



INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
REGIONAL CENTRE

Bikash Bhavan, North Block, 4<sup>th</sup> Floor, Salt Lake, Kolkata – 700091

Name of the Centre  
But Content

G.C.M. COLLEGE OF EDUCATION

SC/SSC/PSC Code 2889 P

COUNSELLING SCHEDULE FOR THE MONTH OF APRIL Year 2016

Theory / Practical

Date	Time	Programme Code	Course Code	Maximum Credit	Session July / January	No. of Students Allotted	___th session *1	Batch *2	Name of the Counsellor #3	Date & Control No. of his/her approval	Mentoring/Supervision/Field/ Trip/Guest Lecture / Lab Practical etc.
3.4.16 (Sun)	11-1 pm	B.Ed.	ES-334	4	Jan, 16	99	1/5	15	P. Bandyopadhyay	RSD/AC/08/334 23.01.09	
	1-3 pm	"	ES-335	4	"	99	1/5	15	D. Dhar	RSD/AC/08/334 23.01.09	
	3-5 pm	"	ES-361	4	"		1/5	15	R. Dutta	HB/0715 13.7.15	
10.4.16 (Sun)	11-1 pm	"	BES-065	4	"	99	1/5	15	R. Mukherjee	14/RE-28/TA/AC/7471 16.3.11	
	1-3 pm	"	BES-066	4	"	99	1/5	15	R. Dutta	HB/0715 13.7.15	
	3-5 pm	"	ES-362	4	"		1/5	15	D. Dhar	RSD/AC/08/334 23.01.09	
17.4.16 (Sun)	11-1 pm	"	ES-334	4	"	99	2/5	15	P. Bandyopadhyay	As Per Previous	
	1-3 pm	"	ES-335	4	"	99	2/5	15	D. Dhar	"	

*AM (AC)*  
*de Jindal*

*Approved*  
*Subject to University norms*

*J-22/3/16*

Signature of the Coordinator / Programme-In-Charge with seal

Name Programme-in-Charge

Date IGNOU STUDY CENTRE-2889P

G.C.M. College of Education  
New Barrackpore, Kol-131

Note : \*1 : This column may be filled as 3/10, if 3<sup>rd</sup> session is being schedule for this month, out of the prescribed 10 sessions.

\*2 : In case of practical session, batch details, including number of students in each batch should be mentioned.

#3: Approved Academic Counsellors should only be engaged.

INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
REGIONAL CENTRE

Bikash Bhavan, North Block, 4<sup>th</sup> Floor, Salt Lake, Kolkata – 700091

Name of the Centre G.C.M. COLLEGE OF EDUCATION

SC/SSC/PSC Code 28899

COUNSELLING SCHEDULE FOR THE MONTH OF APRIL Year 2016

Theory / Practical

Date	Time	Programme Code	Course Code	Maximum Credit	Session July / January	No. of Students Allotted	___th session *1	Batch *2	Name of the Counsellor #3	Date & Control No. of his/her approval	Mentoring/Supervision/Field/ Trip/Guest Lecture / Lab Practical etc.
17.4.16 (Sun)	3-5 pm	B.B.D.	ES-363	4	Jan/16		1/5	15	1 S. Biswas Medya 2	HQ/0715 13.7.15	
24.4.16 (Sun)	11-1 pm	"	BESE-065	4	Jan/16	99	2/5	15	1 R. Mukherjee 2	As per previous	
	1-3 pm	"	BESE-066	4	"	99	3/5	15	1 R. Dutta 2	"	
	3-5 pm	"	ES-364	4	"		4/5	15	1 D. Dhan 2	HQ/0715 13.7.15	
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									1 2		
									1 2		
									1 2		

Approved  
Subject to University norms  
28/3/16  
Asstt. Regional Director

Signature of the Coordinator / Programme-In-Charge with seal  
Name S - Biswas Medya  
Date 28/3/16  
IGNOU STUDY CENTRE-28899  
G.C.M. College of Education  
New Barrackpore, Kol-131

Note : \*1 : This column may be filled as 3/10, if 3<sup>rd</sup> session is being schedule for this month, out of the prescribed 10 sessions.  
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