



INDIAN ASSOCIATION OF OPEN SCHOOLING (IAOS)

E-Mail: iaos@iaos.in www.iaos.in

MEMBERSHIP FORM FOR INSTITUTIONS

1. Details of Organization

General information about the organization

1. Name of the Organization	<input type="text"/>																				
2. Type of Organisation	<input type="text"/>																				
3. Year of Establishment	<input type="text"/>																				
4. Postal Address	<input type="text"/>																				
	<input type="text"/>																				
City	<input type="text"/>										District	<input type="text"/>									
Pin Code	<input type="text"/>										State	<input type="text"/>									
Website	<input type="text"/>																				
E-Mail Address	<input type="text"/>																				
Phone Number	<input type="text"/>					<input type="text"/>															
Mobile number	<input type="text"/>																				

2. Registration and Ownership Information

1. Please give details of the ownership of the Organisation and any registrations or licences.
2. How is the Organisation owned and constituted?
 - Proprietorship
 - Partnership
 - Private Company / Corporation
 - Public Company / Corporation
 - NGO / Registered Charity
 - Government Organisation
 - Others (Please Specify below)

<input type="text"/>																			
<input type="text"/>																			

3. For sole traders, partnerships, companies and corporations, please give the names of the principal owners / partners / Shareholders / Stake holders, whether individuals or organizations.

1. List of Members of the organization

Table with 8 rows and 20 columns for listing members of the organization.

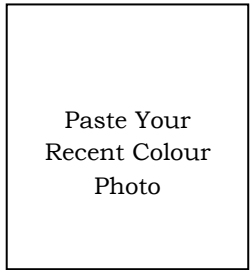
2. Please give details or registration

- a) Issuing Authority
b) Registration or Licence Number
c) Date of Registration or Licence

3. Contact Information

Name of CEO / Owner / Senior Partner / Managing Director Chair / President / Vice-Chancellor

- 1. Name
2. Job Title
3. E-Mail ID
4. Name of Contact Person



4. Operations

1. Outline your mission statement and aims and objectives

Large rectangular box for writing the mission statement and aims and objectives.

2. List of approvals from government or other organizations

3. Any other memberships of professional, trade, vocational, government or private organizations and bodies.

4. Choose the types of programs / courses offered.
(Check boxes, as appropriate. more than one choice allowed)

- | | |
|---|--|
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Open Schooling |
| <input type="checkbox"/> Specialist Skills Training | <input type="checkbox"/> Language Training |
| <input type="checkbox"/> In-House Training | <input type="checkbox"/> General Education |
| <input type="checkbox"/> Undergraduate Courses | <input type="checkbox"/> Certificate / Diploma Courses |
| <input type="checkbox"/> Postgraduate Courses | <input type="checkbox"/> Professional / Executive Training |

5. Total Number of Learners / Students Trainees currently enrolled

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Give the age of learners/ students/ trainees
(Check boxes, as appropriate. More than one choice allowed)

- | | |
|---|--|
| <input type="checkbox"/> Mature Learners (Age 28 or over) | <input type="checkbox"/> Adults (Age 18 or over) |
| <input type="checkbox"/> Teenagers (Aged 13 to 17) | <input type="checkbox"/> Young Learners (Aged 12 or under) |

7. Describe the teaching materials used on distance or online courses programmes?
(Check boxes as appropriate. More than one choice allowed)

- | | |
|--|--|
| <input type="checkbox"/> Published Third-Party Texts | <input type="checkbox"/> In-House / Proprietary Texts |
| <input type="checkbox"/> Audio-Visual Materials | <input type="checkbox"/> Multi-Media Content |
| <input type="checkbox"/> Third-Party Software | <input type="checkbox"/> In-House / Proprietary Software |
| <input type="checkbox"/> Third Party Online Content | <input type="checkbox"/> In-House / Proprietary Online Content |

8. Please give detailed information about distance learning, e-Learning, open learning, course conducted.

9. Do you also conduct traditional face to face classroom instruction?

Yes No

10. List qualifications, experience and expertise of instructors, trainers, teachers or faculty who conduct distance learning, eLearning, open learning, correspondence course / programs : Attach separate sheet

Sl.No	Name	Qualification	Designation	Experience

11. Use this box to give any other information which you think may be relevant to your application.

Declaration

I certify that the particulars furnished above or in the preceding pages are true to my knowledge and express my willingness to join IAOS. I will abide by all the rules and regulations set by IAOS. I am ready to associate myself to work with IAOS. I shall be held responsible, in case of any information furnished by me is found to be wrong or incomplete.

Seal & Signature of the Head of the Institution