



PRIST UNIVERSITY
Under Section 3 of UGC ACT 1956
CENTRE FOR DISTANCE EDUCATION
THANJAVUR – 613 403. TAMILNADU

APPLICATION FOR APPROVAL OF STUDY CENTRES

1. CENTRE OPTED FOR : A.
B.
C.
2. NAME OF THE STUDY CENTRE :
3. ADDRESS :
4. NAME OF THE PERSON SOLELY RESPONSIBLE FOR THE STUDY CENTRE :
5. ADDRESS :
6. E mail – id :
7. CONTACT PHONE NUMBERS : A) Land line
B) Mobile
8. FACILITIES AVAILABLE AT THE STUDY CENTRE
- A) No Of Class Rooms (Specify seating capacity in each classroom) :
 - B) Faculty :
 - C) No of Systems. :
 - D) Administrative Support staff :
 - E) No of Student Counsellors :
9. EXPERIENCE OF INTERACTING WITH OTHER DIRECTORATES OF DISTANCE EDUCATION :
- (If yes please specify the names of the Directorates at present you are associated with and the names of the programmes you are dealing with, and the strength of the students in each programme).
Kindly fill these details in a separate sheet.

**10. TOTAL EXPERIENCE
IN RUNNING STUDY CENTRES :**

**11. AMOUNT OF DEPOSIT
TO BE DEPOSITED AS
SECURITY DEPOSIT :**

DECLARATION

I declare that all the information submitted in this application form is correct and complete. I acknowledge that PRIST University reserves the right to vary or reverse any decision regarding on the basis of incorrect or incomplete information provided by me.

I declare further that I had read and understood all the contents of this application and the terms of the Contract which I have signed with PRIST University. I also agree to comply with rules and regulations of PRIST University that may be applicable from time to time.

Date:

Place:

Signature of Authorised Person