

URGENT
PERSONAL ATTENTION

No EDN-H(Ele-IV)B(6)5-1/2013 (Trg)-Vol-III
Directorate of Elementary Education
Himachal Pradesh

Dated Shimla-171001 the,

प्रारम्भिक शिक्षा निदेशालय (हि.प्र.)
November, 2017
23 NOV 2017
शिमला - 1

To

- I) All the Dy. Directors (EE)
Himachal Pradesh
- II) All the Dy. Directors (HE)
Himachal Pradesh

Subject:- Identification of Study Centres for D.El.Ed. course for the purpose of PCP, Workshop, Classroom Based Activity & School Based Activities.

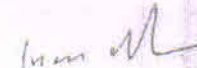
Sir/ Madam,

This is to inform you that the Department of Elementary Education has decided to create the following study centre for the purpose of D.El.Ed. Course PCP, Workshop, Classroom Based Activities & School Based Activities through NIOS for the training of un-trained in-service teachers of the state as under:-

1. All Private B.Ed. Colleges in Himachal Pradesh i.e. 72 Colleges (2). DIET Bilaspur (3). DIET, Chamba (4). DIET, Hamrpur (5). DIET, Kangra at Dharamshala (6). DIET, Kullu (7). DIET, Mandi (8). DIET, Shimla (9). DIET, Sormour (10). DIET, Solan (11). DIET, Una

In view of the above, you are therefore, requested to inform all the Principals of above said colleges and DIETs of the state that the consent for the accreditation of study centre on the enclosed proforma may kindly be sent to this Directorate through email to swyamdes2017@gmail.com on or before 26th November, 2017 positively.

This may be given as top priority.


(MANMOHAN SHARMA, HPAS)
Director Elementary Education
Himachal Pradesh, Shimla-1
Ph. No. 0177-2812464
November 2017

Endst. No. Even Dated: Shimla-171001 the,

Copy to:-

1. The Director of Higher Education, Himachal Pradesh, Shimla-1 for information and with the request that copy of this letter may also be uploaded on your Departmental Website please
2. The Regional Director, NIOS, Dharamshala Distt. Kangra for information please.
3. Guard file

(MANMOHAN SHARMA, HPAS)
Director Elementary Education
Himachal Pradesh, Shimla-1
Ph. No. 0177-2812464

EDSI NO: EDN-U (E-11) ELE-DIED 39155-454

Dated: 25/11/17

office of Dy Director Ele. Edu.
Una, Distt Una.

95/11/17

copy is being forwarded to All the B.EED's / Private school Principals, GNS Headmasters / and DIET Una for further necessary action please.


उपनिदेशक प्रारम्भिक शिक्षा
ऊना, जिला ऊना (हि.प्र.)

E 11

5400
25/11/17



National Institute of Open Schooling
(An Autonomous Institution under MHRD, Govt. of India)
A-24/25, Institutional Area, Sector-62, Gautam Budh Nagar, NOIDA-201309
Application Form for Accreditation of Study Centres for D.El.Ed. Programme

1. Name of the Institution/School _____
2. Complete Address _____
District: _____ State: _____ PIN: _____
3. Telephone Number: _____ 4. Email ID: _____
4. Name of the Principal/Head of Institution (as coordinator): _____
Contact numbers: (Phone) _____ (Mobile) _____ (Email) _____
5. Name of the Person nominated to be the Asstt. Co-ordinator: _____
(Must be Senior Functionary of the Institution)
Contact numbers: (Phone) _____ (Mobile) _____ (Email) _____
6. Type of Institution DIET SCERT BIET Sr. Sec TEI (Pl. Tick)
7. Number of Classrooms _____ 10. Number of Halls _____
11. Number of faculty who are Post Graduate with B.Ed./D.Ed./D. El. Ed. or equivalent
(Please enclose list with details)
12. Number of Mentors: _____, Supervisors: _____ (Please enclose list with details)
13. Number of Computers _____
14. Whether internet facility is available Yes No
15. Whether Stand by Power Supply is available Yes No
16. _____
for NIOS office Yes No here sepa room
17. Is there any locker/secured room for secrecy work & materials
Like storing of Question Papers, etc. Yes No
18. Is there a separate toilet for Females Yes No

I hereby give my consent to become NIOS Study Centre for D.El.Ed. Programme

Signature of the Principal/Head/Coordinator

Date:

Seal:

Recommended and Forwarded by

State Nodal Officer (SPD/SSA/SCERT) for Training of In-service Untrained Elementary School Teachers

Date:

Signature with Official Seal

List of the Faculty (Resource Persons) attached to the Study Centre _____

S.No.	Name of the Faculty (Resource Person)	Qualification		Teaching Experience (in years)
		Educational	Professional	
1.	2.	3.	4.	5.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

List of the Mentors and supervisors attached to the Study Centre _____

S.No.	Name of the Faculty (Resource Person)	Qualification		Teaching Experience (in years)
		Educational	Professional	
1.	2.	3.	4.	5.
1.				
2.				
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