

**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)**

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

**Other Progs.**

**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 :

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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:

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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 : BANGALORE

DATE :

**SIGNATURE OF THE REGIONAL DIRECTOR  
WITH STAMP**