

## Mahatma Gandhi Antarrashtriya Hindi Vishwavidyalaya

| Directorate of Distance Education   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Post - Hindi Vishwavidyalaya, Gandhi Hills, Wardha (Maharashtra) 442 0015 (India)<br>Tel. : +91-7152-247146, 251613   |  |  |  |  |  |  |  |
| E-mail: distance.mgahv@gmail.com, Website: www.hindivishwa.org  |  |  |  |  |  |  |  |
| Application Number:   |  |  |  |  |  |  |  |
| (To be filled by MGAHV)  Application Form   |  |  |  |  |  |  |  |
| Note: 1. Kindly ensure that your institution fulfills all the requirements as stated in the Guidelines for establishment of study centre.  2. This form has to be filled by Head of the Institution who will be the Head of the Study Centre. |  |  |  |  |  |  |  |
| A) Host Institutional Information:  |  |  |  |  |  |  |  |
| 1. Name and Address of the applicant (Please Photo ID proof)  |  |  |  |  |  |  |  |
| (Flease Filoto ID proof)  | Designation in Host Institution:Address:   |  |  |  |  |  |  |
|   | District : State : Pin Code : Mobile No E-mail :   |  |  |  |  |  |  |
| <ol> <li>Host Institution Details         (Please enclose a valid address proof of the Institution)     </li> </ol>   | Address:   |  |  |  |  |  |  |
|   | District: State: Pin Code: Year of Establishment: Phone No PAN No. of Institution: E-mail: |  |  |  |  |  |  |
| 3. Institution is located in  | Metro State Capital District HQ City  Semi Urban Rural Remote Tribal Area                  |  |  |  |  |  |  |
| 4. Host Institution is affiliated to / recognized by (Enclose the copy of affiliation / recognition letter)   | Recognition Number :   |  |  |  |  |  |  |
| 5. Rating / Certification of Host   | NAAC Date D D M M Y Y Y Y  |  |  |  |  |  |  |
| Institution<br>(Enclose Certificate)  | NBA Date D D M M Y Y Y Y   |  |  |  |  |  |  |
| (Enclose out initiate)  | ISO Date D D M M Y Y Y Y   |  |  |  |  |  |  |
|   | Any Other (Specify) Date D D M M Y Y Y Y   |  |  |  |  |  |  |
| B) Staff Details  |  |  |  |  |  |  |  |
| Details of proposed Head of Study   |  |  |  |  |  |  |  |
| Centre (Please attach updated Resume in the prescribed format along with Photo ID proof)  | Designation:Address:   |  |  |  |  |  |  |
|   | District : State : Pin Code :  |  |  |  |  |  |  |

| 2. Please furnish the information regarding :  |   |  |               |                     |                            |  |  |  |
|--|---|--|---------------|---------------------|----------------------------|--|--|--|
| A)   | A) Details of the Academic Courses:             |  |               |                     |                            |  |  |  |
| В)   | Details of the Academic Staff:                  |  |               |                     |                            |  |  |  |
| S.No.  | Name  | Designation                                  | Qualification | Teaching Experience | Subjects Taught by him/her |  |  |  |
|  |   |  |               | (in Years)          | nim/ner                    |  |  |  |
|  |   |  |               |                     |                            |  |  |  |
|  |   |  |               |                     |                            |  |  |  |
|  |   |  |               |                     |                            |  |  |  |
|  |   |  |               |                     |                            |  |  |  |
|  |   |  |               |                     |                            |  |  |  |
| C)   | Details of Administrative Staff                 | <u>                                     </u> |               |                     |                            |  |  |  |
| D)   |   |  |               |                     |                            |  |  |  |
| E) Library Details:  |   |  |               |                     |                            |  |  |  |
| i) Total number of Text Books :  |   |  |               |                     |                            |  |  |  |
|  | ii) Total number of Reference Books :           |  |               |                     |                            |  |  |  |
|  | iii) Total number of Journals and Periodicals : |  |               |                     |                            |  |  |  |
|  | iv) Number of Newspapers Subscribed :           |  |               |                     |                            |  |  |  |
|  | v) Total number of E-books/Course CD :          |  |               |                     |                            |  |  |  |
|  | vi) Internet Facility :                         | Yes  | / No.         |                     |                            |  |  |  |
|  | onnectivity :                                   |  |               | Distance (in I      | (A A)                      |  |  |  |
| i.   | Nearest Airport : Distance (in KM)              |  |               |                     |                            |  |  |  |
| ii.  | Nearest Railway Station : Distance (in KM)      |  |               |                     |                            |  |  |  |
| iii.   | Nearest Bus Stand : Distance (in KM)            |  |               |                     |                            |  |  |  |
|  | ogrammes Offered throu                          |  |               |                     |                            |  |  |  |
| Sr.No.   | No. Name of Programmes                          |  |               |                     |                            |  |  |  |
| 1)   |   |  |               |                     |                            |  |  |  |
| 2)   |   |  |               |                     |                            |  |  |  |
| D) Programmes of MGAHV to be conducted at Study Centre (Mention Programmes which the Host Institution is willing to conduct) |   |  |               |                     |                            |  |  |  |
| Name of Programme  |   |  |               |                     |                            |  |  |  |
|  |   |  |               |                     |                            |  |  |  |
|  |   |  |               |                     |                            |  |  |  |
| Declaration  |   |  |               |                     |                            |  |  |  |
| I hereby declare that all the information given above is correct to the best of my knowledge and belief.                     |   |  |               |                     |                            |  |  |  |
| Place:   |   |  |               |                     |                            |  |  |  |
| Date:  |   |  |               |                     |                            |  |  |  |
|  | Signature:                                      |  |               |                     |                            |  |  |  |
|  | Name:   |  |               |                     |                            |  |  |  |
|  | (Head of the Institution)                       |  |               |                     |                            |  |  |  |
|  | Seal of the applicant institution               |  |               |                     |                            |  |  |  |