



# TAMILNADU COUNCIL

## OPEN AND DISTANCE LEARNING

Council Registered by Govt of Tamilnadu

An ISO 9001:2008 Certified Council

An Autonomous Council Registered with Planning Commission, Govt of India

### AFFILIATION FORM

#### Coordinator Details:

1. Name

2. Designation

3. Sex  Male  Female 4. Qualification

5. Communication Details:

a. Phone No

b. Mobile No

c. E-Mail

Affix Recent  
Passport Size  
Photo of the  
Coordinator

6. Photo ID Proof : Driving License  Voter ID  Pan Card

(Kindly Enclose a copy)

#### Institution's Details:

1. Name of Trust/Society

2. Name of Institution

3. Year of Establishment

4. Type of Institution: Trust  Society

5. Postal Address

District  State

Pin Code

6. Communication Details.

a. Phone No

b. Mobile No

c. E-Mail

7. Premises Owned  Rented

8. Total area (in sqft)

9. Internet Type Leased Line  Broadband  Dial-up

10. Available Resources Generator  LCD Player  Photo copier

### 11. Staff Detail

Enclose separate list of all staff member in following format

S.No	Name	Qualification	Gender	Experience	Specialisation	Full / Part Time
------	------	---------------	--------	------------	----------------	------------------

### 12. Infrastructure Details

S.No	Particular	Units	Area (in Sq.ft)
1	Class Rooms		
2	Library (Total Books _____)		
3	Conference Hall		
4	Administrative Area		
5	Staff Room		
6	Reception		
7	Toilet		
8	Other		

(Use separate Sheet if required)

### 13. Number of Admissions Expected

S.No	Course	No. of Admission	S.No	Course	No. of Admission

### 14. Photos to be Pasted:

SPACE FOR AFFIXING

'WIDE RANGE PHOTOGRAPH SHOWING THE LOCALITY OF THE ORGANISATION'

AFFIX INSTITUTION PHOTO

AFFIX INSTITUTION PHOTO

**Declaration**

We certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. I will abide by all the rules and regulations of TAMILNADU COUNCIL given time to time. I am ready to work under the control of the Managing Director, TAMILNADU COUNCIL. I shall be the responsible, in case of any information furnished by me is found wrong or incomplete.

**Coordinator Signature with Seal**

**For Official Use:**

Allotted Centre Code : \_\_\_\_\_ Date of Issue: \_\_\_/ \_\_\_/ \_\_\_

Approved courses of the centre: \_\_\_\_\_

**Authorized Person of TAMILNADU COUNCIL**