

NATIONAL INSTITUTE OF OPEN SCHOOLING
B-35, KAILASH COLONY, NEW DELHI – 110 048
TEL: 011-26471512, 011-26471505

Code No.....

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(To be allotted by NIOS)

<p>APPLICATION FORM FOR ACCREDITATION OPEN BASIC EDUCATION (OBE) PROGRAMME (To be filled by the Applicant Organization/Institution)</p>

1. Name and full address of the organization

Name of the Organization/Institution (In Capital):

Postal Address:

..... Pin Code

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Telephone (O) STD Code

Fax E-mail

2. Name and designation of the Executive Head
(Authorised Signatory)

Name:.....

Designation:.....

Address:.....

..... Pin-code

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Telephone (O) STD Code..... Telephone (R).....

Fax..... E-mail.....

3. Details of Processing Fee Paid

(a) Bank Draft No. (b) Date

(c) Name and Branch of the Bank (d) Amount

(Bank Draft should be in favour of The Secretary, National Institute of Open Schooling, payable at New Delhi)

4 Accreditation applied for which Level (Please tick)

A – equivalent to class III

B – equivalent to class V

C – equivalent to class VII-VIII

5 Brief history of the Organisation

(In addition to objectives, special characteristics of the Institution/Organisation remarkable achievement may also be stated in brief)

Information may be attached.

6 Type of Organization and Source of Funding:

Type of Organisation	(Please tick <input checked="" type="checkbox"/>)	Source of Funding	(Please tick <input checked="" type="checkbox"/>)
(a) Government Agency		(a) Government of India	
(b) Govt. Registered Society		(b) State Government	
(c) Registered Voluntary Agency		(c) Panchayat Level	
(d) NGO		(d) International Agency	
(e) Trust		(e) Corporate/Private Sector	
(f) Any other (Please specify)		(f) Any other (Please specify)	

7. (a) Registration of the society (Please attach a copy of Registration Certificate indicating number, date of registration with the period for which the registration is valid.)

Registration No.: _____ Date of Registration: _____

Place. _____ Period of validation of present registration: _____

(b) Resolution of willingness of the Managing Board (Please attach Copy of the Memorandum of Association, rules and regulations along with list of the members.)

8 Annual Budget and Income Expenditure statement for the last three years (in brief) certified by the Auditor. (Please attach the photocopies duly attested)

9 District in which organization will work _____

10 (a) Whether organization plans to open any sub centres. (Sub centres can be opened only with in the district) Yes/No

(b) Details of sub centres planned to be opened (Please give location. No additions in sub centres will be allowed once accreditation is given _____

11. (a) Details of Organization/Institution's Campus Building (Please tick)

Own

Rented

Covered Area

(b) Details of Available infrastructure in Organization/Institution and its Sub centres

Infrastructure	In Main location	In Sub Centres	Not available
(i) No. of Class Room			
(ii) Hall			
(ii) Furniture			
(iii) Library (Please tick <input checked="" type="checkbox"/>)			
(iv) Play Ground (area)			
(v) Workshop/Lab			
(vi) Tools and equipment			

(c) Details of Audio/Video facilities (Please tick)

Television Set

VCR/VCP

Audio System

Computers in quantity _____

Any other equipment

12. What target group the Institution plans to cater (Please tick)

6-14 age group

15+ age group

13 Medium of instruction: _____

14 (a) Number of the centres operating under Organization/Institution

Level	Recognised	Unrecognised	Complete address of Centres
Primary (V Class)			
Upper Primary Middle (VIII Class)			
Vocational			
Any other			

Please attach copy of Certificate/Accreditation if any granted by the Government and other reputed institutions to run the Educational Institution, Educational activities.

15 Details of Student enrolment

No. of students currently enrolled in the following classes (if any)

Class	No. of students enrolled		
	Male	Female	Total
I-III			
IV-V			
VI-VIII			

No. of learners expected to be enrolled in OBE programme.

Level	No. of expected students to be enrolled		
	Male	Female	Total
A			
B			
C			

16 Details of Academic and Administrative Support Staff

Faculty/Teacher	In Institutions	In Sub Centres	Remarks
(i) Academic Teachers			
(ii) Vocational Teachers			
(v) Clerk			
(vi) Accountant			
(vii) Any Other			

* Please attach separate list

17. Conduct of Examination:

(a) Whether organization has infrastructure for conduct of examination? Yes/No

- (b) Whether Exam will be conducted at Main Office & Sub Centres?
- (c) Whether Agency is willing to work in collaboration with State level Agency & State Government for programme implementation and conduct of exam. Yes/No

18 Special Characteristics of the Institution _____

19 Special achievements of the Institution (Attach Separately)

20 Please state:

- Why the institution is seeking NIOS accreditation for OBE Programme.

- If accreditation is granted, what would be the impact/benefit in the operational area?

Date _____

(Signature) _____

Name of the signatory _____

Place _____

Designation _____
Office Seal & Stamp

Certificate of Endorsement by President/Chairman/Manager of the Institution/Society/Organization

This is to certify that all the above information furnished regarding the Institution/School is correct and authentic to the best of my knowledge

.....
(Signature of the Principal/Headmaster/Authorised signatory)

Date:

Place:

.....
(Name of the Principal/Headmaster/Authorised signatory with Rubber Stamp)

In support of the application, I certify that, having read the Norms and Procedure for accreditation of Institutions, I undertake to ensure that the Institution will abide by the Rules and Regulations and terms and conditions, as are made applicable to the Accredited Agencies, from time to time. I further affirm that accreditation, if granted to the Organization/Institution, will not be used for commercial purpose, rather will be used to serve the needs of the National Institute of Open Schooling students. I shall do what is in my power to ensure the smooth and proper functioning of the Organization/Institution.

.....
(Signature of the President/Chairman/Manager of the applying institution/Society)

.....
(Name of the President/Chairman/Manager with Rubber Stamp)

Dated: