

URGENT  
PERSONAL ATTENTION

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 NIOS 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). DIET, Chamba (4). DIET, Hamrpur (5). DIET, Kangra at Dharamshala (6). DIET, Kullu (7). DIET, Mandi (8). DIET, Shimla (9). DIET, Sormour (10). DIET, Solan (11). DIET, Una.

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 [swayamdee2017@gmail.com](mailto:swayamdee2017@gmail.com) on or before 26<sup>th</sup> November, 2017 positively.

This may be given as top priority.

(MANMOHAN SHARMA, HPAS)  
Director Elementary Education  
Himachal Pradesh, Shimla-1  
Ph. No. 0177-2812464  
November, 2017

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.
3. Guard file.

(MANMOHANSHARMA, 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  BIET  Sr. Sec  TEI (Pl. 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. \_\_\_\_\_  here sepa  room  
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



List of the Faculty (Resource Persons) attached to the Study Centre \_\_\_\_\_

S.No.	Name of the Faculty (Resource Person)	Qualification		Teaching Experience (in years)
		Educational	Professional	
1.	2.	3.	4.	5.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

List of the Mentors and supervisors attached to the Study Centre \_\_\_\_\_

S.No.	Name of the Faculty (Resource Person)	Qualification		Teaching Experience (in years)
		Educational	Professional	
1.	2.	3.	4.	5.
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