क्रमांक/SCERT/NIOS/परीक्षा/2018/3208 रायपुर, दिनांक 13.07.2018

प्रति,

समस्त केन्द्र प्रभारी
SCERTCG NIOS डी.एल.एड. अध्ययन केंद्र
छत्तीसगढ़

विषय:— SCERTCG NIOS द्वारा संचालित डी.एल.एड. कार्यक्रम हेतु निर्धारित प्रपत्र में मानदेय प्रपत्र बाबत।

उपरोक्त विषयांतर्गत लेख है कि SCERTCG NIOS द्वारा दूसरघ माध्यम से डी.एल.एड. पाठ्यक्रम संचालित है। इस कार्यक्रम हेतु निर्धारित प्रपत्र में मानदेय प्रपत्र 26.07.2018 तक राज्य शैक्षिक अनुसंधान और प्रशिक्षण परिषद में व्यक्तिगत/स्पीड पोस्ट/पार्जीकृत डाक के माध्यम से जमा करें। जिससे मानदेय वितरण की कार्यवाही शीघ्र ही प्रारंभ की जा सकें।

सलामः— मानदेय हेतु निर्धारित प्रपत्र एवं चेकलिस्ट।

(डॉ. सुषीता जैन)
अधिकारी संचालक
एस.सी.ई.आर.टी.,छत्तीसगढ़
रायपुर, दिनांक 13.07.2018

प्रतिलिपि —
1. सचिव, छ.ग. शासन, स्कूल शिक्षा विभाग, मंत्रालय, महानगरी भवन, नया रायपुर।
2. क्षेत्रीय संचालक, राज्यीय मुख्य विभागीय शिक्षा संस्थान रायपुर को आवश्यक कार्यवाही हेतु।
3. समस्त प्राध्यापी, जिला शिक्षा एवं प्रशिक्षण संस्थान छ.ग. को आवश्यक कार्यवाही हेतु।
4. समस्त जिला शिक्षा अधिकारी छ.ग. को आवश्यक कार्यवाही हेतु।

अधिकारी संचालक
एस.सी.ई.आर.टी.,छत्तीसगढ़
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Event</th>
<th>Description</th>
<th>Duration</th>
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<td>01/07/2023</td>
<td>9:00</td>
<td>School</td>
<td>Meeting</td>
<td>Project Prep</td>
<td>1 hour</td>
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<tr>
<td>02/07/2023</td>
<td>10:00</td>
<td>Office</td>
<td>Discussion</td>
<td>Task Review</td>
<td>30 minutes</td>
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<tr>
<td>03/07/2023</td>
<td>11:00</td>
<td>Conference</td>
<td>Seminar</td>
<td>New Strategy</td>
<td>1 hour</td>
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**Important Notes:***
- Please ensure all equipment is ready by 8:00 AM.
- Refreshments will be provided at 10:30 AM.
<table>
<thead>
<tr>
<th>Annexure</th>
<th>Item</th>
<th>Value</th>
<th>Quantity</th>
<th>Total</th>
</tr>
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<tr>
<td>III</td>
<td>500 kg</td>
<td>8</td>
<td></td>
<td>01</td>
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<tr>
<td>II</td>
<td>750 kg</td>
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<td></td>
<td>60</td>
</tr>
<tr>
<td>IV</td>
<td>Assignment Eval @10 per Copy</td>
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<td></td>
<td></td>
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<tr>
<td>IV</td>
<td>Assignment Eval</td>
<td>RP 505</td>
<td></td>
<td></td>
</tr>
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<td>IV</td>
<td>Assignment Eval (Appendix)</td>
<td>RP 505</td>
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<tr>
<td>IV</td>
<td>Assignment Eval</td>
<td>RP 504</td>
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<tr>
<td>IV</td>
<td>Assignment Eval @10 per Copy</td>
<td>RP 503</td>
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3.填写附表

4.附件

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11.附件

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13.附件

14.附件

15.附件
# Performa for Utilization Certificate

1. Name of Study Center: 
2. Study Center Code: 
3. Name of the Region: **Raipur** 
4. Date of commencement of study centre: **December 2017** 
5. No. of students allotted: 
6. Payment of Centre Coordinator-*: Amount Claimed... Annexure I 
7. Payment to Assistant /Clerk: Amount Claimed.... Annexure II 
8. Payment to Class IV Staff: Amount Claimed... Annexure III 
9. Payment to Resource Person: Amount Claimed... Annexure IV 
10. Contingencies for 15 days PCP (Rs. 2000/- per year) Amount Claimed......
11. Total Amount: 
   (In Words: )
13. Less Advanced: 
14. Net Payable: 
   Account Number: 
   IFSC CODE: 
   Name of Bank: Branch: 
   *(Attach Photocopy of Bank Account Passbook/ Bank Statement)*

Signature of Coordinator
Office Seal
National Institute of Open Schooling
Regional Centre Raipur
DIET Campus, BTI Ground Shankar Nagar, Raipur-492007

**** Bill Performa for Centre Coordinator ****

1. Name of Study Center: ..................................... Study Center Code: .................

2. Name of the Study Centre Coordinator: ..............................................

3. Month of from which course started: December 2017

4. Details of months worked as Study Centre Coordinator: ......................

5. Total No. of Months: .................................................................

6. Total Amount Claimed ..................................No. of Months @ Rs.1500 Per Month

7. Grand Total: Rs. .................................................................

( In Words: .................................................................................)

Account Number: .................................................................
IFSC CODE: .................................................................
Name of Bank: ................................................................. Branch: .........................

Signature of Centre Coordinator

Please affix revenue stamp if payment is more than Rs. 5000/-

Signature of the Centre Coordinator
Office Seal ____________________
National Institute of Open Schooling  
Regional Centre Raipur  
DIET Campus, BTI Ground Shankar Nagar, Raipur-492007

**** Bill Performa for Assistant/Clerk****

1 Name of Study Center.............................. Study Center Code:......................

2 Name of the Study Centre Assistant/Clerk/Data Operator:......................

3 Month of from which course started: December 2017

4 Details of months worked as Study Centre Assistant/Clerk/Data Operator: ........

5 Total No. of Months: ...........................................................

6 Total Amount Claimed  --------------------------No. of Months @ Rs.750 Per Month

7 Grand Total: Rs. ...........................................................

(In Words: ............................................................)

Account Number: ..................................................

IFSC CODE : ..................................................

Name of Bank: ........................................ Branch: .....................................

Signature of Assistant/Clerk

Please affix revenue stamp  
if payment is more than Rs. 5000/-

Signature of the Centre Coordinator  
Office Seal __________________
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Name of Study Center.......................... Study Center Code: ..................</td>
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<td>2</td>
<td>Name of the Study Centre Peon:..........................</td>
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<tr>
<td>3</td>
<td>Month of from which course started: December 2017</td>
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<td>4</td>
<td>Details of months worked as Peon:..........................</td>
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<td>5</td>
<td>Total No. of Months: .................................................................</td>
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<td>6</td>
<td>Total Amount Claimed ........................ No. of Months @ Rs.500 Per Month</td>
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<td>Grand Total: Rs. .................................................................</td>
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<td>( In Words: ................................................................. )</td>
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</table>

Account Number: .................................................................
IFSC CODE: .................................................................
Name of Bank: ................................................................. Branch: .................................................................

Signature of Peon/Watchman

Please affix revenue stamp if payment is more than Rs. 5000/-

Signature of the Centre Coordinator
Office Seal
National Institute of Open Schooling  
Regional Centre Raipur  
DIET Campus, BTI Ground Shankar Nagar, Raipur-492007  

**** Bill Performa for Resource Person ****

1. Name of Study Center:  
   Study Center Code:

2. Name of the Study Centre Resource Person:

3. Month of from which course started: December 2017


5. Total No. of Days:

6. Total Amount Claimed  
   No. of Days @ Rs.500 Per Day

7. No. of TMA(Assignment) Evaluated @ Rs. 10/- per TMA

8. Grand Total: Rs.
   ( In Words: ........................................)

Account Number: ........................................
IFSC CODE: ........................................
Name of Bank: ........................................ Branch: ........................................

Signature of Resource Person

Please affix revenue stamp  
if payment is more than Rs. 5000/-

Signature of the Centre Coordinator  
Office Seal __________________________
To,
Regional Director,
National Institute of Open Schooling
BTI Ground Shankar Nagar, Raipur PIN-492007

Subject: Receipt of 60% + 30% Examination Center advanced for NIOS D.El.Ed Examination May-June 2018.

Sir,

Examination Centre advance has been released on dated __________ to our center. 60%+30% of amount deposited into the examination center account for D.El.Ed Examination May-June 2018. Details as under:

<table>
<thead>
<tr>
<th>Center Details</th>
<th>Advance 60% Payment</th>
<th>Advance 30% Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exam Center Name:</td>
<td></td>
<td></td>
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<tr>
<td>2. Exam Center Code:</td>
<td></td>
<td></td>
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<tr>
<td>3. Name of Superintendent</td>
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<td>4. Address with PINCODE</td>
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I hereby acknowledge that, I have received total amount Rs ______________________
(In Words ______________________)
Bank Account No. ______________________
IFSC Code (11Characters) ______________________

Thanking You

With regards

(Signature & Seal of the Examination Centre)
National Institute of Open Schooling  
(An Autonomous Organization under MHRD, Govt. of India)  
A-24/25, Institutional Area, Sector-62, Gautam Budh Nagar, NOIDA-201309  

Application Form for Accreditation of Study Centres for D.El.Ed. Programme

1. Name of the Institution/School: _______________________________
2. Complete Address: ___________________________________________
   District: __________________ State: __________________ PIN: _____________
3. Telephone Number: __________________ 4. Email ID: ____________________________
4. Name of the Principal/Head of Institution (as coordinator):  
   Contact numbers: (Phone) ___________ (Mobile) ___________ (Email) ___________
5. Name of the Person nominated to be the Asstt. Coordinator:  
   (Must be Senior Functionary of the Institution)  
   Contact numbers: (Phone) ___________ (Mobile) ___________ (Email) ___________
6. Type of Institution:  
   [ ] DIET  [ ] SCERT  [ ] BIET  [ ] Sr. Sec  [ ] TEI (Pl. Tick)
7. Number of Classrooms: ___________  10. Number of Halls: ___________
8. Number of faculty who are Post Graduate with B.Ed./D.Ed./D. El. Ed. or equivalent  
   (Please enclose list with details)
9. Number of Mentors: ___________ Supervisors: ___________  
   (Please enclose list with details)
10. Number of Computers: ___________
11. Whether internet facility is available:  
    [ ] Yes  [ ] No
12. Whether Stand by Power Supply is available:  
    [ ] Yes  [ ] No
13. Is there separate room for NIOS office:  
    [ ] Yes  [ ] No
14. Is there any locker/secured room for secrecy work & materials  
   Like storing of Question Papers, etc.:  
    [ ] Yes  [ ] No
15. Is there a separate toilet for Females:  
    [ ] Yes  [ ] No

I hereby give my consent to become NIOS Study Centre for D.El.Ed. Programme

   Signature of the Principal/Head/Coordinator
   __________________________  Seal: _____________________________

Recommended and Forwarded by
State Nodal Officer (SPD/SSA/SCERT) for Training of In-service Untrained Elementary School Teachers

   Date: __________________________  Signature with Official Seal
   __________________________
List of the Faculty (Resource Persons) attached to the Study Centre

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name of the Faculty (Resource Person)</th>
<th>Qualification</th>
<th>Teaching Experience (in years)</th>
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<td>Professional</td>
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</table>
List of the Mentors and supervisors attached to the Study Centre

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<tr>
<th>S.No.</th>
<th>Name of the Faculty (Resource Person)</th>
<th>Qualification</th>
<th>Teaching Experience (in years)</th>
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<td>Professional</td>
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From,
Center In charge
SCERTCG-NIOS D.El.Ed. Center

Center Number: 4722

To,
Director,
State Council of Educational Research and Training,
B.T.I. Ground, Shankar Nagar, Raipur
PIN: 492007