

**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

Session: July, 2025

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

Programme Code: MHD

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.
07-02-2026	4:00 PM TO 6:00 PM	MHD1	1	8	1/10	Room no-3	July			Dr. Shyam Sharan	AMSPS8754K/005	
08-02-2026	9:30 AM TO 11:30 AM	MHD 2	1	8	1/10	Room no-3	July			Dr. Shyam Sharan	AMSPS8754K/005	
21-02-2026	4:00 PM TO 6:00 PM	MHD5	1	8	1/10	Room no-3	July			Dr. Shyam Sharan	AMSPS8754K/005	
22-02-2026	9:00 AM TO 11:30 AM	MHD6	1	8	1/10	Room no-3	July			Dr. Shyam Sharan	AMSPS8754K/005	

Amit Kumar
03/02/2026

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

Co-ordinator

K.RName: **N.P. Amit Kumar**
Code- 46026

Date: **03/02/2026**

Note:*1 : This column may be filled as 3/10, if 3rd 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.