

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

**TRANSMISSION OF BIO-DATA FOR EMPANELMENT OF ACADEMIC COUNSELLORS FOR ALL
BACHELOR'S DILOMA AND CERTIFICATE PROGRAMMES OF HEALTH SCIENCES
(To be submitted strictly discipline-wise)**

Letter No:
Dated:

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 Coordinator	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-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 & 5 are to be filled up by the School.

REGIONAL DIRECTOR

DIRECOTR, SCHOOL OF

Checked and approved as per the course 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 PROGRAMME INCHARGES AND ACADEMIC COUNSELLORS OF HEALTH SCIENCES
DISCIPLINE OF SCHOOL OF HEALTH SCIENCES

Programme Study Centre Code

Regional Centre :
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 Tel. No. :
(Mention Pin Code)
6. Official Address with Tel. No. :
(Mention Pin Code)
7. E-mail address :
8. Academic Qualifications :

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

9. Details of Teaching Experience:

Total number of years of teaching experience:

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

10. Details of Administrative Experience :

POSITION HELD	AREA OF WORK	INSTITUTION / HOSPITAL	EXPERIENCE (YRS.)

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 the Study Centre

Original Degree/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:

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.....
.....

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 Course:

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.....
.....

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**