

INDIRA GANDHI OPEN UNIVERSITY
Maidan Garhi, New Delhi-110 068

**Bio-data Format for Counsellor of Post Graduate Certificate In
Oral Implantology Programme**

Regional Centre : _____

Programme Study Centre : _____

A) General Information

1. Name (in Block Letters) : _____

2. Date of Birth : _____

3. Present Designation : _____

4. Official Address : _____

_____ Pin No _____

B) Details for Correspondence

Contact Address : _____

_____ Pin No _____

Phone No. (R) _____ (Off) _____ (M) _____

Fax No: _____ Email: _____

C) Academic Qualification

Degree	University	Year	Specialization
BDS			
MDS			
Any other (Specify)			

D) Professional Experience

1. Total number of years of teaching Experience after MDS: _____ years

2. Details of working Experience after MDS Degree:

Position held	Institution	Duration	Speciality of posting

I hereby declare that the information given above is correct. I accept to undertake the tasks of academic counselling and evaluation of assignment scripts.

Signature of Counsellor

Place:

Date:

Recommended for Appointment as a part time Academic Counsellor

Signature with Stamp
**(Programme In-Charge of
PSC)**

Place:

Date:

For use at the Regional Centre

Recommended for appointment as a part time Academic Counsellor for the Course:

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.....

Signature with Stamp
(Regional Director)

Place:

Date: