



NATIONAL INSTITUTE OF OPEN SCHOOLING
Application for Accreditation of

ITIs affiliated to NCVT as SAIASD

(To be completed and forwarded to the concerned Regional Centre of NIOS)

Medium : Hindi English Both (Hindi/English)

1. Name of the ITI : _____

2. Complete Address : _____

Block _____ District _____

State _____ Pin _____

3. Telephone Numbers (ITI) : _____ Email : _____
Website _____

4. Name of the Principal/Director/Head (as Co-ordinator) : _____

Contact telephone numbers : (Res.) _____ (Mobile) _____

5. Name of the Second signatory
(Vice Principal/Senior Faculty) : _____

6. (a) Number of Class rooms : _____ (b) Number of Halls : _____

7. Library : Yes No (a) No. of Books in Library : _____

8. Number of Teachers/Trainers : _____

9. Number of Computers : _____

10. Number of labs available for NIOS courses : _____

Composite lab Physics lab Chemistry lab Biology lab

Math lab Home Science lab Computer lab

11. Name and address of Trust/Society (if applicable) _____

12. Year of Registration _____ Registration No. _____ Period of Registration _____

13. a) NCVT Affiliation No. _____ b) Year of Affiliation _____

c) File No. of DGT _____ d) Code allotted by DGT _____

14. Bank Details of ITI : A/C No. _____ Bank Name _____ IFSC Code _____

15. Bank Draft Details :

Amount _____ Bank Name _____ Draft No. _____ Date _____

DECLARATION

This to certify that all the above information furnished regarding the ITI is correct and authentic to the best of my knowledge.

.....
(Signatures of the Principal /Head of ITI)
(Name with Seal).....

(Signatures of Second signatory)
Name and Designation
Phone No.

Date
Place.....

CERTIFICATE OF ENDORSEMENT

(by the President/Chairperson/Manager of the Institution/Society/Organization)

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 Regulation and terms and conditions, as are made applicable to the Accredited Institutions, from time to time. I further affirm that accreditation, if granted to the institution, will not be used for commercial purpose, rather will be used to serve the needs of the National Institute of Open Schooling learners. I shall do what is in my power to ensure smooth and proper functioning of the institution.

.....
(Signatures of the President/Chairman/Manage of the applying institution/society)
(Name of the President/Chairman/Manager with Rubber
Stamp).....

Dated :

Note: The Govt. ITI while applying to NIOS for accreditation must forward their application through the Controlling Department of Concerned State Govt.



NATIONAL INSTITUTE OF OPEN SCHOOLING

A-24/25, Institutional Area, Sector-62, NOIDA, U.P.

PROFORMA FOR APPOINTING THE COORDINATOR

To operate the account from the Institution

SAIASD No. _____

Director (SSS)
National Institute of Open Schooling
(Govt. of India)
A24/25, Institutional Area
Sector-62, Noida, U.P.

Dear Sir/Madam

- A) It is brought to your notice that Mr./Ms. _____ working as _____ may be considered for appointed as the Coordinator of the ITI from the academic session _____.
(Principal/Director/Head can be appointed as Coordinator for ITI)
- B) Mr./Ms. _____ working as _____ has been nominated the second office to jointly open and operate the Bank account with the Coordinator for the ITI.
(Vice-Principal or any other faculty of the school nominated by the Principal/Management for appointed as second signatory)

The specimen signatures of the Coordinator as well as second officer authorized to open and operate the joint bank account with their complete residential address and phone numbers duly attested are given below.

The specimen signatures of the Coordinator with complete residential address and phone numbers duly attested are given below.

A) Specimen Signatures of the
the Coordinator

Specimen Signatures of the
second signatory

1. _____
2. _____

1. _____
2. _____

Name and Designation

Name and Designation

ATTESTED

Signatures _____
Full Name _____
Designation _____
Residential Address of
the attesting officer _____

B) The bank account will be opened in the name of :
"The Co-ordinator NIOS _____
(Name of the SAIASD)
"The bank account is in _____
(Name of the Bank)

It will be operated jointly by the Coordinator and the second signatory only as mentioned in page 1.

Hereby our consent to collaborate with NIOS is also conveyed assuring that all academic and administrative services to students as listed in the document: "Norms and Procedure" will be provided. Our undertaking to use the financial grant for purpose specified by the NIOS is also accorded.

Thanking you,

Yours faithfully,

Signatures of the Principal/Director/Head
Name _____
With seal of the ITI

Dated: _____

Note :

1. All the Govt. ITIs, Principal/Director/Head can self attest the proforma.
2. The attestation of Coordinator proforma may be done by the Manager/Chairman/President etc. of the ITI or any other higher authority of ITI.
3. Principal/Vice Principal/Director/Head can be appointed as Coordinator.
4. Vice-Principal or any other faculty of the school nominated by the Principal/Management for appointed as second signatory.
5. Change in Coordinator should immediately be brought to the notice of NIOS for necessary updation in the list of study centre.