

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
National Centre for Innovation in Distance Education  
Maidan Garhi, New Delhi-110068

**Proforma for  
"Best Innovative Practices" in Open and Distance Learning**

1. **Name of the Applicant :** \_\_\_\_\_
2. **School/Division/Centre/Unit/Cell/Chair/Regional Centre :** \_\_\_\_\_  
\_\_\_\_\_
3. **Contact Information :**  
**Office Address :** \_\_\_\_\_  
\_\_\_\_\_  
**Phone (O) :** \_\_\_\_\_ **Mobile No. :** \_\_\_\_\_  
**Email :** \_\_\_\_\_
4. **Team Members, if any** (*include Name, Department and Email Address*) :
5. **Title of the Innovative Practice :**
6. **Area of your Innovative Practice :**

<input type="checkbox"/> Reaching out to the learners	<input type="checkbox"/> Programme Design and Development
<input type="checkbox"/> Instructional Design and Delivery	<input type="checkbox"/> Learner Support and Grievance Redressal
<input type="checkbox"/> Examination and Evaluation	<input type="checkbox"/> Administrative Facilitation
<input type="checkbox"/> Alumni Engagement	<input type="checkbox"/> Skill Development and Entrepreneurship
<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Supporting Convergence and Conversion of Subsystems
<input type="checkbox"/> Any Other	
7. **Brief Summary of the Innovative Practice\*** (***Max 100 words***)
8. **Novel Features of the Innovative Practice** (*Indicate the problem faced by the learner and how you solved their problem creatively without using much resources and infrastructural facilities*).

\_\_\_\_\_  
\*Please enclose necessary evidence in support of your claim and support material that substantiates your evidence

- 9. Usefulness** (*Indicate how is your Innovative Practice useful to the ODL system and also to the conventional system, if any*).
- 10. Implementation and Impact :** (*Indicate how the innovative practice was implemented and what impact your innovative practice has or going to have on the ODL system. Also indicate any problems faced in the process of developing and implementing the Innovative Practice*)
- 11. Have you applied for a Patent, Trademark or Copyright Protection of your Innovative Practice?**
- 12. Declaration**

I declare that :

- Information presented here is **not confidential**.
- The work submitted is our original work.
- Members of the Innovation Team have been consulted, and agree, to this submission.

*Applicant (Name)*

*Applicant (Signature)*

*Date :*