

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
REGIONAL SERVICES DIVISION  
MAIDAN GARHI, NEW DELHI-110068**

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

(To be submitted strictly discipline-wise)

Letter No.:  
Date :

Regional Centre: ..... Code:.....

(For use of Study Centre/Programme Study Centre)

SC/PSC (Name) : ..... SC/PSC Code : ..... Programme : .....

Details of prospective Academic Counsellors (bio-data enclosed)

Sl. No.	Name (Use capital letters)	Course(s) for which recommended by coordinators	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 / PROGRAMME I/C**

We have scrutinized the bio-data and the persons mentioned in the attached proforma are recommend 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-110068**

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

Study Centre/Programme SC : .....
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**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. Office Address (Mention Pin Code) :
7. Phone No. (Off) ..... (Resi) ..... (Mobile).....
8. E-mail address :

**Part-II-Programme specific information**

9. Academic Qualification :

Sl. No.	Degree	University	Year	Subject	Specialization

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) .....

16. Any other relevant information : .....

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

i) Programme with Enrolment No.: .....  
ii) Present Status : Completed  No. Completed

**DECLARATION :**

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

**PLACE:**

**DATE:**

**SIGNATURE**

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

Original Degrees/Certificates/Marksheets have been verified by the undersigned and the candidate is recommended for 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 INCHARGE WITH STAMP**

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

Based on the self-attested photocopies of the relevant documents the credentials of the persons 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**