

VARDHAMAN MAHAVEER OPEN UNIVERSITY, KOTA



Regional Centre, _____

REVISED FORM (Applicable from July, 2007 Session)

BIODATA FORM FOR ACADEMIC COUNSELLORS

PROGRAMME _____

Study Centre..... Code No.

Regional Centre

GENERAL INFORMATION (To be filled in by Applicant)

1. Name (in block letters) :
2. Date of Birth :
3. Present Designation :
4. Address : Residential

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Official :

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5. Professional Qualification :

6. Teaching Experience :

Level	Course Taught	Years	Name of the Instt.	Total Teaching
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Under-Graduate :

Post-Graduate :

7. Are you enrolled as a student with Vardhaman Mahaveer Open University Yes/No

If yes, please mention :

(a) Programme :

(b) Enrolment No. :

(c) Your present :

Status as a student

I hereby declare that information given above is correct.

I accept to undertake the task of Academic Counselling and evaluation of assignments.

Recommended by :

**Coordinator Study Centre/
Programme Coordinator**

Forwarded by :

Regional Director / Director Academic

Approved by :

Signature

Director (RS)

(Name of the Applicant)