

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

(1) S. No.	(2) Name of the Counsellors (Use capital letters)	(3) Course(s) for which Recommended by the Co-ordinator	(4) Course-wise approval of the School (to be filled by the School faculty of IGNOU	(5) Signature of IGNOU faculty member approving the courses
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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 of SCHOOL /DIVISION _____

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

DIRECTOR of SCHOOL /DIVISION _____