

TIME BOUND

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

To

Dated: Shimla-171001 the,

✓ All the Deputy Director's (EE/HE)
Himachal Pradesh.

प्रारम्भिक शिक्षा निदेशालय
December, 2017
07 DEC 2017
शिमूला - 1

Subject:-

Identification of study centres for D.El.Ed Course for the purpose of PCP Workshop, Class Room Based Activity & School Based Activities.

Sir/Madam,

In continuation to this Directorate letter of even number dated 23rd November, 2017 & 30th November, 2017 on the subject cited above

In this context, this is to inform you that Addl. Secretary, Government of India, MHRD, New Delhi vide her D.O. letter No. 11-15/2017-EE 10 dated 27th November, 2017 has informed this office that in case of non-identification of examination and study centres for conduct of above mentioned online D.El.Ed course, the teachers registered at NIOS Portal will not be able to give the examination and their candidature will become invalid.

In view of the above, you are once again requested to direct all the Principals of Private B.Ed. Colleges (72) and 10 DIETs as mentioned in the previous letter to submit their accreditation form on email id swayamdee2017@gmail.com within two days positively. Please treat it most urgent

(Manmohan Sharma, HAS)
Director Elementary Education
Himachal Pradesh.
Ph.No. 0177-2657054
December, 2017

Endst. No. Even
Copy to:-

Dated: Shimla-171001 the,

1. The Principal Secretary (Education) to the Government of Himachal Pradesh, Shimla-2 for information please.
2. 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
3. Guard file.

(Manmohan Sharma HAS)
Director Elementary Education
Himachal Pradesh
Ph.No. 0177-2657054

537
8/12/17
Sumit / B-2
B
7-12-17
DDEE
Manu
07/12/17


EDST NO: EDN-4 (E-11) Ele-D.El.Ed. 4/903-964

Dated:- 08/12/2017.

Office of Dy Director Elementary Edu.

Una, Distt Una. 8/12/17

Copy is being forwarded to all the principals of Private B.Ed colleges and diet una as mentioned in the previous letter -to submit their ~~accr~~ accreditation form on email id Swayamdec.2017@gmail.com within two days positively. It's for your further necessary action please.


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



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

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.				
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