

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

SWAYAM PRABHA CHANNEL - 20

SCHEDULE FOR RECORDING THE SWAYAM PRABHA VIDEO SESSIONS

SCHOOL/Unit/Division/Cell _____

- 1) Name of the Course Coordinator:
- 2) Designation:
- 3) Name of the Programme:
- 4) Programme Code:
- 5) Name of the Course:
- 6) Course Code:
- 7) No. of Credits:

Note: Please use separate form for filling the details of each individual course.

8) Details of the Proposed Video Sessions: (*Note: Please use separate form for filling the details of each individual course*)

SNo.	Title of the Video Session	Block and Unit of the Course	Name of the Expert with Designation, Affiliation etc	Internal / External	Tentative Month (April-2021 to Sept- 2021) of video shoot

9) Name of the Reviewers(for videos):

SNo.	Name of the Reviewer	Internal / External		
1				
2				

Station:

Signature of the Course Coordinator

Date:

Signature of the Director of the School Concerned