
# TAMIL NADU OPEN UNIVERSITY Community College (CC) Personal Bio-Data of Academic Counsellor

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| 1 | Name of the Institution, where Community College is proposed |  |
| 2 | Name of Programme and subject for which the Academic Counsellor is engaged |  |
| 3 | Name and Residential Address of the Academic Counsellor / Teacher |
| a. | Name |  |
| b. | Educational Qualification |  |
| c. Door Number |  |
| d. | Street Name |  |
| e. | Area Name |  |
| f. | Post |  |
| g. | Taluk Name |  |
| h. | District Name |  |
| i. | Pin Code |  |
| 4 | Institution details of the Academic Counsellor/Teacher where employed |
| 1. | Institution Name |  |
| 2. | Present Designation |  |
| 3. | Total Years of Experience |  |
| 5 | Details of Telephone/Fax/ Email/ of the Academic Counsellor | STD Code | Phone Nos |
| a. | Office Phone |  |  |
| b. | Fax |  |  |
| c. Residence Phone |  |  |
| d. | Mobile Phone |  |
| e. | E -Mail Address |  |
| 6 | Present Pay: |  |
| 7. | Academic Qualifications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEGREE EXAMINATION** | **BOARD/ UNIVERSITY** | **YEAR** | **SUBJECT(S)** | **GRADE / PERCENTAGE** |
|  |  |  |  |  |
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|  |  |  |  |  |

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| 8. | Employment Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DURATION****(MONTH, YEAR)****FROM - TO** | **ORGANIZATION** | **DESIGNATION** | **NATURE OF JOB/****TYPE OF DUTIES** | **TOTAL EXPERIENCE** |
|  |  |  |  |  |
|  |  |  |  |  |
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| 9.  | Industrial experience, if any  |
| 10. | Experience (Total Teaching Experience at UG/PG Level (in years).

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| --- | --- | --- |
| **LEVEL OF TEACHING** | **SUBJECT** | **YEAR(S)** |
| Professional /Technical Leverl |  |  |
| UG Level |  |  |
| PG Level |  |  |
| Any Other (please specify) |  |  |

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| 11. | Administrative/Supervisory experience: |
| 12. | Experience of work connected with distance education activities such as Counselling Assistant, Coordinator etc : |
| 13. | Computer skills |
| 14. | Publications of books, articles, research papers, |

I hereby declare that all the information given above are correct. If any time it comes to the notice of the University that the above information/statements are false, the University may terminate my appointment as Academic Counsellor / Teacher.

Date: Signature of Academic Counsellor

Signature and Seal of the Coordinator