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

1. Name and full address of the organization
Name of the Organization/Institution (In Capital): ...........................................
Postal Address: ........................................................................................................
.............................................................................................................................. Pin Code
Telephone (O) STD Code .........................................................................................
Fax .............................................. E-mail .................................................................

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

........................................................................................................................ Pin Code
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 NOIDA)
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:

<table>
<thead>
<tr>
<th>Type of Organisation</th>
<th>Source of Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Government Agency</td>
<td>(a) Government of India</td>
</tr>
<tr>
<td>(b) Govt. Registered Society</td>
<td>(b) State Government</td>
</tr>
<tr>
<td>(c) Registered Voluntary Agency</td>
<td>(c) Panchayat Level</td>
</tr>
<tr>
<td>(d) NGO</td>
<td>(d) International Agency</td>
</tr>
<tr>
<td>(e) Trust</td>
<td>(e) Corporate/Private Sector</td>
</tr>
<tr>
<td>(f) Any other (Please specify)</td>
<td>(f) Any other (Please specify)</td>
</tr>
</tbody>
</table>

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 ____________________________

Acc. Form 2
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

<table>
<thead>
<tr>
<th>Infrastructure</th>
<th>In Main location</th>
<th>In Sub Centres</th>
<th>Not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) No. of Class Room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Hall</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Furniture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) Library</td>
<td>(Please tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) Play Ground (area)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(v) Workshop/Lab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(vi) Tools and equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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

<table>
<thead>
<tr>
<th>Level</th>
<th>Recognised</th>
<th>Unrecognised</th>
<th>Complete address of Centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary (V Class)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Primary/Middle (VIII Class)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Class</th>
<th>No. of students enrolled Male</th>
<th>Female</th>
<th>Total</th>
<th>Level</th>
<th>No. of expected students to be enrolled Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-III</td>
<td></td>
<td></td>
<td></td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV-V</td>
<td></td>
<td></td>
<td></td>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI-VIII</td>
<td></td>
<td></td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Details of Academic and Administrative Support Staff

<table>
<thead>
<tr>
<th>Faculty/Teacher</th>
<th>In Institutions</th>
<th>In Sub Centres</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Academic Teachers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Vocational Teachers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(v) Clerk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(vi) Accountant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(vii) Any Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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: ........................................