

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI-110 068

APPLICATION FORM

(To be submitted to Regional Centres along with the consolidated details of data of each selected student in Hard and Soft copy by MOHFW)

INSTRUCTIONS

- Please read the instructions before filling up the form (Appendix 26).
- Please use Black/Blue Ball Point Pen in boxes using English CAPITAL LETTERS or English numerals.
- Write in CAPITAL LETTERS only within box. Leave blank between words as shown in the example below.
- Attach relevant certificates with application form.
- Attach DD in favour of IGNOU payable at Delhi (to be paid by MOHFW).

APPLICATION NO.

Enrolment No. (For Office Use)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

1. Name of the Programme Applied:

2. Programme Code:

3. Medium of Study
(Write code in the box)

A1 English
B2 Hindi
C3 Others

4. Regional Centre Code:

5. Programme Study Centre Code:

6. State Code:

7. a. Are you registered with (Ignou)

(Please write relevant code in the box)

A1 - Yes
B2 - No

If yes, Programme Code:

Enrolment No.:

PHOTOGRAPH

Affix your latest passport size photograph (4 cm x 5 cm) duly attested by you

Signature of Applicant

8. Name of the Candidate:
(as in class X/XII mark sheet or equivalent certificate)

9. Father/Mother/Husband Name :
(Please write S/o or D/o for Father/Mother's Name and W/o for Husband's Name)

10. Address for Correspondence : (Please do not give POST-BOX Number. Use Capital Letters and give space between words)

a) House No. :

b) Street Name :

c) Locality/Mohalla:

d) Tehsil/District:

e) City :

f) Pin Code:

g) State:

11. Contact Details: a) Landline No.

Fax, if any:

b) e-mail ID:

c) Mobile No.:

12. Date of Birth:

Date

Month

Year

13. Nationality

A1 - Indian

B2 - Others,

pl. specify

14. Gender

(Pls. write relevant code in the box)

A1 - Male
B2 - Female
C3 - Other

15. Category

(Pls. write relevant code in the box)

A1 - General
B2 - SC
C3 - ST
D4A - OBC (Creamy)
D4B OBC (Non Creamy)

16. Area

(Pls. write relevant code in the box)

A1 - Urban
B2 - Rural
C3 - Tribal

17. Marital Status

(Pls. write relevant code in the box)

A1 - Single
B2 - Married

18. Religion

(Pls. write relevant code in the box)

A1 - Hindu D4 Sikh G7 Parsi
B2 - Muslim E5 Jain H8 Jews
C3 Christian F6 Buddhist I9 Others

19. Whether Minority

(Pls. write relevant code in the box)

A1 - Yes
B2 - No

20. Social Status
(Pls. write relevant code in the box)

A1 - Ex-Serviceman
B2 - War Widows
C3 - Not Applicable

21. Whether Kashmiri Migrant

(Pls. write relevant code in the box)

A1 - Yes
B2 - No

22. Employment Status (Pls. write relevant code in the box)

A1 - Unemployed
B2 - IGNOU regular employee
C3 - Employed
D4 - KVS employee

23. Details of Scholarship being received, if any

a) Annual Scholarship Amount

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b) Deptt. offering Scholarship:

A1 Government

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c) Family Income (annual)

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d) Below Poverty Line

A1 Yes

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e) Jain Inmates

A1 Yes

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24. a) Whether a Person with Disability

(Pls. write relevant code in the box)

A1 - Yes

B2 - No

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b) If yes, kindly provide details of disability:

(Pls. write relevant code in the box)

A1 - Speech and Hearing Impairment

B2 - Locomotor Impairment

C3 - Visual Impairment

D4 - Low Vision

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Leprosy Cured

Mental Retardation

Mental Illness

25. Educational Qualifications:a) Whether 10th or 12th passA1 - 12thB2 - 10th

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b) Main Subjects

1.	
2.	
3.	

c) Year of Passing

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d) Division

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01, 02, 03 or 04 for pass

e) %age of Marks

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f) Board Code/University

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26. Relevant Qualifications (which make you eligible for application to the programme) GNM/B.Sc.N/BAMS

a) Qualification

A1 - GNM

B2 - BScN

C3 - BAMS

C4 - Any other

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b) Main Subjects

1.	
2.	
3.	
4.	

c) Year of Passing

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d) Division

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01, 02, 03 or 04 for pass

e) %age of Marks

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f) Board Code/University

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g) Council Registration Number

RN

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RM

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Name of Nursing Council/
Ayurveda Council

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h) Whether in Service

A1 - Yes

B2 - No

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Place of work

i) Years of experience after RN/RM/Ayurveda practice

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27. Details of fee Remittance:

a) Mode of Payment

(Pls. write relevant code in the box)

A1 - Cash Challan

B2 - Demand Draft

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b) Amount : Rs. _____

Please add Rs. 500/- in case of Late fee

c) DD/Challan Number:

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e) Bank Name:

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28. Declaration:

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University. Further, I have carefully studied the rules of the University as printed in the Prospectus and I accept them and shall not raise any dispute in future over the same rules. I understand that the University can amend or change any rules without advance intimation and I will be abiding by them.

Place :

Date :

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Signature of the Applicant

INSTRUCTIONS FOR CANDIDATES

1. Please send your Application Form by Registered/Speed Post to School of Health Sciences, IGNOU.
2. Last date for receipt of filled in application form is as per advertisement.
3. Please retain photo copy of the filled application form for future reference.
4. For Detailed instructions please refer Student Handbook & Prospectus.
5. Self attested Photocopy of all the relevant certificates of DOB, Category, Employment, Educational Qualification, relevant Qualification making you eligible for application to programme, Council Registration and Demand Draft must be send along with this application form.
6. Original Certificates will be verified.
7. Fill up the column of E-Mail ID and correct mobile no., otherwise candidate will be responsible for non receipt of communication.

For office use

ADMITTED	NOT ADMITTED
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Reason for not admitting

Signature with date