



# TAMIL NADU OPEN UNIVERSITY

## Student Support Services Division

No.577, Anna Salai, Saidapet, Chennai – 600 015

Phone: (91-44) 2430 6627

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### PROFORMA FOR EMPANELMENT OF ACADEMIC COUNSELLOR (PART-TIME)

Affix your  
passport size  
photograph

#### 1. PERSONAL DETAILS:

Sl.No.	Details	
1	Name (In Block Letters)	
2	Expansion of Initial	
3	Designation	
4	Department	
5	Date of Appointment	
6	Date of Birth	
7	Sex	
8	Nationality	
9	Category (SC,ST,BC,MBC,OC etc.)	
10	Address for Correspondence (With Pin Code)	
11	Permanent Address (With Pin Code)	
	Telephone No :	
	Mobile No :	
	Email Address :	
12	Aadhar No. :	
13	PAN :	

14	Bank Details (To credit the honorarium)	A/C No. : IFSC Code : Name of the Bank & Branch } :
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**2. EDUCATIONAL QUALIFICATION:**

(a). Academic Qualification (From 10<sup>th</sup> to the Highest Degree) :

S.No.	Study / Degree	Name of Board/ University	Year of Passing	% of Marks Obtained/ Grade	Division/ Class/ Rank	Subject

(b) Qualified in NET/SET :

(c) Post Doctoral Degree:

**3. DETAILS OF POSITION IN PRESENT INSTITUTION:**

Designation	Name of the Employer	Date of Joining

**4. TEACHING AND RESEARCH EXPERIENCE:**

PG Level (In Years )	UG Level (In Years)	Research Level (In Years)

**5. PUBLICATIONS:**

International (Total No.)	National (Total No.)	State or Regional (Total No.)

**6. PROGRAMMES (Conference, Seminar, Training and etc.) ORGANISED:**

International (Total No. of Programmes)	National (Total No. of Programmes)	State or Regional (Total No. of Programmes)

**7. ORIENTATION/REFRESHER/FDP ATTENDED:**

International (Total No. of Programmes)	National (Total No. of Programmes)	State or Regional (Total No. of Programmes)

**8. EXPERIENCE IN OPEN AND DISTANCE LEARNING:**

(Please mention, if you conducted any contact programmes in ODL mode)

Sl.No.	Name of the University	Experience (In Years)

**9. INTEREST OF YOUR PROGRAMME FOR COUNSELLING CLASSES :**

UG	PG	Both

**10. SPECIFY THE INTEREST OF YOUR COURSE/SUBJECT :**

(Please refer the curriculum of the programme available in [www.tnou.ac.in](http://www.tnou.ac.in))

Sl.No.	Programme	Course & Course Code

**DECLARATION:**

Certify that the above furnished details are true to my best of my knowledge and belief.

Signature

Date:

Place:

**ENDORSEMENT**

Principal of the College /  
Head of the Institution

**(FOR OFFICE USE)**

Recommendation of the Programme Co-ordinator and the Director of the School concerned in TNOU	
Remarks of the Director, Student Support Services Division, TNOU	
Academic Counsellor Code (To be allotted by the SSSD)	