

**BHARATHIAR UNIVERSITY**  
**SCHOOL OF DISTANCE EDUCATION**

**APPLICATION FOR STUDY CENTRE**

1. Name of the Institution/  
Academic Agency :
2. Year of establishment :
3. Whether registered under society's  
Registration Act. If so give details :
4. Address :
  
- Phone :  
Fax :  
e-mail address :
5. Whether the Institution / Educational agencies :  
Registered Organisations / Hospitals & Industries  
who have adequate infrastructure.  
If so enclose copies of documents as  
Proof therefor
6. Name of the Chief Executive of the :  
institution  
Full address
7. Experience in conducting academic :  
Programmes – regular / distance mode  
Give details
8. Infrastructural facilities :  
Available : (Give details in annexures)  
a) Buildings – Own or rented, No. of rooms, size  
b) Laboratory –  
c) Qualified Teachers – Department wise  
d) Library  
e) Computer Lab – No. of Systems available  
f) E-learning facility
9. Expected service charges for  
Sale of applications  
Spot admissions  
Conduct of PCP classes
10. Whether willing to remit security deposit :  
If so how much
11. Any other relevant information :

I certify that the particulars furnished above are true to my knowledge and express my willingness for an inspection to be caused by the University as it deems fit to assess the infrastructural facilities, qualified staff etc.

Signature of the authorized signatory  
with seal