

Dr. B. R. AMBEDKAR OPEN UNIVERSITY
STUDENT SERVICES BRANCH

APPLICATION FORM FOR ACADEMIC COUNSELLOR FOR P.G. & P.G. DIPLOMA PROGRAMMES

<p>1. Name:</p> <p>2. Father's Name:.....</p> <p>3. Date of Birth & Age:</p> <p>4. Social Status (For statistical purpose only):</p> <p>5. Study Center(Code No) proposed to teach _____ Place : _____ District : _____</p> <p>7. a) Official Address with Phone No. _____ _____</p>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p style="font-size: 24px; margin: 0;">PHOTO</p> </div>
<p>6. Course(s) interested to teach (Subject) i) _____ ii) _____</p> <p>b) Residential Address with Mobile No & E-mail I.D.: _____ _____ _____</p>	

8. Educational Qualifications (P.G. ONWARDS)

Sl. No.	Name of the Programme	University / Institution	Year of Passing	Class / Division	Percentage of Marks
1					
2					
3					

9. Teaching Experience:

Sl. No.	Name of the Institution	Subjects taught	Class	Medium	No. of Years
1					
2					
3					

10. Experience as Academic Counsellor in BRAOU (if any)

Sl. No.	Study Centre	PG / OTHER Programme	Period		Course(s) taught (specify the medium also)
	CODE / PLACE		FROM	TO	
1					
2					
3					

11. Any other information (enclose separate sheet if necessary regarding Awards / Medals / Publications etc.)

12. **Applicant should opt for one study centre only.**

- NOTE:** 1 Please attach one set of attested copies of P.G. and above qualification certificates for office records.
2. Research Scholars and others must produce memorandum of marks of PG. They are also requested to submit a certificate from their respective research supervisor.

Date: _____ Signature of the Applicant
Place: _____

Signature of the Head of the S.C. with Seal Signature of the Principal / Head of the Institution with Seals