


KARNATAKA STATE OPEN UNIVERSITY
 MANASAGANGOTRI, MYSORE - 570 006.

Application for Registering as Academic Collaborator's Study centre

- Important Note:**
1. kindly ensure that your institution fulfills all the requirements as stated in the norms for becoming study centre as per the program(s) selected.
 2. Kindly provide all the details / documents as stated in the application form and norms for becoming study centre.
 3. Kindly put your signature and seal of your institution on each page of the application form and documents enclosed.

NAME AND ADDRESS OF THE ACADEMIC COLLABORATIVE INSTITUTION	NAME AND ADDRESS OF THE PROPOSED STUDY CENTRE
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PROGRAMMES OFFERED BY PROPOSED STUDY CENTRE (LIST OUT THE PROGRAMMES) <u>NOTE: AICTE APPROVED LETTER IS COMPULSARY FOR ENGINEERING RELATED PROGRAMMES</u>	(A) ENGINEERING RELATED PROGRAMMES (B) NON ENGINEERING PROGRAMMES
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A. PROPOSED STUDY CENTRE INSTITUTION PROFILE

1. Name of the Institution:	
2. Type of Institution (Tick on appropriate option) College includes aided and unaided both. Select the appropriate option. Kindly enclose all the necessary documents. Kindly enclose attested Deeds, Memorandum and Rules / Regulations (as applicable)	<ul style="list-style-type: none"> Trust Society Co-operative Society Limited Company Private Limited Company Under Graduate College Post Graduate College Autonomous College Others
3. Name of The Trust / Society / Company / College running the Institution	
4. Date and Registration Number of the Trust (Please attach proof)	
5. Postal Address of the Institution	
6. Communications Details: (a) STD Code: (b) Contact Number: (c) Fax Number: (d) Mobile Number: (e) Email Address: (f) Website Address:	
7. PAN Number of the Institution (Kindly enclose the copy)	
8. Audited Balance Sheet of past Two Years If not Enclosed, reasons for non inclusion	Enclosed / Not Enclosed
9. Document relating to address proof of the institution (Lease Deed / Rent Agreement / Sale Deed / Ownership Document)	Enclosed / Not Enclosed

10. Floor Plan / Layout Map of the Institution	Enclosed / Not Enclosed
11. Photograph of Institution, Classrooms, Computer Lab, Library, Reception etc.,	Enclosed / Not Enclosed

B. DETAILS OF MANAGEMENT / HEAD OF INSTITUTION

1. Name of the Head of Management:	
2. Designation:	
3. Postal address :	
4. Communications connectivity of (a) STD Code: (b) Phone Number: (c) Fax Number: (d) Mobile Number: (e) Residence Number: (f) Email Address:	
5. Personal details of Head of Management:	
6. Educational qualifications	
7. Profession and Experience	
8. Photo ID Proof (Kindly enclose the copy)	
9. PAN Number (Kindly enclose the copy)	
10. One Colored Photograph	Enclosed / Not Enclosed

C. INFRASTRUCTURAL FACILITIES

1. Location of Proposed Institution Area (Kindly tick whichever is applicable)	Metro District HQ Town	State Capital Rural Hilly Region
2. The Building of College/Institution is (Kindly tick whichever is applicable and Furnish the documents)	Own/Rent/Lease/Other	
3. Total Carpet area of Institution (in Sq. ft):		
4. Total Site area of Institution (in Sq. ft):		
5. Type of Flooring of Institution:		

1. Institution Facilities available:

S. No.	Type of Facility	No. of Rooms	Area (in Sq. ft)	Seating Capacity
1.	Class room			
2.	Computer Laboratory			
3.	Library			
4.	Reading room			
5.	Conference room			
6.	Auditorium			
7.	Staff Room			

2. Facilities in the Computer laboratory:

S. No.	Type of Facility	Count
1.	Server Computer	
2.	Client Computer	
3.	Printer	
4.	Scanner	
5.	UPS	
6.	CD / DVD Writer	

3. Type of Internet Facility

Leased Line Broad Band Dialup Others

4. Details of Computers

Type	Processor	RAM	HDD	Network (Y/N)	Internet (Y/N)
Server Computer					
Client Computer					

(Attach list as per the above stated format for Details of Computers)

5. Details of Software available:

S. NO.	OS / COMPILER / PACKAGE / PROGRAMME / RDBMS/ LANGAUAGE / APPLICATION DEVELOPMENT SOFTWARE	VERSION

6. Library:

S. No.	Category	Count
1.	Reference Books	
2.	Text / Subject books	
3.	Periodicals Subscribed	
4.	Journals Subscribed	
5.	Newspapers Subscribed	
6.	Course CDs	
7.	Course Audio / Video cassettes	
8.	Books other than IT course books	

7. Equipments Available

S. No.	Equipment	Count
1.	Generator	
2.	LCD Projector	
3.	OHP	
4.	Fax	
5.	Photocopier	

D. CONNECTIVITY

1. Nearest Airport:	
2. Nearest Railway Station:	
3. Nearest Bus Stand / Stop:	
4. Distance from Airport:	
5. Distance from Railway station:	
6. Distance from Nearest national/State highway:	

E. STUDY CENTRE CO-ORDINATOR DETAILS

1. Name of the Study Centre Co-ordinator	
2. Designation :	
3. Communications connectivity of Study Centre Co-ordinator: (a) STD Code: (b) Phone Number: (c) Fax Number: (d) Mobile Number: (e) Residence Number: (f) Email Address:	
4. Educational Qualifications:	
5. Profession and Experience : (Kindly enclose the detailed Bio data of the Study Centre Co-ordinator)	

F. FACULTY DETAILS

S. No.	Name	Designation	Qualification	Teaching Experience (in Years)	Subject Taught By Him/Her

Kindly enclose the detailed Bio Data and Self Attested copies of educational certificates of the Faculties. The University may insist on meeting any/all faculty member and / or inspection of their appointment / contract / engagement orders.

G. IS THE INSTITUTION RECOGNISED AS STUDY CENTRE OF ANY OTHER UNIVERSITY OR EQUIVALENT? - YES / NO

If Answer to G is YES, Kindly give the following details:

S. NO.	NAME AND ADDRESS OF RECOGNIZING UNIVERSITY	RECOGNIZED AS	PROGRAMMES UNDERTAKEN

H. AICTE APPROVED LETTER (ATTESTED COPY) MUST BE ENCLOSED FOR ENGINEERING RELATED PROGRAMMES YES/NO

I. DETAILS OF REMITTANCE OF STUDY CENTRE APPROVAL FEE:

1. DD No. / Pay Order No. Bank Name and Date

For (1)	
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DECLARATION

1. I / We certify that all the information given above and in the preceding pages signed by me / us is / are complete and correct.
2. I / We declare that the institute will abide by all the rules and directions of Karnataka State Open University (KSOU) and Academic Collaborator (AC) given time to time.
3. I / We declare that I / We am / are authorized to sign on behalf of my organization and that my directors and shareholders / members (where relevant) are in total agreement of my / our application.
4. In case of any information furnished by me / us is found wrong or incomplete, I / We declare that the institute may be derecognized and is also open to any action as per law.
5. I / We undertake not to do any advertisement of our own in print / electronic media without the prior written permission of KSOU and AC.
6. I / We hereby undertake that if it is ever found that the Institution is not able to run as per the norms, rules and procedures laid down by KSOU and AC, the KSOU and AC shall be free to withdraw the study centre recognition.
7. I / We understand that KSOU and AC reserve the right to terminate the study centre registration if it is found that I / We have knowingly made a false declaration in the form.
8. I / We understand that the approval of my / our institution as Study Centre shall be done as per the norms of the KSOU and AC
9. I / We understand that KSOU and AC reserve the right to reject the application without assigning any reason.
10. I/We understand that the Study Centre is approved for FIVE years only , subject to subsequent renewal.
11. I /We understand that , AICTE approved letter for Engineering related Programmes is compulsory and the same is enclosed as per the KSOU guidelines.

Place:

Date:

Head of the Institution Signature, Name and Seal

CERTIFICATION AND FORWARD BY THE ACADEMIC COLLABORATOR

.....(Name of the Academic Collaborator) recommending the

.....(A.C. Study Centre Name and Address Name)

.....verified the documents of the Study centre and found correct as per the KSOU norms and eligibility conditions. Also enclosing the 'SELF DECLARATION FORM' typed in Rs.100/- Stamp paper duly attested by the Notary.

If any documents furnished here is found incorrect and false, University has the right to reject the application without assigning any reason. Also I/we understand that the KSOU Study Centers Inspection Committee may visit/inspect the Academic Collaborative Institution or the Study centers at any time. Such Committee members' TA/DA, Accommodation and Hospitality charges has to borne by the respective Academic Collaborative Institution. Hence I/we are forwarding the application for the grant of Academic Collaborative Study Centre to the Dean (**Study Centers**), **Karnataka State Open University, Manasagangothri, Mysore-570 006, and Karnataka State.**

Place:

Date:

Academic Collaborator Name and Address with Signature

SELF DECLARATION FORM

(to be typed in Rs.100/- Indian Non-judicial Stamp Paper)

I/we hereby apply for my/our Study Centre for Session 2010-11, of KARNATAKA STATE OPEN UNIVERSITY, MYSORE-570 006, KARNATAKA STATE, I/We hereby undertake as under:

1. To pay all the outstanding dues.
2. To pay all the fees as per the University Norms.
3. Not to charge any Extra fees from the students apart from the fees prescribed in the prospectus.
4. To have the format of my/our advertisement approved by the University before I/we release it to the media.
5. To submit all the applications to the University through Academic Collaborator within the prescribed time limit.
6. To deliver of counseling/practicals as per the norms of the University.
7. To individually verify all the documents enclosed with the students application forms with the originals.
8. To take full responsibility of all the documents/correspondences signed by me/authorized person.
9. To abide by all the rules and regulations of the University as promulgated from time to time.
10. Not to indulge into any sort of criminal/immoral/illegal activity.
11. I understand that the Study Centre sanction for FIVE years, or expiry of MOU subject to subsequent renewal as per the University norms.
12. I certify that the AICTE, approved letter is enclosed as per the KSOU norms. (For Engineering related Programmes)

I/We further acknowledge that if at any point of time the University finds any deficiency in my/Our infrastructure or in the support services to the students or if I/We am/are found involved in any sort of unlawful activities, then the University will have the full right to terminate my/our study centre authorization without seeking any clarifications.

Signature of the Study Centre Head
With Seal/Stamp with date

Attested by Notary with Seal
and date

Checklist for Submission of Application Form

S.No.	Particulars	Yes	No
1.	Memorandum/Details of Society, Trust or Company		
2.	Resolution of Society, Trust or Company for becoming Study Centre		
3.	Address proof of Institution (Lease Deed/Rent Agreement/Sale Deed/Ownership Documents)		
4.	Audited Balance Sheet of previous two years		
5.	PAN Number of the Institution		
6.	Floor Plan/Layout Map of the Institution		
7.	Photograph of the Institution, Classrooms, Lab, Library, Reception		
8.	Photo ID Proof of Head of Management		
9.	PAN Number of Head of Management		
10.	One Coloured Photograph of Head of Management		
11.	List of Computers with Configuration Details		
12.	Bio-data of Study Centre Co-ordinator		
13.	Bio-data of Academic Faculties along with the copy of their self attested Educational certificates		
14.	Self Declaration Form (to be typed in Rs.100/- Indian Non-Judicial Stamp paper) duly signed by Notary		
15.	AICTE, approved letter (attested copy) for the Engineering related Programmes		