

**PONDICHERRY UNIVERSITY
DIRECTORATE OF DISTANCE EDUCATION**

**APPLICATION FOR INSTITUTIONAL RECOGNITION FOR OFFERING
TWINNING PROGRAMME**

I. INSTITUTIONAL PROFILE:

1. Name of the Institution :
2. Name of the Management/Society
3. Year of Establishment : a) as a College
b) as study centre
c) if college whether recognized by UGC under 2f/12 b
d) If only a study centre, give details of course and University
4. Address :

 Phone number :
 E-mail :
 Fax :
 Website :
5. a) Name of the University to which affiliated :
 (Indicate year of Affiliation)
- b) Whether the affiliation is permanent or :
 Temporary?
6. Name of the Principal/Secretary/
 Co-ordinator :
7. Type of Institution : Govt. /Private/Aided/Any other/
 Co-education/For Girls only /
 For Boys only
8. No. of Sister Institutions (Give Names &
 details :

9. Whether accredited by NAAC :
(If so, the Grade)
10. Location of the Institution : Rural/Urban/Semi-Urban

II. ACADEMIC RESOURCES:

11. No. and names of courses offered at present : UG Courses
PG Courses
MPhil
P.G. Dip.
12. No. of regular faculty in the College
(Dept-wise with Qualification) : Professor
Reader
Lecturer
13. Details of any Existing Open Distance
Learning centre of any other University:
14. Subject sought for Twinning Programme
of Pondicherry University :
15. No. of Students on Roll
Regular Courses : PG : UG: PG Dip:
Distance Education : PG : UG: PG Dip:
16. No. of Higher Educational Institution
in the area :
17. Time slot suitable for classes : Week end/ Daily/ Morning session/
Evening session
Time: From _____ to _____
18. Fee charged by the Institute : UG Course-wise
(Course wise details to be enclosed) PG Course-wise
19. Whether the Institution has any tie-up
with any other Institution/University,
if so, please specify for similar
programme :