

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY (IGNOU)**

**REGIONAL SERVICES DIVISION (RSD)**

**PROFORMA FOR APPOINTMENT OF  
PART-TIME CO-ORDINATOR AT LEARNER SUPPORT CENTRE (LSC)**

<b>1</b>	<b>Name (Block Letters)</b>	
<b>2</b>	<b>PAN Number</b>	
<b>3</b>	<b>Designation</b>	
<b>4</b>	<b>Nature of Employment/Appointment (Please tick any one)</b>	<b>Permanent/ Temporary/ Adhoc /Guest Teachers/Any other....</b>
<b>5</b>	<b>Pay Band with Academic Grade Pay</b>	
<b>6</b>	<b>Address (office)</b>	
<b>7</b>	<b>Office Landline Number (with STD Code)</b>	
<b>8</b>	<b>Mobile Number</b>	
<b>9</b>	<b>Email Id</b>	
<b>10</b>	<b>Address (Residence)</b>	
<b>11</b>	<b>Residence Landline Number, if any (with STD Code)</b>	

**12. Academic Qualification :**

<b>Degree</b>	<b>Subject</b>	<b>University</b>	<b>Year</b>	<b>Division</b>
Bachelor Degree				
Masters Degree				
Any other (Pl specify)				

### 13. Research Degree

Degrees	Name of the University	Title of dissertation / thesis	Date of Submission	Date of award
Ph D				

**Note: Please enclose self attested copy of educational qualification documents.**

### 14. Teaching Experience:-

- :
- (i). Total teaching experience at UG Level (In number of years):
  - (ii). Total teaching experience at PG Level (In number of years):
  - (iii). Details of teaching experience

Level	Name of Subject taught	Year/s with date	
		From	To
UG Level			
PG Level			
Any other (Pl specify)			

(iv). Administrative/ Supervisory Experience, if any, Please specify:-

(v). Experience of work connected with IGNOU activities such as Course Writing, Counseling, Asstt. Co-ordinator etc., if any, Please specify:-

**15. Research Experience:**

a. Are you Research Supervisor: YES/NO

If Yes,

b. Number of PhD Guided:

c. Number of Ph.D. Awarded:

d. Number of MPhil Guided:

e. Number of MPhil Awarded:

(vii) Research projects/ Studies undertaken (pl. Specify)

I declare that the particulars given above are correct to the best of my knowledge and belief.

Date:

Signature of the candidate

Name:

.....  
**Recommendations of the Principal / Head of the host Institution**

Date:

Signature of the Principal/  
Head of the host Institution

Name

Seal

**To be filled by Regional Director**

Based on the self-attested photocopies of the received documents the credentials of \_\_\_\_\_  
\_\_\_\_\_ stand verified. He /She is recommended for appointment as  
Part-time Coordinator at IGNOU LSC \_\_\_\_\_ / the proposed centre.

Date:

Signature of Regional Director

Name

Seal