



**NETAJI SUBHAS OPEN UNIVERSITY**  
**APPLICATION FOR OPENING NEW LSC**  
**ORGANISATION PROFILE**

1. Name of the Institution: \_\_\_\_\_
2. Year of Establishment: \_\_\_\_\_  
(Please attach proof)
3. Affiliated to University: \_\_\_\_\_
4. Status of NAAC accreditation: Y/N  
if yes, indicate the grade: \_\_\_\_\_ Cycle: \_\_\_\_\_

5. Copy of the Resolution of the Governing Body for opening a Study Centre

6. Recognized by 12B of UGC Act 1956: Y/ N

7. Website of the Institution (URL): \_\_\_\_\_

8. Full Postal Address: \_\_\_\_\_  
\_\_\_\_\_

District: \_\_\_\_\_ Pin Code: \_\_\_\_\_

9. Official Communication:

Phone No:

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Mobile No.:+91

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e-Mail: \_\_\_\_\_

10. Location (Urban/ rural/ municipality): \_\_\_\_\_

11. Name of the nearest LSC of NSOU: \_\_\_\_\_  
(indicate the distance in KM)

12. Total Area of the proposed Study Centre ( 2 rooms mandatory for office purpose): \_\_\_\_\_ Sq.Ft.

13. Internet Connectivity: Leased Line  Broadband  Speed \_\_\_\_\_

14. Computer Lab

No. of Computer	Processor	RAM	HDD	Network(Y/N)	Internet(Y/N)

15. Infrastructure Details:

Sr. No.	Other Infrastructure for training Program	Units/ No.	Avg. Seating Capacity/ room
1	Class Room		
2	Conference Room/Audio Visual Room with ICT facility		
3	Faculty Room		
4	Library(Total Books:_____)		xx
5	Service Area – Toilets etc.		xx
6	Generator		xx

16. Details of courses offered by your College (For Science subject please indicate the intake capacity)

Honours	General

17. Details of Courses that you are interested to offer through NSOU with No. of available faculties

Sl. No.	Proposed program	No. of Faculties available		
		Associate Professor	Assistant Professor	SACT-I
1				
2				
3				
4				
5				
6				
7				

Enclose detailed information of the above facilities in prescribed format.

18. Does the College host any Study Centre under ODL system: Y/N

If yes, please mention: Name of DDE/ Open University (LSC) with date of opening:

{As per UGC (ODL & OL) Regulations 2020, one HEI can run maximum two LSCs under DDE/OU}

DECLARATION

We certify that the particulars furnished above or in the preceding pages are true to the best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualification staff etc. We declare that the Organisation will abide by all the rules and directions of the University given from time to time. In case of any information furnished by us is found wrong or incomplete in any regard, we shall be the responsible for any decision taken by University.

Date:

\_\_\_\_\_  
Seal & Signature of the Head of the Institution

**Encl:** Forwarding letter

Resolution of the competent authority (GB) of the HEI

Detailed faculty list in prescribed format

### FORMAT for faculty details

Details of Faculties available for the proposed programme under NSOU

Sl. No.	Name of faculties with designation	Subject	Qualification including Ph.D./ NET/ SET	Teaching experience in years	Contact No.	E-mail Address
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						