



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

