

**CENTRE FOR DISTANCE EDUCATION
ACHARYA NAGARJUNA UNIVERSITY::NAGARJUNA NAGAR-522510**

**Proforma Application Form For Sanctioning
New Learner Support Centre (LSC)**

1	Name of the College and Postal Address with Pin-code	
2	Name of the Educational Society and Registration No. and Date (Enclose copy of Bylaws)	
3	Name and Address of the Secretary & Correspondent (Enclose copy of Resolution)	
	Mobile No	
4	Name of the Principal (Enclose copy of the Appointment order)	
	Mobile No	
	Name of the LSC Co-Ordinator (Qualification Equivalent to Assistant Professor) (Enclose Copy of the order issued by the Principal)	
5	Qualifications	
	Year of Appointment	
	Designation	Assistant Professor / Associate Professor / Professor
	Mobile No (Permanent Number for CDE Programme - not personal number)	
	e-mail id (Permanent e-mail id for CDE Programme - not personal e-mail id)	
6	Name of the Office Assistant identified for CDE Programme (Enclose Copy of the order issued by the Principal)	
	Mobile No	
7	Name of Affiliating University and Courses sanctioned (Enclose copies of affiliation orders)	
	Year of Establishment of the College	
8	Details of Accommodation Available (Enclose Building GPS Map Photo)	
	Building Area	
	No. of Class Rooms	
	No. of Labs and details	
	No. of Books in the Library	
9	Availability of Internet facility	YES / NO
	Name of the Website	
	e-mail id	
10	Information required for fixing of examination centre:	
	a. Particulars of Govt. Colleges located in the same place:	
	b. Particulars of Aided Colleges located in the same place	
	c. Particulars of un-aided Degree Colleges affiliated to local university	
	d. Particulars of Junior Colleges located in the same place	

	e. Govt. High Schools located in the same place	
	Note : If suitable colleges are not available in the same place for fixing of examination centres, the University will allot examination Centre in the nearby place or district head-quarters.	
11	List of Programmes for which permission is requested for LSC (Put the Tick Mark "✓" against the programmes you want to apply)	M.Sc. BOTANY M.Sc. ZOOLOGY M.Sc. PHYSICS M.Sc. CHEMISTRY M.Sc. MICROBIOLOGY M.Sc. MATHEMATICS M.Sc. STATISTICS M.Sc FOOD & NUTRITION SCIENCE M.Sc. COMPUTER SCIENCE M.Sc. PSYCHOLOGY MCA MBA M.COM - ACCOUNTANCY M.COM – BANKING M.A. ENGLISH M.A. TELUGU M.A. SANSKRIT M.A. HINDI M.A. ECONOMICS M.A. HISTORY M.A. POLITICAL SCIENCE M.A. SOCIOLOGY MSW MASTER OF SOCIAL WORK M.A. JOURNALISM & MASS COMMUNICATION M.A. HUMAN RESOURCES MANAGEMENT M.L.I.Sc B.L.I.Sc B.COM (COMPUTER APPLICATIONS) B.COM (GENERAL) B.B.A. (BACHELOR OF BUSINESS ADMINISTRATION) ALL BA DIPLOMA IN FOOD PRODUCTION DIPLOMA IN PSYCHOLOGICAL GUIDANCE AND COUNSELLING CERTIFICATE COURSE IN HOTEL & HOSPITAL MANAGEMENT CERTIFICATE COURSE IN HIV / AIDS COUNSELLING

12	<p>For each programme applied, enclose the list of minimum three (03) faculty members identified for Teaching weekend classes. You are also requested to submit the Bio-data of individual faculty member as given in Annexure-II along with the certificates of Qualifications for considering your request.</p> <p>Without the Bio-data and certificates along with the Annexure-I list of programme wise faculty members your application will be rejected.</p>	
13	<p>For each Science programme applied, enclose the Programme wise Laboratories identified for weekend practical classes per each Science programme. You are also requested to submit the GPS Map camera Photograph of each Lab identified along with Annexure-III Programme wise Laboratories identified for considering your request.</p> <p>Without the GPS Map camera Photograph of each Laboratory identified your application will be rejected.</p>	
14	If Any	

UNDERTAKING

I hereby declare that we shall conduct weekend classes as per the norms laid down by the Centre for Distance Education and shall abide by the rules and regulations of Acharya Nagarjuna University in extending student support services and we agree to the conditions that the University reserves the right to withdraw the permission given for offering Programmes in the event of any deviations or violation of terms and conditions specified in the MOU.

Signature of the Secretary & Correspondent with Seal

Annexure-I
LIST OF PROGRAMME WISE FACULTY MEMBERS
(use separate sheet for each Programme and enclose the Bio-data and certificates along with the list of Programme wise faculty members)

PROGRAMME NAME:

S.No.	Name of the Academic Counsellor	Mobile Number	Email Id	Highest Educational Qualification	Year of Appointment	Teaching Experience (in No of Years)	Designation (Lecturer / Assistant Professor / Associate Professor / Professor)
1							
2							
3							

Signature of the Principal with Seal

Annexure-II
BIO-DATA FOR INDIVIDUAL FACULTY MEMBER
 (use separate sheet for each Faculty Member)

Affix latest
Photograph

1	Name of the Faculty Member & Address	
2	Name of the Father	
3	Date of Birth	
4	Mobile No	
5	e-mail id	
6	Educational Qualifications (Enclose Xerox copies of Certificates)	
7	Technical/Professional Qualifications (Enclose Xerox copies of Certificates)	
8	Nature of Appointment	Full-Time / Part-Time
9	Date of Appointment	
10	Previous Experience	
11	Name of the programme being taught (mention UG / PG Programme name)	
	Presently Teaching Subjects/Courses	
	Earlier Taught Subjects/Courses	

UNDERTAKING

I hereby declare that I am willing to teach the students of CDE, ANU as per the syllabus prescribed with focus on examination pattern.

Signature of the Faculty Member

Annexure-III

PROGRAMME WISE LABORATORIES

(use separate sheet for each Programme Laboratories and enclose the **GPS Map camera Photograph** of each Laboratory identified)

PROGRAMME NAME:

Details of Laboratory	No. of Rooms	Furniture	Equipment

Signature of the Principal with Seal

Date:

From

To
The Director,
Centre for Distance Education,
Acharya Nagarjuna University,
Nagarjuna Nagar-522510.

Respected Sir,

Sub : I furnish the following information as per UGC-DEB Guidelines 2020.

Table A:

Learner Support Centre (LSC) (Give full address)	Type of Staff	Full-Time	Part-Time
	Academic		
	Administrative		
	Technical / Professional		
	Any other		
	Total		

Table B:

Details	No. of Rooms	Furniture	Equipment
Help Desk cum Pre-Admission Counselling Office			
Teleconferencing			
Library			
ICT facility (with Projector)			
Science Labs Week End (for Practical)			
Week End Teaching/Counseling (for Classes)			
Any other : Specify			

Thanking You,

Yours Sincerely,

Signature of the Principal with Seal