

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: **MHI** 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 January / July	No. of Student Allotted	Batch *1	Name of the Counsellor #3	Approval No. & Date	Mentoring/Supervision/ Lab Practical etc.
18-02-2026	3:00 PM TO 5:00 PM	MHI3	1	8		Room no-2	July			Dr. Amit kumar	ASRPK5567D/001	
20-02-2026	3:00 PM TO 5:00 PM	MHI3	1	8		Room no-2	July			Dr. Amit kumar	ASRPK5567D/001	
21-02-2026	3:00 PM TO 5:00 PM	MHI3	2	8		Room no-2	July			Dr. Amit kumar	ASRPK5567D/001	
22-02-2026	3:00 PM TO 5:00 PM	MHI3	3	8		Room no-2	July			Dr. Amit kumar	ASRPK5567D/001	
23-02-2026	3:00 PM TO 5:00 PM	MHI3	4	8		Room no-2	July			Dr. Amit kumar	ASRPK5567D/001	
24-02-2026	3:00 PM TO 5:00 PM	MHI3	4	8		Room no-2	July			Dr. Amit kumar	ASRPK5567D/001	
25-02-2026	3:00 PM TO 5:00 PM	MHI3	5	8		Room no-2	July			Dr. Amit kumar	ASRPK5567D/001	
26-02-2026	3:00 PM TO 5:00 PM	MHI3	6	8		Room no-2	July			Dr. Amit kumar	ASRPK5567D/001	
27-02-2026	3:00 PM TO 5:00 PM	MHI3	7	8		Room no-2	July			Dr. Amit kumar	ASRPK5567D/001	
28-02-2026	3:00 PM TO 5:00 PM	MHI3	7	8		Room no-2	July			Dr. Amit kumar	ASRPK5567D/001	

Amit Kumar
 03/02/2026
Signature of the Coordinator / Programme In-Charge
 with seal
 Name : Dr. 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.