

सर्वोत्कृष्ट संस्थेसाठी कॉमनवेलथ ऑफ लर्निंगच्या आंतरराष्ट्रीय गुणवत्ता पुरस्काराने सन्मानित



ज्ञानगंगा धरती

यशवंतराव चव्हाण महाराष्ट्र मुक्त विद्यापीठ

'ज्ञानगंगोत्री', गंगापूर धरणाजवळ, गोवर्धन, नाशिक ४२२२२२

(महाराष्ट्र राज्य विधिमंडळाच्या १९८९च्या कायदा क्रमांक २० अन्वये स्थापिलेले)

अभ्यासकेंद्रासाठी प्रस्ताव मागणी अर्ज

विद्यापीठाच्या पूर्वतयारी प्रमाणपत्र शिक्षणक्रम तसेच अन्य तांत्रिक/व्यावसायिक प्रमाणपत्र शिक्षणक्रमांसाठी इच्छुकांकडून अभ्यासकेंद्र मागणीकरिता अर्ज मागविण्यात येत आहेत.

माध्यमिक व उच्च माध्यमिक शाळा, विविध तांत्रिक/व्यावसायिक प्रशिक्षण संस्था, संगणक प्रशिक्षण संस्था, वृत्तपत्र व्यवसाय प्रशिक्षण संस्था तसेच सेवाभावी संस्था विद्यापीठाच्या सदर शिक्षणक्रमांच्या अभ्यासकेंद्रासाठी मागणी करू शकतात. इच्छुकांनी मागणी अर्ज, सामंजस्य करार, शिक्षणक्रम तपशील, तसेच संमंत्रकांसाठी व्यक्तिगत माहितीचे विहित नमुने विद्यापीठाच्या वेबसाईटवरून (<http://ycmou.digitaluniversity.ac>) डाऊनलोड करून घ्यावेत. अभ्यासकेंद्र मागणी अर्ज दि.१५ डिसेंबर २०११ पूर्वी विद्यापीठाच्या नजीकच्या विभागीय केंद्राकडे सादर करणे आवश्यक आहे. विभागीय केंद्रे तसेच अन्य सर्व तपशील विद्यापीठाच्या वेबसाईटवर उपलब्ध आहे. अभ्यासकेंद्र मागणी अर्जासोबत राष्ट्रीयीकृत बँकेचा रु.१०००/- रकमेचा धनाकर्ष (डिमांड ड्राफ्ट) वित्त अधिकारी, यशवंतराव चव्हाण महाराष्ट्र मुक्त विद्यापीठ, नाशिक या नावाने पाठवावा.

अधिक माहितीसाठी भ्रमणध्वनी : ९४२०६९२७६८

कुलसचिव

This application should be forwarded
through Regional Centre.

Place :

Date :

To,
The Director
Students Services Division
Yashwantrao Chavan Maharashtra Open University
Nashik 422 222

**Subject: Application for the establishment of a Study Centre of
Yashwantrao Chavan Maharashtra Open University for
..... Programme.**

Sir,

This College/Institution is keenly interested in establishing a Study Centre of Yashwantrao Chavan Maharashtra Open University for Programme.

I am sending herewith the detailed information of our College / Institution in the prescribed format.

I am also enclosing a crossed Demand Draft of a nationalised bank of Rs. _____ towards Processing Fees drawn in favour of Finance Officer, Yashwantrao Chavan Maharashtra Open University on Central Bank of India, Goverdhan (Extension Counter), Nashik and a memorandum of understanding duly signed by concerned authorities.

I request the University authorities to consider our application sympathetically and grant us a Study Centre for Programme.

Thanking you and hope for early favourable reply.

Yours' sincerely

(Principal/Head)

Forwarded through - Regional Centre _____

Enclosed : 1. Information sheet

2. D.D. No. _____ Rs. _____



**Information of the College/Institution for
the Establishment of Study Centre**

[This form should be submitted along with a D.D. for Rs. _____ drawn in favour of **Finance Officer, Yashwantrao Chavan Maharashtra Open University**, drawn on a nationalised bank and payable at Nashik. **The amount is non-refundable.**]

Information Sheet

0.1 College/Institution : Profile

- 1.1 Name of the College/Institution with address _____

- 1.2 Date & Registration No. of the College (Jr/Sr)/Institution _____
- 1.3 Telephone number : Office _____ Res: _____ STD : (_____)
- 1.4 E-Mail - Address - _____
- 1.5 Name of the University/Board to which the College/Institution is affiliated.

- 1.6 Name of the Principal/Head : _____
- 1.7 Educational Qualification of the Principal/Head:
- 1.8 Telephone Nos. of the Principal/Head : Office : _____ Res : _____
- 1.9 E-Mail address _____
- 1.10 Whether the College/Institution is (a) Private (b) Government
- 1.11 The College/Institution has
(a) Schools (Primary/Secondary) : _____
(b) Jr. College (Arts/Sc./Com./ Voc.) : _____
(c) Sr. College (Arts/Sc./Com.) : _____
(d) Any Other : _____
- 1.12 Timing of the College/Institution

- 1.13 List of courses taught and teachers in
College/Institution with (please provide _____
information in details) _____

0.2 In case of Private College/Institution

- 2.1 Name of the Management/Society/Trust running the College/Institution
with Postal Address : _____

- 2.2 Date and Registration No. of the Institution : _____
- 2.3 Name and Address of the Chairman with phone number : _____

 Office : _____ Res : _____ Mobile : _____
- 2.4 Name and Address of the Secretary with phone number : _____

 Office : _____ Res : _____ Mobile : _____
- 2.5 Give in brief the information about the activities of your Institution, preferably the branches run by your management (Attach a separate sheet, if required and the Constitution of the Society/ Trust/Management) letter enclosed. _____

0.3 Infrastructural Facilities Available

3.1 Number of class rooms with their approximate seating capacity (Enclose a separate sheet if required)

Room No.	1	2	3	4	5	6	7	8	9
Size (Sq. ft.)									
Seating capacity for classes									
Seating capacity for exam.									

- 3.2 Adequate number of classrooms shall be made available in the evenings, Saturday & Sunday Yes/No
- 3.3 One/two rooms shall be provided for the Co-ordinator and for the office of the Study Centre. (Area - Sq. ft.) Yes/No
- 3.4 Library facilities shall be made available to the students of YCMOU Yes/No
- 3.5 Internet facility available Yes/No
- 3.6 A suitable place will be made available for fixing signboard of the YCMOU Study Centre Yes/No
- 3.7 Electric tubes, fans are fitted in the classrooms and in the office Yes/No
- 3.8 Bank facility is available on the campus or nearby area within a distance of _____ kms. Yes/No
- 3.9 Post Office facility is available on the campus or nearby area, within a distance of _____ kms. Yes/No
- 3.10 Telephone facility will be made available to the study centre staff Yes/No
- 3.11 The College/Institution has separate toilets for male and female students and these facilities shall be made available to Study Centre staff Yes/No
- 3.12 Drinking water facilities are available on the campus Yes/No

0.4 Equipment

- 4.1 The College/Institution has a Public Address system Yes/No

- 4.2 The College/Institution has a TV/VCR Yes/No
- 4.3 The College/Institution has a LCD Projector Yes/No
- 4.4 The College/Institution has a Slide Projector Yes/No
- 4.5 The College/Institution has a Tape Recorder Yes/No
- 4.6 The College/Institution has a Computer Yes/No
- (Please use a separate sheet to describe the computer facility available)

0.5 Personnel

- 5.1 Recommend three teachers along with their personal information in the format SCM- 3, for the appointment of the Co-ordinator on Honararium Basis (Out of these names one will be selected.)
- 1.
- 2.
- 3.
- 5.2 The Principal/Head is willing to co-operate, participate and supervise the work of the centre including examination Yes/No
- 5.3 The Principal/Head will make available the teaching staff to work as counsellors and co-ordinator and necessary staff for conduct of exam. Yes/No
- 5.4 The Principal/Head will make available the non-teaching staff to accept the part-time work at Study Centre Yes/No
- 5.5 Any other information as considered useful and relevant (use a seperate Sheet)

0.6 Undertaking

The Principal/Head and the College Authorities do hereby undertake to give all necessary co-operation for the efficient functioning of the Study Centre of Yashwantrao Chavan Maharashtra Open University, if granted to our College/Institution.

Date

Signature of the Principal/Head

Seal

Place :

(College/Institution)

RESOLUTION OF THE SOCIETY

(To be submitted duly filled on letterhead of the Institution)

It is resolved unanimously in the meeting of the Governing body of _____
_____ held on _____
under the Chairmanship of Shri. _____

that the Study Centre of Yashwantrao Chavan Maharashtra Open University, Nashik be established
in _____ College (Jr/Sr)/Institute/Foundation/Trust.

If the University permits the College (Jr/Sr)/Institute/Foundation/Trust to establish the centre, we
undertake to provide all the necessary academic and infrastructural facilities and co-operate for the smooth
and efficient functioning of the Study Centre. We shall abide by the rules and regulations of the Yashwantrao
Chavan Maharashtra Open University, Nashik prescribed and revised from time to time.

If the study centre is closed down for any reason, equipments, furniture, books supplied by the University
shall be returned to the University through the Regional Centre _____

We shall have no objection if the University ceases the services of Counsellors, Co-ordinator and Office
Staff appointed at the Study Centre.

Proposed by _____

Seconded by _____

(Seal of the Institution)

Signature
Chairman/President
Institution/Foundation/Trust



Yashwantrao Chavan Maharashtra Open University, Nashik 422 222

Memorandum of Undertaking (MOU) for YCMOU Established Study Center, Nashik

(To be submitted by the Management on Rs.100/-Non-Judicial Bond Paper)

We

Mr./ Mrs. _____

Chairman of Organization of _____

and/Mr./Mrs. _____

Secretary of organisation of _____

Mr./ Mrs. _____

Principal/Director /Head of Institution of _____

have been given to understand about the various Acadmic Programs of YCMOU Nashik,

We hereby agree to offer the Services of our organization/Institute/College for the establishment of Study Centre of the YCMOU Nashik for Acadmic Programme Under the School of _____ YCMOU Nashik.

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |

- 01 We hereby agree to spare the accommodation ,equipment , tools and other infrastructure facilities for implementation of the programme as prescribed by YCMOU.
- 02 We hereby agree to insure security and record of learning material with necessary administrative document provided by YCMOU.
- 03 We here by agree to provide willing faculty members of our institute to work as designated study center Head, Co-ordinator,Teacher Counsellors, Accountants and Assistant as prescribed by the YCMOU from time to time.
- 04 We hereby agree to make available necessary training materials, consumables electricity and water facilities to the students undergoing various programmes of the university without demanding any financial compensation from the university.
- 05 We hereby agree to maintain record of financial Accounts, Receipts and Expenditure as prescribed by YCMOU. from time to time and funds received on accounts of admission / block grant shall be used for study center opretion and development only.
- 06 We also agree to maintain all records in-respect of the programmes and submit the same to the university authorities as and when asked for.

- 07 *We agree to distribute the study material to the students as provided by the University and to also inform to the students all instructions received from the University regarding the course, contact of sessions, conduct examination etc.,*
- 08 *We hereby agree to distribute the Honorarium to all academic & Administrative staff by cheque payment according the norms of YCMOU & we should also bind to submit annual audit report to the university from time to time in the require formate..*
- 09 *We shall extend full cooperation and support for the smooth conduct of these academic programmes (including end exam and central assessment programme) as per the approved rules of the university..*
- 10 *We agree that all legal disputes regarding study center and enrolled students shall be subject to Nashik jurisdiction only.*
- 11 *We hereby agree that YCMOU shall have full power to close down our Study Center in consistent with their rules, regulations, policies and powers, without assigning any reason and without any reimbursement for loss from YCMOU to our organization.*
- 12 *We hereby agree that any dispute with regards to the opening or closing of study center shall be sorted out with the mutual discussion and The Director of the Concerned School of YCMOU Nashik Shall be final authority to pass an order to that respect wich shall be final and binding an the organization runnjng the YCMOU study centre.*
- 13 *We have read all the Rules and Regulations given by university authority of YCMOU and we hereby agree to abide by the Rules and Regulations to that effect failing of which our study centre shall be closed.*
14. *We understand and agree that the bills for remunration to be paid for contect sessions will be countersigned by minium 05 students with their name and programme name with PRN No.*

- | | | |
|----|---------------------------------------------------------------|---------------------------------------------|
| 1. | Chairman of the Organization | Name & Signature |
| 2. | Secretary of the Organisation | Name & Signature |
| 3. | Principal /Director /Head of the Institution | Name & Signature |
| 4. | MOU Accepted / Rejected
Signed and Send Back
for Record | Director
S.S.D./ School of-----
YCMOU |