

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

SOHS

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

(To be Submitted Strictly Discipline-wise)

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 HEALTH SCIENCES

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

DIRECTOR, SCHOOL OF HEALTH SCIENCES

DIRECTOR(RSD)

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
REGIONAL SERVICES DIVISION
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SOHS

BIO-DATA PROFORMA FOR PROGRAMME IN-CHARGES AND ACADEMIC COUNSELLORS OF HEALTH SCIENCES DISCIPLINE OF SCHOOL OF HEALTH SCIENCES.

(To be filled in by the candidate)

Regional Centre : Bangalore

Programme Study Centre Code _____

**Programme Study Centre : _____
(Full name & Address)**

General Information

1. Name (in block letters) :

2. Date of Birth :

3. Present Designation/ :

4. Whether belongs to SC/ST/OBC:

5. Residential Address :
(with Telephone No.)

6. Official Address :
(with Telephone No.)

7. E-mail address :

8. Academic Qualifications: (Attach self-attested photocopies of the educational qualifications)

DEGREE	UNIVERSITY	YEAR	SUBJECT/SPECIALISATION
MBBS			
MD(PSM/O&G/ PAED./MED.)			
MHA/MD(HA) MD(CHA)/DNB (HA)			
MS			
DM/Ph.D/MCH			
DH & HM			
MBA			

Affix Self attested
latest Photograph

9. Details of Teaching Experience:

LEVEL	POSITION	NAME OF THE INSTITUTION	EXPERIENCE (YEARS)
Under Graduate			
Post Graduate			

10. Details of Administrative Experience:

POSITION HELD	AREA OF WORK	INSTITUTION/HOSPITAL	EXPERIENCE (YEARS)

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**

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****For use at the School of Health Sciences**

Recommended for appointment as a part-time Academic Counsellor

Place :

Date :

SIGNATURE OF THE DIRECTOR**WITH STAMP**

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
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SOHS

BIO-DATA PROFORMA FOR ACADEMIC COUNSELLORS AND CLINICAL SUPERVISORS OF B.Sc NURSING

Regional Centre : Bangalore

Programme Study Centre Code _____

Part-I - General Information

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 :

Affix Self attested
latest Photograph

Part – II - Programme specific information

9. Academic Qualifications: (Attach self-attested photocopies of the educational qualifications)

DEGREE	UNIVERSITY	YEAR	SUBJECT/SPECIALISATION
B.Sc Nursing			
M.Sc Nursing			
M.Phil Nursing or related areas			
Ph.D Nursing or related areas			
Any other – DNEA/			

10. Details of Teaching Experience:

LEVEL	POSITION	NAME OF THE INSTITUTION	EXPERIENCE (YEARS)
Under Graduate a) B.Sc(Nursing) b) Post Basic B.Sc(Nursing)			
Post Graduate			
M.Phil/Ph.D			
GNM/DNEA			
ANM/FHW/HS			

11. Clinical Work Experience:

POSITION HELD	AREA OF WORK	INSTITUTION	TOTAL NUMBER OF YEARS OF EXPERIENCE
1.			
2.			
3.			

12. nursing Administration:

POSITION HELD	AREA OF WORK	INSTITUTION/HOSPITAL	TOTAL NUMBER OF YEARS OF EXPERIENCE
1.			
2.			
3.			

Course(s) preferred for counseling and Clinical Supervision _____

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 Study Centre

Original Degrees/Certificates/Marksheets 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**