

INDIRA GANDHI NATIONAL OPEN UNIVERSITY
REGIONAL SERVICES DIVISION
Maidan Garhi, New Delhi-110068

BIO-DATA PROFORMA FOR ACADEMIC COUNSELLORS FOR ALL MASTERS,
BACHELORS, DIPLOMA AND CERTIFICATE PROGRAMMES
(EXCEPT COMPUTERS, HEALTH SCIENCES & ENGG. PROGRAMMES)

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 (**in Block Letters**) :
.....
(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 Qualifications:

Sl. No.	Degree	University	Year	Subjects	Specialization

10. Details of teaching experience:

Level	Course Taught	Tutorial/Teaching Experience	Name of the Institution	Total Teaching Experience

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 details on a separate sheet)

15. Please mention priority-wise the choice of course(s) you would like to do counselling for (see the syllabi of the concerned programme from the IGNOU Prospectus 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 Not Completed

(Please put a slash or N.A. whichever entry is NOT APPLICABLE. Please write your name and address clearly.)

DECLARATION:

I hereby declare that information given above is correct. I accept to undertake the tasks of academic counselor, 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 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)

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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.

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Special recommendation, if any (Add extra sheet, if required)

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PLACE:
Date:

SIGNATURE OF THE REGIONAL DIRECTOR WITH STAMP