



MANIPUR COUNCIL OPEN AND DISTANCE LEARNING

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KALIKA IRILBUNG IMPHAL EAST MANIPUR -795008 (INDIA)

E-mail: info.manipurcouncil@gmail.com www.manipurcouncil.com

AFFILIATION FORM

Coordinator Details:

1. Name
2. Designation
3. Sex Male ☐ Female ☐
4. Qualification
5. Communication Details:
 - a) Phone No
 - b) Mobile No
 - c) E-Mail

Affix Recent
Passport Size Photo
of the Coordinator

6. Photo ID Proof : Driving License ☐ Voter ID ☐ Pan Card ☐
(Kindly Enclose a copy)

Institution's Details:

1. Name of Trust/Society
2. Name of Institution
3. Year of Establishment
4. Type of Institution Trust ☐ Society ☐
5. Postal Address
- District Pin State
- Code

7. Communication Details.

- a) Phone No
- b) Mobile No
- c) E-Mail
8. Premises Owned ☐ Rented ☐
9. Total area (in sqft)
10. Internet Type Leased Line ☐ Broadband ☐ Dial-up ☐
Available Resources Generator ☐ LCD Player ☐ Photo copier ☐

11. Staff Detail

Enclose separate list of all staff member in following format

S.No	Name	Qualification	Gender	Experience	Specialization	Full / Part Time

12. Infrastructure Details

S.No	Particular	Units	Area (in Sq.ft)
1	Class Rooms		
2	Library (Total Books_____)		
3	Conference Hall		
4	Administrative Area		
5	Staff Room		
6	Reception		
7	Toilet		
8	Other		

(Use separate Sheet if required)

13. Number of Admissions Expected

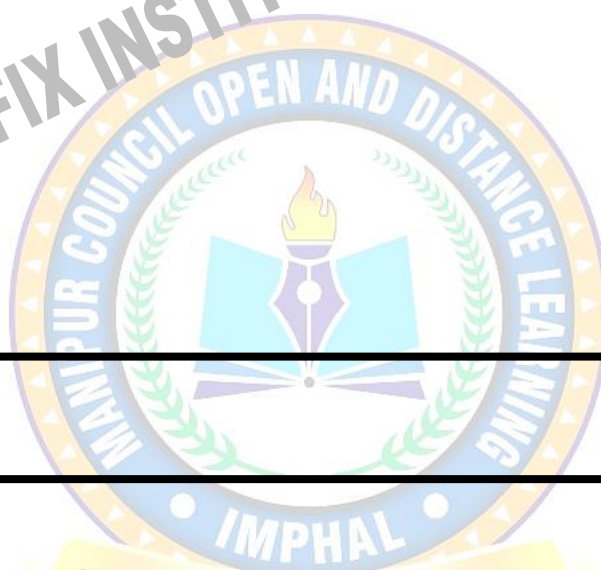
S.No	Course	No. of Admission	S.No	Course	No. of Admission

14. Photos to be Pasted:

SPACE for Affixing

'WIDERANGE PHOTOGRAPH SHOWING THELOCALITYOFTHEORGANISATION'

AFFIX INSTITUTION PHOTO



AFFIX INSTITUTION PHOTO

Declaration

I certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. I will abide by all the rules and regulations of MANIPUR COUNCIL given time to time. I am ready to work under the control of the Managing Director, MANIPUR COUNCIL. I shall be the responsible, in case of any information furnished by me is found wrong or incomplete.

Coordinator Signature with Seal

For Official Use:

Allotted Centre Code: _____ Date of Issue: ____/____/____

Approved courses of the centre: _____

Authorized Person of MANIPUR COUNCIL

KNOWLEDGE IS POWER

AFFILIATION CRITERIA

Any Educational Institution working for the development of Open and Distance Education can become a Study Centre of Manipur Council Open and Distance Learning (MCODL).

1. Copy of Registered Society/Trust/Council with registration number and date.
2. Rental Agreement or Land registration copy to show ownership of Land
3. Resolution copy of trust proposed and accepted by trust/society members in letter head.
4. Self-Declaration by the Coordinator in Rs.100/- non-judicial stamp paper.
5. Educational Qualification of President/ Chairman/ Trustee/Proprietor of Society/Trust.
6. Copy of Driving License/ Voter ID / Passport/ Aadhar Card of the President/ Chairman/ Trustee/Proprietor.
7. PAN Card of the Coordinator
8. PAN Card of the Trust.
9. List of Teaching and Non-Teaching staff members.
10. Bio-data of all teaching Staff members.
11. Profile of the Institution in Letter head.
12. Layout of the Institution
13. Route Map of the Institution
14. Infrastructure facilities available for smooth conducting of courses-Details
15. Minimum of six photos showing location, outer view and inner view of the institution.
16. Three Passport Size photos of the coordinator
17. Affiliation Fee (Demand Draft favoring "Manipur Council Open and Distance Learning" payable at Imphal,)

