

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 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

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, PI specify

4. Regional Centre Code:

5. Learner Support Centre Code:

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, PI 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 B2 Muslim C3 Christian D4 Sikh E5 Jain F6 Buddhist G7 Parsi 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.
 b) Deptt offering Scholarship: A1 Government B2 Others
 c) Family Income (annual) Rs.
 d) Below Poverty Line A1 Yes B2 No
 e) Jail Inmates A1 Yes B2 No

24. a) Whether a person with Disability:
 (Please write relevant)
 A1 Yes
 B2 No
b) If yes, kindly provide details of disability:
 (Please write relevant code in the BOX.)

01 Locomotor Disability 02 Leprosy Cured 03 Cerebral Palsy 04 Dwarfism 05 Muscular Dystrophy 06 Acid Attack 07 Blindness 08 Low Vision 09 Deafness 10 Hard of Hearing 11 Speech and Language Disability	12 Intellectual Disability 13 Specific Learning Disabilities 14 Autism 15 Mental Illness 16 Multiple Sclerosis 17 Parkinson Disease 18 Haemophilia 19 Thalassemia 20 Sickle Cell Disease 21 Multiple Disability
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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
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26. Details of Fee remittance
 a) Mode of payment: (Please write relevant) A1 Demand Draft
 b) Amount: Rs. Please add Rs. 500/- in case of Late Fee
 c) DD Number:
 d) Date of DD:
 e) Bank Name:

27. Simultaneous Programme/Course (Options : MSCDFSM/MTM applicants only):

MSCDFSM applicants: (Please write relevant) A1 CFN <input type="text"/> <input type="text"/> B2 CNCC <input type="text"/> <input type="text"/>	MTM applicants: (Please write relevant) A1 Category 1 <input type="text"/> <input type="text"/> B2 Category 2 <input type="text"/> <input type="text"/>
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28. Elective/Optional Courses:

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