

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI 110068

APPLICATION FORM

to be submitted only at the concerned REGIONAL CENTRE

- Please read the instruction before filling up the Application Form.
- Please use Black/Blue Ball point pen in the 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:

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

Application Number

Enrolment No. (For Office)

1. Name of the Programme Applied:

2. Programme Code:

3. Medium of Study:

A1 English

B2 Hindi

C3 Others, Pl specify

4. Regional Centre Code:

5. Learner Support Cen

6. State Code:

7. a) Are you already registered with IGNOU:

(Please write relevant code in the BOX)

A1 YES

B2 NO

If yes, Prog. Code:

Enrol. No.:

8. Name of the Candidate:

(Please refer instruction Page on NAME)

9. Father/Husband Name:

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

PHOTOGRAPH

Kindly affix your latest passport size (4 cm X 5 cm) photograph duly attested by you

Signature of the

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(A). Contact Details: a) Mobile No:

b) e-mail ID:

11(B). Aadhar No.

12. Date of Birth:

Date

Month

Year

13. Nationality:

A1 Indian

B2 Others, Pl specify

14. Gender:

(Please write relevant code in the BOX)

A1 Male

B2 Female

C3 Others

15. Category:

(Please write relevant code in the BOX)

A1 General

B2 SC

C3 ST

D4A OBC (Creamy)

D4B OBC (Non-Creamy)

E5 EWS (Economically Weaker Section)

16. Area:

(Please write relevant code in the BOX)

A1 Urban

B2 Rural

C3 Tribal

17. Marital Status: (Please write relevant) A1 Married <input type="text"/> <input type="text"/> B2 Single <input type="text"/> <input type="text"/>	18. Religion: (Please write relevant) A1 Hindu E5 Jain B2 Muslim F6 Buddhist C3 Christian G7 Parsi D4 Sikh H8 Jews I9 Others <input type="text"/> <input type="text"/>	19. Whether Minority: (Please write relevant) A1 Yes <input type="text"/> <input type="text"/> B2 No <input type="text"/> <input type="text"/>				
20. Social Status: (Please write relevant) A1 Ex-Serviceman B2 War Widows C3 Not Applicable <input type="text"/> <input type="text"/>	21. Whether Kashmiri Migrant: (Please write relevant) A1 Yes <input type="text"/> <input type="text"/> B2 No <input type="text"/> <input type="text"/>	22. Employment Status (Please write relevant) A1 Unemployed B2 IGNOU Employee C3 Employed D4 KVS Employee <input type="text"/> <input type="text"/>				
23. Details of Scholarship being received, if any a) Annual Scholarship Amount: Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> b) Deptt offering Scholarship: A1 Government B2 Others <input type="text"/> <input type="text"/> c) Family Income (annual) Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d) Below Poverty Line A1 Yes B2 No <input type="text"/> <input type="text"/> e) Jail Inmates A1 Yes B2 No <input type="text"/> <input type="text"/>						
24. a) Whether a person with Disability: b) If yes, kindly provide details of disability: (Please write relevant) A1 Yes B2 No <input type="text"/> <input type="text"/> (Please write relevant code in the BOX. If E5, tick relevant box as well) A1 Speech and Hearing Impairment <input type="text"/> <input type="text"/> B2 Locomotor Impairment C3 Visual Impairment D4 Low Vision E5 Any other, please <input type="text"/> <input type="text"/> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 5px;">Leprosy Cured</div> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 5px;">Mental Retardation</div> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 5px;">Mental Illness</div>						
25. Relevant Qualifications (which make you eligible for application to the programme):						
a) Qualification: <input type="text"/> <input type="text"/> <input type="text"/> CODE	b) Main Subjects: 1. _____ 2. _____ 3. _____ 4. _____	c) Year of passing <input type="text"/> <input type="text"/> Last two digits of the Year				
d) Division <input type="text"/> <input type="text"/> 01, 02, 03 or 04 for pass	e) %age of Marks <input type="text"/> <input type="text"/> Without decimal	f) Board code/University <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Wherever required				
26. Details of Fee remittance a) Mode of payment: (Please write relevant) A1 Demand Draft <input type="text"/> <input type="text"/> b) Amount: Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Please add Rs. 500/- in case of Late Fee c) DD Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> d) Date of DD: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> e) Bank Name: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
27. Simultaneous Programme/Course (Options : MSCDFSM/MTM applicants only):						
MSCDFSM applicants: (Please write relevant) A1 CFN B2 CNCC <input type="text"/> <input type="text"/>	MTM applicants: (Please write relevant) A1 Category 1 B2 Category 2 <input type="text"/> <input type="text"/>					
28. Elective/Optional Courses: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
CBCS Based Bachelor's Degree Programmes (BAG/BCOM/BSCG/BAECH/BAHIH/BAPSH/BAPCH/BAPAH/BASOH/BSCANH/BAEGH/BAHDH etc.)						
Semester	Course No.	Core Courses (CC)	Discipline Specific Courses (DSC)	Ability Enhancement Courses (AEC)	Skill Enhancement Courses (SEC)	Generic/Interdisciplinary courses (GE/IDC)
I						
II						

29. Elective/Optional Courses:

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Please mention Optional/Elective Courses of your Choice as per provisions (if applicable). Please read the Programme details carefully before choosing optional/elective courses.

MA (EDU) applicants:

Any ONE from
 A1/A2/A3/A4/A5
 (Details given at Annexure 1 (a))

MLIS applicants:

Any TWO courses
 from Annexure 1 (b)

MAPY applicants:

Any SIX courses
 from Annexure 1 (c)

PGDBP/CAFÉ/DAQ applications:

Any TWO courses
 from Annexure 1 (d)

PGDDM/PGDEMA/PGDUPDL/PGDRD applicants:

Annexure 1 (e)

DTS applicants:

Any TWO courses from one
 Group TS4 and PTS4 **OR**
 TS5 and PTS5 **OR** TS6 and PTS6

DCE applicants:

Any THREE
 courses DCE2/
 DCE3/DCE4/DCE5

CHCWM applicants:

Any two courses
 from Appendix 1(f)

30. Declaration and Undertaking:

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. To the best of my knowledge and belief, I fulfill the minimum eligibility criteria and I have provided necessary information and relevant self-attested documents with this application. I further undertake that I have not concealed or distorted any information and in the event of any information or self-attested documents is found to be incorrect, false or misleading, my candidature shall be liable for cancellation by the University at any time and I shall have no claim of any nature including refund of any fee paid by me and all the benefits availed by me shall be summarily withdrawn. I do undertake that I have carefully studied the rules of the University as printed in the Prospectus and I accept them in totality and shall not raise any dispute over the same. I do understand that the University can amend or change any rules without advance intimation and I will be abiding by them.

Place: _____

Date: _____

Signature of the Applicant

(FOR OFFICE USE ONLY)

ADMITTE

NOT-

Reason for NOT-Admitting

Signature with Date
 of Admission In-charge,
 Regional Centre

Enrolment No. _____

Name of the Programme _____

Name _____

Father's/Husband's/Mother's Name _____

Address (in Capital Letters) _____

Pin Code _____

Full Signature of the Student _____

PASTE

LATEST PHOTOGRAPH TO
BE PASTED WHICH WILL
BE
ATTESTED BY
UNIVERSITY OFFICERS

ATTESTED BY
REGIONAL DIRECTOR _____
INDIRA GANDHI NATIONAL OPEN UNIVERSITY

Affix
Postage
stamp for
Rs 6/-

