



# VARDHAMAN MAHAVEER OPEN UNIVERSITY, KOTA

## Regional Services

Rawatbhata Road, Kota - 324 021

### DETAILED INFORMATION ABOUT INSTITUTION SEEKING TO BECOME BASIC INFORMATION CENTRE OF VARDHAMAN MAHAVEER OPEN UNIVERSITY, KOTA

1. (A) Name of Village / Town / City where the Basic Information Centre is proposed to be established \_\_\_\_\_
- (B) District \_\_\_\_\_
- (C) Tehsil \_\_\_\_\_
- 1.1 Geographical Location  
(Specify rail, road and postal link) \_\_\_\_\_
- 1.2 Area likely to be covered by the Centre \_\_\_\_\_
- 1.3 Approximate population likely to be benefitted by the Centre \_\_\_\_\_
- 1.4 Literacy percentage of the area \_\_\_\_\_
- 1.5 Number of Institutions of Higher Education in the area \_\_\_\_\_
- 1.6 Nearest VMOU Study Centre at present  
(please mention distance) \_\_\_\_\_
2. Name & Address of the host Institution \_\_\_\_\_
- Telephone:  
Land Line (with area code) \_\_\_\_\_
- Mobile No. of the Head of the Institution \_\_\_\_\_
- 2.1 Name & Address of the Chairman of Management / Governing Body \_\_\_\_\_  
Telephone \_\_\_\_\_
- 2.2 Location : Centrally located in the town \_\_\_\_\_  
On the outskirts \_\_\_\_\_  
Other specification \_\_\_\_\_
- 2.3 Year of establishment of the Institution \_\_\_\_\_

- 2.4 Type of Institution :
- Government \_\_\_\_\_
  - Private \_\_\_\_\_
  - Aided \_\_\_\_\_
  - University \_\_\_\_\_
  - Any other type \_\_\_\_\_
  - (b) Co-education \_\_\_\_\_
  - For Girls only \_\_\_\_\_
  - For Boys only \_\_\_\_\_

2.5

| Teaching facilities | No. of Teachers | No. of Students |
|---------------------|-----------------|-----------------|
| Arts                |                 |                 |
| Science             |                 |                 |
| Commerce            |                 |                 |
| P.G. Classes        |                 |                 |

- 2.6 Physical facilities :
- Total No. of Lecture Rooms \_\_\_\_\_
  - Examination Halls \_\_\_\_\_

- 2.7 Laboratories \_\_\_\_\_
- Computer Facilities \_\_\_\_\_
  - Library \_\_\_\_\_

- 2.8 Does the Governing Body / Management Committee agree to provide 3 rooms for exclusive use of VMOU Study Centre \_\_\_\_\_

- 2.9 Details of Payment
- DD/ Chq. No. \_\_\_\_\_
- Bank \_\_\_\_\_
- Date \_\_\_\_\_

3. Name and address of the contact person (with position held) \_\_\_\_\_

Telephone: \_\_\_\_\_

Office \_\_\_\_\_

Residence \_\_\_\_\_

Mobile No. \_\_\_\_\_

- 3.1 Panel of the proposed Coordinator  
(Please enclose their bio-data)

**Signature of the Head of the Institution  
(with seal)**