

# Questionnaire for Database of Professionals in Open and Distance Learning (ODL)

## 1 GENERAL INFORMATION

Title (Dr., Miss, Mr., Mrs., Ms., Prof., etc.):	
First and Middle Names:	
Family Name(s):	

Mailing Address:	
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Office Telephone:	
Office Fax:	
Email ID: Official	
Residence Telephone:	
Residence Fax:	
E-mail ID: Personal	
Mobile:	
URL of the Institution	
URL of personal Homepage	

Nationality/Citizenship:	
Gender:	
Date of Birth:	
Place of birth:	

## 2 WORKING EXPERIENCE

Total Experience ( Should not be less than 15 years)	
Experience in ODL Institutions (Should not be less than 5 years )	
Current Position and Employer (Specialisation)	

Positions Held in Last 10 Years (attach separate sheet if needed)	Designation (Specialisation)	Institution	Period
			From: To:
			From: To:
			From: To:
			From: To:

### 3 EXPERIENCE (PLEASE CHECK AS MANY AS APPLY)

#### 2.1 Modes

- Conventional Education
- Open Learning/Distance Education

#### 2.2 Levels

- Pre-primary
- Primary
- Secondary
- Further Education
- Staff/Corporate training
- Pre-degree
- Diploma, Certificate
- Degree
- Post-graduate

#### 2.3 Specialisations

- Credit Assessment & Accumulation
- Educational Media
- Educational Technology
- Environmental Education
- Gender & Development
- Information Technology
  - Instructional Design
  - Library and Information science
- Materials Development
- Non-Formal Education & Training
- Open Schooling
- Planning & Management of Distance Ed.
- Professional Continuing Education
- Quality Assurance
- Research & Evaluation
- Student Support Systems
- Teacher Education
- Technical/Vocational Education & Training
- Telecommunications Technology
- Training of Distance Educators
- Open Educational Resources
- eLearning

- Other (please specify) → \_\_\_\_\_
- Other (please specify) → \_\_\_\_\_
- Other (please specify) → \_\_\_\_\_

**4 KEY EXPERTISE**

Please list any 3 specialisations in which you have the best expertise.

<b>Sr. No.</b>	<b>Level</b>	<b>Specialisation</b>

**5 EXAMPLES OF OPEN LEARNING/DISTANCE EDUCATION EXPERIENCE**

(Please list any five most important examples.)

<b>Sr. No.</b>	<b>Brief Description</b>	<b>Nature of Assignment</b>	<b>Location (Institution/City/Country )</b>	<b>Duration (From - To)</b>

**6 LANGUAGES**

<b>Sr. No.</b>	<b>Language</b>	<b>Speak</b>	<b>Read</b>	<b>Write</b>

**7 HIGHEST ACADEMIC QUALIFICATION**

Degree (Subject)	Institution	Year of Completion

**8 OTHER ACADEMIC QUALIFICATIONS (RELEVANT TO ODL)**

Degree/Diploma/Certificate (Subject)	Institution	Year of Completion

**9 PUBLICATIONS ONLY IN ODL AND E-LEARNING - (Annexure-A)**

(List of Books, Chapters of Books, Published Research Reports and Journal Articles Published in Last 15 Years – **Excluding Conference Papers, Course units, Newspaper Articles, Lectures and Speeches**)

**Please attach your detailed CV or a provide link if it is available on-line and a scanned identity card or passport size photograph.**

I certify that the information provided in this form is true and correct. The Commonwealth Educational Media Centre for Asia, New Delhi is hereby authorised to register my name in its database and to release my name and the information provided in this form to its partners/clients seeking expert assistance in open learning/distance education.

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Signed

Date

**ANNEXURE A - LIST OF PUBLICATIONS**

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Return this filled in Word file *preferably via email* to:  
 Head (Administration and Finance)  
 Commonwealth Educational Media Centre for Asia  
 13/14 Sarv Priya Vihar  
 New Delhi 110 068  
 INDIA  
 Email: rthyagarajan[at]col[dot]org