

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**

.....

**(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)

.....

.....

6. Office Address : .....  
(Mention Pin Code)

.....

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

8. E-mail address : .....

**Part-II – Programme Specific Information**

9. Academic/Professional Qualification:

Sl. No.	Degree	University	Year	Subject	Specialization
01.					
02.					
03.					
04.					
05.					



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:

.....  
.....

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**