

**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)

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

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

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 :

14. Any other relevant information :

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:

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

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 :

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

PLACE :

DATE :

SIGNATURE OF THE REGIONAL DIRECTOR

WITH STAMP