APPENDIX II: PRESCRIBED FORMAT FOR RESUME OF EACH PROPOSED STAFF

ज्ञानगंगा घरोघरी	RESUME FORMAT TO CONTRIBUTE AS AN COUNSELOR/ SUPERVISOR/EXPERT AT SCHOOL OF COMPUTER SCIENCE, YASHWANTRAO CHAVAN MAHARASHTRA OPEN UNIVERSITY, NASHIK – 422 222, MAHARASHTRA, INDIA

For Office Use Only

PC	Approved for Course Codes	Duration	SC Resolution
	Approved and Certified by Regional Director		

Note

1. **Regional Directors are authorized to certify and approve subject/course wise counsellors/Supervisors and experts as per the following criteria mentioned in table.**

Criteria for Approval of Academic Counselor for Teaching, Development of Self-Instructional Material, Evaluation and Examination related activities are:

Normally, educational qualification of the counselor/expert shall be from the respective discipline of the academic programme **(refer page number: 6 to 15)**

2. **Regional Directors shall provide approval letters to respective Counsellors/ Supervisors/experts of Learner Support Centre**
3. **Regional Directors shall submit approved course/ subject wise list of counsellors / Supervisors/experts on email to the following –**
   1. Director, School of Computer Science
   2. Director, Evaluation and
   3. Director, SSD

Counselor/Expert/Supervisor/Lab Assistant Resume

(A) Personal Information

Name	First Name	Middle Name	Last Name	Affix here your stamp size color photograph
Date of Birth	Day	Month	Year	
Sex	❑ Male ❑ Female			
Languages Known	❑ English	❑ Marathi	❑ Hindi	❑ Other (Please specify):
	❑	❑	❑	❑

Sign

(B) Contact Information

Description	College / Institution / Learner Support Centre	Residence
Postal Address		
City/Town:		
Postal Code:		
Phone (include Country &Area Code separated by -)		

Mobile		
Email		

(C) Educational Qualifications

Education	Diploma/ Degree Title	College/ University / Board	Main / Special Subject	% Marks	Grade & Class	Passing Year
Under Graduate Diploma						
Graduation						
Post Graduate Degree						
PG Diploma						
M. Phil.						
Ph.D.						

(D) Experience Details

D1. Total Experience: _____years

D2. Teaching at Graduate Level: ___years

D3. Teaching at Post-Graduate Level: _____years

D3. Industrial or Professional Experience: _____years

D4. Have you contributed for YCMOU jobs in past? ☐ Yes, ☐ No

D5. Job History

Description	Present Job	Previous Job 1	Previous Job 2	Previous Job 3
Designation				
Organization				
Appointment Date				
Leaving Date				

(E) Select all those Jobs, where you wish to contribute

Development	**Operation**	**Examination**
Video Programme for Swayam prabha and am, NPTEL Platform etc: ❑ ☐Subject Expert ❑ Moodle / IT Expert **Audio Lectures on Yashwani:** ❑ Subject Expert **Self-Learning Material - Book or Workbook:** ❑ Subject Expert ❑ Writer ❑ Content Editor ❑ Language Editor ❑ Translator	**Coordination** ❑ Learner Support Centre Head ❑ Programme Coordinator **Counseling** ❑ Counselor (Theory Course) ❑ Supervisor (Practical Course)	**Question Bank** ❑ Item Writer ❑ Content Editor ❑ Language Editor **Paper Setting** ❑ Theory Paper Setter **End Exam Coordination** ❑ Exam Centre Head **Theory End Exam Conduct** ❑ Sr External Supervisor ❑ Sr Internal Supervisor **End Exam Conduct for Activity courses** ❑ External Examiner ❑ Internal Examiner **Central Assessment Programme** ❑ Moderator ❑ Examiner

(F) Projects handled

No.	**Project Title**	**Front end**	**Back end**
1.			
2.			
3.			

(G) List all those Courses, which you are teaching from last 5 years and for which you wish to contribute:

SN	**Name of the Course (Subject)**	**SN**	**Name of the Course (Subject)**
01		06	
02		07	
03		08	
04		09	
05		10	

(H) List all those Courses, which you are teaching from last 5 years and for which you wish to contribute:

SN	Name of the Course (Subject)	SN	Name of the Course (Subject)
01		06	
02		07	
03		08	
04		09	
05		10	

(I) Specify the YCMOU courses you are interested in for counseling (should not exceed 5 courses) – Refer the Programme structure given in the booklet for list of courses.

No.	Name of Course
01	
02	
03	
04	
05	

(J) Declaration and Signatures Forwarded through me for further necessary favorable considerations

I declare that above information is true to best of my knowledge. Attested photocopies of relevant documents are attached herewith.

Date: Signature of Applicant

Forwarded through me for further necessary favourable considerations as Applicant

Date: Seal/Stamp of institution Signature of Principal