No. EDN-H(Ele-IV)B(6)5-1/2013 (Trg)-Vol-III
Directorate of Elementary Education
Himachal Pradesh

Dated: Shimla-171001 the,

To

I) All the Dy. Directors (EE)
   Himachal Pradesh

II) All the Dy. Directors (HE)
    Himachal Pradesh

Subject: Identification of Study Centres for D.El.Ed. course for the purpose of PCP, Workshop, Classroom Based Activity & School Based Activities,

Sir/ Madam,

This is to inform you that the Department of Elementary Education has decided to create the following study centre for the purpose of D.El.Ed. Course PCP, Workshop, Classroom Based Activities & School Based Activities through NICS for the training of un-trained in-service teachers of the state as under:-

1. All Private B.Ed. Colleges in Himachal Pradesh i.e. 72 Colleges (2). DIET Bilaspur (3).

In view of the above, you are therefore, requested to inform all the Principals of above said colleges and DIETs of the state that the consent for the accreditation of study centre on the enclosed proforma may kindly be sent to this Directorate through email id swayamdea2017@gmail.com on or before 26th November, 2017 positively.

This may be given as top priority.

(MANMOHAN SHARMA, HPAS)
Director Elementary Education
Himachal Pradesh, Shimla-1
Ph. No. 0177-2812464

Endst. No. Even Dated: Shimla-171001 the,

Copy to:
1. The Director of Higher Education, Himachal Pradesh, Shimla-1 for information and with the request that copy of this letter may also be uploaded on your Departmental Website please.
2. The Regional Director, NIOS, Dharamshala Distt. Kangra for information please.

(MANMOHAN SHARMA, HPAS)
Director Elementary Education
Himachal Pradesh, Shimla-1
Ph. No. 0177-2812464
National Institute of Open Schooling
(An Autonomous Institution under MHRD, Govt. of India)
A-24/25, Institutional Area, Sector-62, Gautam Budh Nagar, NOIDA-201309
Application Form for Accreditation of Study Centres for D.El.Ed. Programme

1. Name of the Institution/School:

2. Complete Address:
   District: ___________________ State: ___________________ PIN: ___________________

3. Telephone Number: ___________________ 4. Email ID: ___________________

4. Name of the Principal/Head of Institution (as coordinator):
   Contact numbers: (Phone) ___________________ (Mobile) ___________________ (Email) ___________________

5. Name of the Person nominated to be the Asstt. Co-ordinator:
   (Must be Senior Functionary of the Institution)
   Contact numbers: (Phone) ___________________ (Mobile) ___________________ (Email) ___________________

6. Type of Institution: [ ] DIET [ ] SCERT [ ] DIED [ ] Sr. Sec [ ] TEI (Tick)

7. Number of Classrooms: ___________________ 10. Number of Halls: ___________________

11. Number of faculty who are Post Graduate with B.Ed./D.Ed./D. El. Ed. or equivalent
    (Please enclose list with details)

12. Number of Mentors: ___________________, Supervisors: ___________________ (Please enclose list with details)

13. Number of Computers: ___________________

14. Whether internet facility is available
    [ ] Yes [ ] No

15. Whether Stand by Power Supply is available
    [ ] Yes [ ] No

16. for NIOS office
    [ ] Yes [ ] No

17. Is there any locker/secured room for secrecy work & materials
    Like storing of Question Papers, etc.
    [ ] Yes [ ] No

18. Is there a separate toilet for Females
    [ ] Yes [ ] No

I hereby give my consent to become NIOS Study Centre for D.El.Ed. Programme

Signature of the Principal/Head/Coordinator

Date: ___________________ Seal: ___________________

Recommended and Forwarded by
State Nodal Officer (SPD/SSA/SCERT) for Training of In-service Untrained Elementary School Teachers

Date: ___________________ Signature with Official Seal
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<th>S.No.</th>
<th>Name of the Faculty (Resource Person)</th>
<th>Qualification</th>
<th>Teaching Experience (in years)</th>
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List of the Mentors and supervisors attached to the Study Centre

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