --- | --- | --- |
| **S.NO.** | **NAME OF COURSE/SUBJECT]** | **NO. OF SEATS SANCTIONED** | **NAME OF PROFESSOR/ASST. PROFESSOR/INCHARGE** |
| 1 | BA (…………………………..) |  |  |
| 2 | B.SC. (………………………..) |  |  |
| 3 | B.SC. (IT) |  |  |
| 4 | B.COM. (………………………..) |  |  |
| 5 | BCA (………………………..) |  |  |
| 6 | BBA (………………………..) |  |  |
| 7 | B.ED. (………………………..) |  |  |
| 8 | B.LIB. (………………………..) |  |  |
| 9 | MA (HINDI) |  |  |
| 10 | MA(ENGLISH) |  |  |
| 11 | MA (SOCIOLOGY) |  |  |
| 12 | MA (POLITICAL SCIENCE) |  |  |
| 13 | MA (ECONOMICS) |  |  |
| 14 | MA (HISTORY) |  |  |
| 15 | MA (SANSKRIT) |  |  |
| 16 | M.SC. (PHYSICS) |  |  |
| 17 | M.SC. (CHEMISTRY) |  |  |
| 18 | M.SC. (MATH’S) |  |  |
| 19 | M.SC. (ZOOLOGY) |  |  |
| 20 | M.SC. (BOTANY) |  |  |
| 21 | M.SC. (MICROBIOLOGY) |  |  |
| 22 | M.SC. (IT) |  |  |
| 23 | M.SC. (CS) |  |  |
| 24 | MBA |  |  |
| 25 | MSW |  |  |
| 26 | PGDBM |  |  |
| 27 | PGDCA |  |  |
| 28 | DCA |  |  |
| 29 | D.Ed. |  |  |
| 30 |  |  |  |
| 31 |  |  |  |
| 32 |  |  |  |
| 33 |  |  |  |

9. NO. OF ACADEMIC & NON ACADEMIC EMPLOYEES :-

|  |  |  |
| --- | --- | --- |
| **S.NO.** | **TYPE** | **NUMBER** |
| 1 | ACADEMIC |  |
| 2 | NON ACADEMIC |  |
| 3 | OTHERS |  |

10.DETAILS OF PROFESSOR/ASST. PROFESSOR/ OTHER EMPLOYEES IN COLLEGE -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.NO.** | **FACULTY/DEPARTMENT** | **NAME** | **POST** | **QUALIFICATION** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

PLEASE ATTACH SEPRATE LIST.

11. INFRASTRUCTURE DETAILS :-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.NO.** | **PARTICULARS** | **NUMBER** | **AREA IN SQ FEET** | **SEATING CAPACITY** |
| 1 | THEORY CLASSES (GENERAL) |  |  |  |
| 2 | MODEL THEORY CLASSES (ICT BASED) |  |  |  |
| 3 | SEMINAR HALL |  |  |  |
| 4 | LIBRARY |  |  |  |
| 5 | PRACTICAL LAB (PHYSICS) |  |  |  |
| 6 | PRACTICAL LAB (CHEMISTRY) |  |  |  |
| 7 | PRACTICAL LAB (ZOOLOGY) |  |  |  |
| 8 | PRACTICAL LAB (COMPUTER) |  |  |  |
| 9 | PRACTICAL LAB (OTHERS)PLEASE ATTACH SEPARATE LIST |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

12. DETAILS DESCRIPTION OF COMPUTER LABS :-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.NO.** | **NO. OF COMPUTER SYSTEM** | **NO. OF PRINTERS** | **NO. OF SCANNER** | **NO. OF PROJECTORS** |
| 1 |  |  |  |  |

13. DESCRIPTION OF OTHER FACILITY :-

|  |  |  |  |
| --- | --- | --- | --- |
| **S.NO.** | **PARTICULAR** | **YES/NO** | **REMARKS** |
| 1 | DRINKING WATER |  |  |
| 2 | PRIMARY FIRST AID |  |  |
| 3 | INTERNET CONNECTIVITY |  |  |
| 4 | ELECTRIC CONNECTIVITY WITH BACKUP |  |  |
| 5 | FIRE EXTINGUISHER |  |  |
| 6 | PARKING |  |  |
| 7 | WASH ROOM (MAN) |  |  |
| 8 | WASH ROOM (FEMALE) |  |  |
| 9 | FEMALE COMMON ROOM |  |  |
| 10 | CCTV SURVEILLANCE SYSTEM |  |  |

**DECLARATION**

I ......................, designation ........................ hereby declare that the above information is true as per my knowledge & belief. If any information is found to be incorrect then my application may be subjected to cancellation. I also give my consent to establish learner support centre of Dr. C. V. Raman University, Institute of Open & Distance Education at my higher education institution.

Date :- **Principal/Director’s Signature**

Place :- **Institutions Seal**