

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

Other Progs.

TRANSMISSION OF BIO-DATA FOR EMPANELMENT OF ACADEMIC COUNSELLORS FOR ALL MASTER'S, PG DIPLOMA'S, BACHELOR'S, DIPLOMA AND CERTIFICATE PROGRAMMES (EXCEPT COMPUTERS, HEALTH SCIENCES & ENGG. PROGRAMMES)

(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)

SI. 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) at Hqrs (Delhi)
(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 _____

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

DIRECTOR, SCHOOL OF _____

DIRECTOR(RSD)

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BIO-DATA PROFORMA FOR ACADEMIC COUNSELLORS FOR ALL MASTER'S, PG DIPLOMA'S, BACHELOR'S, DIPLOMA'S AND CERTIFICATE PROGRAMMES (EXCEPT COMPUTERS, HEALTH SCIENCES & ENGG. PROGRAMMES)

Regional Centre : Bangalore

Study Centre/Programme SC 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)

Sl. No.	Degree	University	Year	Subjects	Subjects Specialization
1					
2					
3					
4					
5					

10. Details of Teaching Experience:

Level	Courses Taught	Tutorial/Teaching Experience	Name of the Institution	Total Teaching Experience
Under Graduate				
Post Graduate				

- 11. Research and Publication :
- i) No. of Research Articles Published :
- ii) No. of Books published :
(add an additional sheet, if required)
- iii) Details of Research work/Project work guided : _____

12. Please indicate your work experience commensurate with the issue of counseling for the course of your choice :

13. Please tick the language(s) in which you will be able to counsel :

English Hindi Regional Language (Pl. specify)

14. Experience in the Open and Distance Learning : YES NO
(If Yes, please give detail on a separate sheet)

15. Please mention priority-wise, the choice of course you would like to do counseling for (see the syllabi of the concerned programme and write course codes

(i) _____ (ii) _____ (iii) _____ (iv) _____

16. Any other relevant information : _____

17. If enrolled as student of IGNOU, please give the following details :

i) Program with Enr. No. : _____ Present Status: Completed Not Completed

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 : BANGALORE

DATE :

**SIGNATURE OF THE REGIONAL DIRECTOR
WITH STAMP**