



KARNATAKA STATE OPEN UNIVERSITY

MANASAGANGOTRI, Mysore

Year 2010

APPLICATION FORM FOR ESTABLISHMENT OF NEW STUDY CENTRE

STREAM : IT MGMT. PROFESSIONAL TRADITIONAL

APPLICANT PROFILE:

- **TYPE OF ORGANIZATION:** (Pls. tick whichever is applicable)

Trust Society PVT.LTD.Company Other, pl. specify

- **CONTACT DETAILS:**

- Name of Trust / Society / other.: (Do you want approval in name of Trust / Society Y N

★ **Please attach Memorandum of Trust / Society** **Annexure- I**

- Date and Registration Number of Trust / Society / Company / College:

★ **Please attach Registration Certificate** **Annexure- II**

- PAN Number of the Institution: _____

★ **Please attach the PAN CARD Copy** **Annexure-III**

- Name of Proposed Study Centre:

- Address of the Study Centre:

- City _____ State _____ Pin Code _____

• **DETAILS ABOUT FUNCTIONARIES of Trust / Society/Company:**

SR. NO.	NAME	DESIGNATION	EDUCATIONAL QUALIFICATIONS	NATURE OF PROFESSIONAL EXPERIENCE in Yrs.
1				
2				
3				
4				
5				
6				

• **TYPE OF AREA** (Pls. tick which ever is applicable)

Metro State Capital Distt. HQ Town Semi-Urban
 Rural Backward Area Remote Hilly Region Tribal Area

• **PREMISES & AVAILABILITY STATUS:**

Owned Rented Leased Ready for Operations Not Yet

★ **Attach copy of Lease / Rent / Ownership deed**

Annexure-IV

INFRASTRUCTURE DETAILS:

Total Carpet Area of the Institution (In Sq. Ft.): _____

Total Site Area of the Institution (In Sq. Ft.): _____

DESCRIPTION	UNITS	TOTAL AREA	SITTING CAPACITY	DESCRIPTION	UNITS	TOTAL AREA	SITTING CAPACITY
CLASSROOM				LIBRARY			
LAB				STAFF ROOM			
COUNSELING				AUDIO VISUAL ROOM			
RECEPTION				TOILET & CIRCULATION			
ANY OTHER				ANY OTHER			

• **TECHNICAL INFRASTRUCTURE DETAILS TO BE USED FOR STUDENTS:**

- DETAILS OF COMPUTER / LAB:**

TYPE	PROCESSOR	RAM	HDD	BRAND	NUMBER	NETWORK (Y/N)	INTERNET Y / N
SERVER							
CLIENT/PC							

★ **Attach list as per the above stated format for Hardware Details**

Annexure-V

Type of Internet Facility: Leased Line Broadband Dialup other

- OFFICE AUTOMATION DETAILS:**

SR.NO	EQUIPMENTS	QTY	BRAND
1	PRINTER		
2	GENERATOR		
3	UPS		
4	LAPTOP		
5	LCD		
6	OHP		
7	FAX		
8	SCANNER		

- FACULTY AND STAFF DETAILS**

SR. NO.	NAME	DEPTT*	DESIGNATION	QUALIFICATION	EXPERIENCE IN YEARS	FULL/PART TIME	Appointed / Identified
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

*Departments: Academics, Administrative, Accounts, Database, Support

- ★ **Attach Bio-Data of Faculty & Staff with Education Qualification Certificates with one Passport Size Photograph.** **Annexure-VI**

DETAILS OF STUDY CENTRE CO-ORDINATOR

- a) **Name of Study Centre Co-ordinator:**
- b) **Designation of Study Centre Co-ordinator:**
- c) **Postal address of Study Centre Co-ordinator:**

City:

State:

Pincode:

- d) **Communication of Study Centre Co-ordinator:**

STD Code :
 Phone Number :
 Fax Number :
 Mobile Number :
 Residence Number :
 Email Address :

- e) **Date of Birth of Study Centre Co-ordinator.:**

- f) **Education Qualification of Study Centre Co-ordinator:**

- g) **Professional & Experience of Study Centre Co-ordinator:**

10. Institution 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	

STREAM APPLIED FOR	AMOUNT	DD NUMBER	DATE	BANK	MINIMUM ADMISSION	
					JAN. session	JULY. session

CONNECTIVITY

- a) Nearest Airport:
- b) Nearest Railway Station:
- c) Nearest Bust Stand / Stop:
- d) Distance from Airport:
- e) Distance from Railway Station:
- f) Distance from Nearest national / State highway:

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

If Answer is YES, Kindly give the following details:

S.No.	Name and Address of Recognizing University	Recognised As	Programmes Undertaken

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 KSOU / BER / VEDANT 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 / BER / VEDANT.
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 / BER / VEDANT, the KSOU / BER / VEDANT shall be free to withdraw the study centre recognition.
7. I / We shall verify all the original documents of the students and certify that the students registered at my / our study centre for KSOU programs are eligible in all respect as per the eligibility norms of KSOU. I / We shall produce the original documents of the students as and when required by KSOU / BER / VEDANT.
8. I / We understand that KSOU / BER / VEDANT 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.
9. I / We understand that the approval of my / our institution as Study Centre shall be done as per the norms of the KSOU / BER / VEDANT.
10. I / We understand that KSOU / BER / VEDANT reserve the right to reject the application without assigning any reason.

DATE	
PLACE	
NAME	
DESIGNATION	

STAMP & SIGNATURE

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 three 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	List of Software Available		
13	List of Books Available in Library		
14	Bio data of Study Centre Co-ordinator		
15	Bio data of Academic Faculties along with the copy of their self attested educational certificates		
16	Document pertaining to association with other Universities (if applicable)		

Note: Kindly send TWO COPIES of application form. Kindly attest each page with your signature and institution seal. KSOU / BER / VEDANT reserve the right to reject the application without assigning any reason.