

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

PERSONNEL DATA FORM FOR ACADEMIC COUNSELLORS

Study Centre/Programme Study Centre:

Programme:

Part-1:- General Information

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(To be filled by the candidate)

1. Name (in BLOCK LETTERS) :

2. Date of Birth :

3. Personal Designation/Profession :

4. Whether belongs to SC/ST/OBC :

5. Residence Address :
(Mention Pin Code)

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6. Office Address :
(Mention Pin Code)

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7. Phone No. (Off.) : (Resi) (Mobile)

8. E-mail address :

Part II – Bio-data Format for the Application Oriented Course on “Teaching of Primary School Mathematics” (AMT 01)

Experience related to the pre-primary and primary school levels in the following areas:

| Areas | Years of Experience | Worked | where, & in what capacity |
|---|---------------------|--------|---------------------------|
| I. Teaching teachers how to teach Mathematics | | | |
| II. Teaching primary school children Mathematics | | | |
| III. Innovations in methods for teaching Mathematics | | | |
| IV. Monitoring and evaluation of Mathematics teaching prog. | | | |
| V. Preparation of Print material, Audio or video Cassettes for Aiding (i) or (ii), Above. | | | |

DECLARATION

I hereby declare that the information given above is correct. I accept to undertake the task of Academic Counselling and evaluation of assignment scripts and any other activities related to the Academic functions of the Study Centre.

Signature

Place:

Date:

For use at the Study Centre/Programme Study Centre

Original Degrees/Certificates/Mark sheets 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 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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**Signature of the Regional Director
with stamp**