

INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
REGIONAL SERVICES DIVISION  
MAIDAN GARHI NEW DELHI – 110068

TRANSMISSION OF BIO-DATA FOR EMPANELMENT OF ACADEMIC COUNSELLORS  
(To be submitted strictly discipline –wise)

RECOMMENDATION SHEET

Letter No. \_\_\_\_\_ Dated: \_\_\_\_\_

REGIONAL CENTRE \_\_\_\_\_

SC/PSC Code: \_\_\_\_\_

Programme Code \_\_\_\_\_

Details of Prospective Academic Counsellors

Sl. No.	Name of the Counsellors (Use Capital letters)	Course(s) for which Recommended by the Co-ordinator	Course-wise approval of the School (to be filled by the School faculty of IGNOU)	Signature of IGNOU faculty member approving the courses
(1)	(2)	(3)	(4)	(5)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

CO- ORDINATOR / PROGRAMME I/C  
(Signature & Stamp)

**We have scrutinized the bio-data 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**  
**Please note: Columns 4&5 are to be filled up by the IGNOU School/Division concerned, NOT BY THE STUDY CENTRE OFFICIALS.**

REGIONAL DIRECTOR  
(Signature & Stamp)

DIRECTOR (RSD) \_\_\_\_\_

Director/ SCHOOL /DIVISION \_\_\_\_\_

Checked and approved as per the courses mentioned in Column No. 4 of the Proforma

DIRECTOR, SCHOOL /DIVISION \_\_\_\_\_