



UNIVERSITY OF MADRAS
Institute of Distance Education

ACCEPTANCE FORM FOR SERVING AS LEARNING SUPPORT CENTRE

- 1) Name of the College /
Institution with full Postal Address
(Affiliated/Aided/Self-Finance Institution)

OFFICE

Telephone :

Residence :

E-Mail (Compulsory) :

Name of the Affiliating University :

CONTACT

Telephone :

Mobile No.:

2)	Name of the Principal / With Qualification	Dr./Thiru/Tmt/:
3)	Address of the Principal / Contact No.	
4)	Details of Programmes offered in your College / Institutions / Subject wise faculty strength with name, qualification and experience (Enclosure).	
5)	Whether infrastructure facility available in your College / Institutions	1. No. of Computer Labs : 2. No. of Class Rooms : 3. Library : 4. Canteen :
6)	Whether you are conducting PCP classes for any other University in your centre if YES, please provide the particulars.	

E-Mail address should be provided compulsorily (preferably G-Mail)

I hereby accept your offer to serve as a Learning Support Centre for Institute of Distance Education,
University of Madras.

Station :

Date :

SIGNATURE OF THE PRINCIPAL
(with seal)