

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**REGIONAL CENTRE, Darbhanga**

**PROFORMA FOR ACADEMIC COUNSELLING SCHEDULE**

Name of the Study Centre: **KAMLA RAI COLLEGE, GOPALGANJ**

SC/SSC/PSC Code: 46026

For the Month of: **February** Year: **2026** Theory / Practical: **Theory**

Programme Code: **BAHDH**

Session: **July, 2025**

1	2	3	4	5	5	6	7	8	9	10	11	12
Date	Time	Course Code	Block to be covered	Maximum Credit	_____th Counselling session #1	Venue/Room No.	Session July / January	No. of Student Allotted	Batch #1	Name of the Counsellor #3	Approval No. & Date	Mentoring/Supervision/ Lab Practical etc.
08-02-2026	12:00 PM TO 2:00 PM	BHDC101	1	6	1/8	Room no-3	July			Dr. Shyam Sharan	AMSPS8754K/004	
08-02-2026	3:00 PM TO 5:00 PM	BHDC103	1	6	1/8	Room no-3	July			Dr. Shyam Sharan	AMSPS8754K/004	
22-02-2026	12:00 PM TO 2:00 PM	BHDC105	1	6	1/8	Room no-3	July			Dr. Shyam Sharan	AMSPS8754K/004	
22-02-2026	3:00 PM TO 5:00 PM	BHDC111	1	6	1/8	Room no-3	July			Dr. Shyam Sharan	AMSPS8754K/004	

*Amit Kumar*  
03/02/2026

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

Code: 46026

Name: **Dr. Amit Kumar**

Date: **03/02/2026**

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.