



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI 110068 APPLICATION FORM

2 21 11 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2	to be submitted only at the concerned REGIONAL CENTRE	Application Number
Please read the instruction before filling Please use Black/Blue Ball point pen in the control of the	up the Application Form. ne boxes using English CAPITAL LETTERS or English Numerals.	
	xx. Leave blank between words as shown in the example below:	Enrolment No. (For Office use)
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1. Name of the Programme Applied	3	
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2. Programme Code:	3. Medium of Study: B2 Hindi (Write CODE in the Box) or other transfer	H
4. Regional Centre Code:	(Write CODE in the Box) C3 Others, PI specify	
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E Authorization	0.00-1-0-1-1	latest passport size
5. Study Centre Code:	6. State Code:	(4 cm X 5 cm) photograph duly
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7. a) Are you already registered with (Please write relevant A1 YES	IGNOU: If yes, Prog. Code:	111111111111111111111111111111111111111
code in the BOX) B2 NO	Enrol. No.:	
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8. Name of the Candidate:		
(Please refer instruction		
Page on NAME)		
9. Father/Husband Name: /o		
(Please write S/o or D/o for		Florest and and an acceptance
Father/Mother's Name and W/o for Husband's Name		Signature of the Applicant
*		
10. Address for Correspondence: (Pl	ease do not give POST-BOX Number. Use Capital Letters and give space betwee	n words}
a) House No.:	b) Street Name:	
at Laurite (Markella)		
c) Locality/Mohalla:		
d) Tehsil/District:		
e) City:	f) PIN Code:	
e) city.	1) Pila code:	
g) State:		
A CONTRACTOR OF THE CONTRACTOR		
11(A). Contact Details: a) Mobile No.	b) e-mail ID:	
11(B). Aadhar No.		
II(b). Aadnar No.		
12. Date of Birth:	13. Nationality: Alindian	1
	PO Delegation	
Date Month	Year B2 Others, Pl specify	
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in the BOX) C3 Not Applicable	In the BOX) BZ NO In the BOX)	C3 Employed D4 KV5 Employee
23. Details of Scholarship being reco	eived if any	
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	ility: b) If yes, kindly provide details of disability:	Leprosy Gured
(Please write relevant code A1 Yes	Please write A1 Speech and Hearing Impairment relevant code in the B2 Locomotor Impairment	
in the BOX) B2 No:	BOX. If E5, tick C3 Visual impairment	Mental Retardation
	relevant box as well) D4 Low Vision E5 Any other, please spe	cify Mental Illness
	Es Any Eures, presse spe	Constitution (Constitution)



-	Qualification: b) Main	Subjects:		c) Year of passing	d) DN	rision .	e) %age of Ma	rks f)	Board code/Univers
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