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|  | Tamil Nadu Open University (TNOU)  **School of Continuing Education [SOCE]** 577, Anna Salai, Saidapet, Chennai-600 015. **Phone: 044-24306630** Email: soce.tnou@gmail.com: Website: [www.tnou.ac.in](http://www.tnou.ac.in/) |

# Application Form to offer Certificate Programme and Short Term Programme of TNOU

**Note:-** Community Colleges approved by TNOU, Constituent Community Colleges of TNOU, Approved Learning Resource Centres and Approved Learner Support Centres are eligible to apply.

Proposed Institution may apply for a maximum of five Certificate Programme/ Short Term Programme.

Filled in Application form along with the prescribed Inspection Fee of Rs.2,000/- for each Certificate / Short Term Programme and other relevant documents to be submitted to **the Director, School of Continuing Education, No.577, Anna Salai, Saidapet, Chennai-600015** either in person or by Speed Post/Registered Post .

Demand Draft (DD) may be drawn in favour of **“Earmarked Fund Account of TNOU” payable at “Chennai”.**

**I. Basic Information**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the existing Community College/LRC/LSC |  |
| 2. | Present Postal Address of Community College/ LRC/LSC with Pin Code |  |
| 3. | Details and Date of Renewal for Community College LRC/LSC given by TNOU |  |
| 4. | Name, Designation and Contact details (Tel/Fax/ Mobile/E-mail) of Head of the Institution. |  |
| 5. | Name of Community College Coordinator with  Mobile No and E.mail ID |  |

**II. Details of Certificate and Short Term** **Programme(s) to be activated . Please refer the list**

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

**III. Details of Industrial partnership with Local industry for the Certificate and Short Term** **Programme(s) if any.**

* Is there any Local Industry for proposed new Programme for Internship? Yes/No
* Is the Community College passed an MoU for the new Programme? Yes/No ( if yes, enclose the MoU)
* If Yes, Please provide details of Industry Representatives (Name / Designation/ Address) involved.

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Name of Local Industry and Address** | **Name of Internship Provided** | **Contact Details (Mobile, email)** |
| 1 |  |  |  |
| 2 |  |  |  |

**IV. Availability of Faculty for the Certificate and Short Term** **Programme(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the**  **Programme** | **Number of Faculty** | | | **Name**  **Of the Industry Partner providing guest faculty** |
| **Available with Institution** | **Guest Faculty**  **to be hired** | **Guest faculty to be provided**  **By Industry**  **Partner** |
|  |  |  |  |  |
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**V. Availability of Infrastructure for the Certificate and Short Term** **Programme(s)** [Please provide details of physical infrastructure available]

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Programme** | **Availability of physical infrastructure** | | |
| **Infrastructure** | **Available in the Community College** | **To be provided by Industry Partner** |
|  | Classroom |  |  |
| Laboratory |  |  |
| Workshop |  |  |
| Library |  |  |
| ICT Facility |  |  |
| Others |  |  |

**VI. Learner placement plan for the Certificate and Short Term** **Programme(s)**

Please provide details of plans, for enabling placement of students of Community College in partner industry:

|  |  |  |
| --- | --- | --- |
| **Name of the**  **Programme** | **Details of proposed placement of learners** | |
| **Industry Partner name(s)** | **Expected placement Numbers**  **by the partner industry at the**  **end of the programme** |
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**VII. Details of Processeing Fee of Rs.2,000/- for each Programme Paid by the Community College/LRC/LSC** (Demand Draft (DD) may be drawn in favour of “**Earmarked Fund Account of TNOU”** payable at Chennai)

|  |  |
| --- | --- |
| Name of issuing Bank & Place |  |
| Demand Draft Number and Date |  |

# Declaration

* 1. I/We certify that all the Information given above and in the proceeding pages signed by me/us is/are complete and correct.
  2. I/We declare that the Institute will abide by all the rules and directions of TNOU given from time to time.

|  |  |
| --- | --- |
| **Date:**  **Place:**  **Office round seal** | **Signature**  **Name and Designation**  **Seal of the Head of Institution** |

**Enclose the following Supporting Documents / Please Tick ()**

|  |  |  |
| --- | --- | --- |
| 1 | Address Proof of Institution (Lease Deed/Rent Agreement/Sale Deed/ Ownership Documents) |  |
| 2 | Photograph of Institution and Infrastructure facilities: Class Rooms, Lab, Library, Front Office, etc. |  |
| 3 | List of Computers with configuration details |  |
| 4 | List of Softwares available |  |
| 5 | Bio data of the Academic Counsellors (Teachers)  along with copy of the self attested educational certificates |  |
| 6 | Industrial Partners Photo |  |
| 7 | Trainers Bio-Data at Industry Partners |  |
| 8 | Requested Programme Information as per University Form for each Programme applied. |  |
| 9 | DD for Processing Fee Rs.2000/- for each Programme |  |

**List of Programmes on Offer from AY-2021 at TNOU**

**I. Certificate Level**

1. Certificate in BS VI: Emission Standards
2. Certificate in Manufacturing Technology

**II. Short Term Level**

1. Short Term Programme in Road Safety and First Aid
2. Short Term Programme in Basic Computer Operations
3. Short Term Programme in Office Automation
4. Short Term Programme in Industrial Safety and Security
5. Short Term Programme in Cold Storage Management
6. Short Term Programme in Tailoring and Dress Making
7. Short Term Programme in Surface Embellishment
8. Short Term Programme in Disaster Management
9. Short Term Programme in Ornamental Fish Culture
10. Short Term Programme in Laboratory Safety Management
11. Short Term Programme in Information Security Management
12. Short Term Programme in Logistic and Supply Chain Management
13. Short Term Programme in Beautician