

**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).

iv.
v.
vi.

16. Any other relevant information

17. If enrolled as student of IGNOU, Please give the following details

vii. Programme with Enrolment No.
viii. 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

Appendix III

1.3.5. BIO-DATA PROFORMA FOR PIC AND ACADEMIC COUNSELLORS OF HEALTH SCIENCES DISCIPLINE OF SCHOOL OF HEALTH SCIENCES.

Regional Centre.....

Programme Study Centre Code.....

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. Office Address with Tel. No. :
(Mention Pin Code)
7. E-mail address
8. Academic Qualification :

Degree	University/Institution	Year	Specialisation
MBBS			
MD/MS			
Others			

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 in (YRS)

DECLARATION

I hereby declare that information given above is correct. I accept to undertake the tasks of academic counseling, evaluation of assignment scrips and may other activities related to the academic functions of the Study Centre.

Place:
Date

Signature

FOR USE AT THE STUDY CENTRE

Original Degrees/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.)

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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**

For use at the School of Health Sciences

Recommended for Appointment as a part-time Academic Counsellor

**SIGNATURE OF THE DIRECTOR
WITH STAMP**