

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
REGIONAL SERVICES DIVISION  
MAIDAN GARHI, NEW DELHI – 110 068.**

**SOET**

**TRANSMISSION OF BIO-DATA FOR EMPANELMENT OF ACADEMIC COUNSELLORS FOR ALL BACHELOR'S, DIPLOMA AND CERTIFICATE PROGRAMMES OF ENGINEERING.**

**( To be Submitted Strictly Discipline-wise)**

Letter No. :  
Dated :

**Regional Centre : Bangalore**

**Code : 13**

**(For use of Study Centre/Programme Study Centre)**

**SC/PSC: \_\_\_\_\_ SC Code: \_\_\_\_\_ Prog. Code: \_\_\_\_\_**

**Details of prospective Academic Counsellors (bio-data enclosed)**

<b>Sl. No</b>	<b>Name (Use capital letters)</b>	<b>Course(s) for which recommended by Coordinator/PIC</b>	<b>Course-wise approval of school (To be filled in by the school)</b>	<b>Signature of the Faculty Member(s)</b>
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**COORDINATOR/PROGRAM I/c**

We have scrutinized the bio-datas and the persons mentioned in the attached proforma are recommended for the empanelment of the Academic Counsellors for the courses mentioned at Column No.3 of the Proforma. Column 4 and 5 are to be filled up by the School.

**REGIONAL DIRECTOR**

**DIRECTOR, SCHOOL OF ENGINEERING & TECHNOLOGY**

**Checked and approved as per the courses mentioned in Column No.4 of the Proforma**

**DIRECTOR(RSD)**

**DIRECTOR, SCHOOL OF ENGINEERING & TECHNOLOGY**

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**SOET**

**BIO-DATA PROFORMA FOR ACADEMIC COUNSELLORS OF BTCM / BTWRE / DCIM PROGRAMMES**

Programme Study Centre Code \_\_\_\_\_(P)

- 1. Name (in block letters) :
- 2. Date of Birth :
- 3. Present Designation/Profession:
- 4. Whether belongs to SC/ST/OBC:
- 5. Residential Address :  
(Mention Pin Code)
- 6. Official Address :  
(Mention Pin Code)
- 7. Phone No. (Off) \_\_\_\_\_ (Resi) \_\_\_\_\_ (Mobile) \_\_\_\_\_
- 8. E-mail address :
- 9. Name of the Programme(s) for which counseling is opted for : \_\_\_\_\_

Affix Self attested  
latest Photograph

- 10. Course topics for which tutoring / counseling services :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Educational Qualifications(Starting from Graduation)(Attach self-attested photocopies of the educational qualifications)**

DEGREE	INSTITUTION/ UNIVERSITY	YEAR OF PASSING	DIVISION	AREA SPECIALISATION	OF REMARKS, IF ANY

**12. Experience:**

ORGANISATION / INSTITUTION	YEAR	DESIGNATION	WORK AREA / SUBJECT

13. Books /Research Publication, if any :

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14. Any other relevant information :

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**DECLARATION :**

I hereby declare that the information given above is correct. I accept to undertake the tasks of academic counseling, evaluation of assignment scripts and any other activities related to the academic functions of the Study Centre.

PLACE :

DATE :

**SIGNATURE**

**For use at the Study Centre/Programme SC**

Original Degrees/Certificates/Mark sheets have been verified by the undersigned and the candidate is recommended for the empanelment as a part time Academic Counsellor for the following courses:

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Special recommendation, if any (Add extra sheet, if required) :

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PLACE:

DATE :

**SIGNATURE OF THE COORDINATOR /**

**PROGRAMME IN-CHARGE WITH STAMP**

**For use at the Regional Centre of IGNOU**

Based on the self-attested photocopies of the relevant documents the credentials of the person as stated by the Coordinator stand verified. He/She is recommended for empanelment for the following courses :

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Special recommendation, if any (Add extra sheet, if required) :

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PLACE :

DATE :

**SIGNATURE OF THE REGIONAL DIRECTOR**

**WITH STAMP**