



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI - 110 068

APPLICATION FORM FOR ADMISSIONS – JANUARY, 2007

(FOR Programmes except P.HD, MP, MPBF, MEG, MHD, MPS, MAH, MEC, MSO, MPA, M.Sc. (DFSM), M.COM. MTM, MLIS, BA, B.COM., B.Sc., BSW, BED, BTS, BLIS and CTPM)

Before filling in the form please read instructions on page 175 & 176. Completed form with copies of certificates and prescribed programme fee should be sent to the Regional Centre concerned ONLY so as to reach on or before the due date notified in the advertisement. Photocopy of the form is not accepted. Forms sent to any other office of the University will not be entertained under any circumstances.

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

1. Programme Code

2. Enrolment No

(For office use only)

3. Details of Fees : Tick (✓) the Appropriate Box only.

Draft

Cash through Bank Challan

3a. For Cash through Bank Challan : Computerised No.

Date :

3b. DD Details

D/D No.

D/D Date

Date

Month

Year

D/D Amount (In Rs.)

Bank Name

4. Regional Centre Code

5. Study Centre Code

6. State Code

7. Medium Code English

Hindi

Others

If others, please specify

(Please (✓) the appropriate box only)

8. Enrolment No., if already registered in IGNOU

9. Programme Code, if already registered in IGNOU

10. Name

11. Father's / Husband's Name/Mother's Name (Strike out whichever is not applicable)

12. Address for Correspondence (Do not give Box No. address. Leave a blank box between each unit of address like House No., Street Name, P.O., etc.)

City

District

State

Pin Code

13. Telephone No. (if any) with STD Code

STD Code

Telephone No.

14. Fax No. (if any) with STD Code

STD Code

Telephone No.

15. E-Mail Address (if any)

16. Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Month Year	17. Sex: Tick (✓) the appropriate Box only Male <input type="checkbox"/> Female <input type="checkbox"/>	18. Nationality: Tick (✓) the appropriate Box only Indian <input type="checkbox"/> Others <input type="checkbox"/> If other please specify : _____
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19. Category : Tick (✓) the appropriate Box only General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/>	20. Territory Code : Tick (✓) the appropriate Box only Urban <input type="checkbox"/> Rural <input type="checkbox"/> Tribal <input type="checkbox"/>
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21. Whether Kashmiri migrant <input type="checkbox"/> (Tick (✓) if applicable)	22. Whether Physically Handicapped <input type="checkbox"/> (Tick (✓) if applicable)	23. Whether minority <input type="checkbox"/> (Tick (✓) if applicable)
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24. Social Status : Tick (✓) the appropriate Box only Ex-service man <input type="checkbox"/> War widow <input type="checkbox"/> Not applicable <input type="checkbox"/>
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25. Marital Status : Tick (✓) the appropriate Box only <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	26. Employment Status : Tick (✓) the appropriate Box only <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> IGNOU Employee <input type="checkbox"/> KVS Employee
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27. Religion: (Tick (✓) the appr. box only)	<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Sikh <input type="checkbox"/> Jain <input type="checkbox"/> Buddhist <input type="checkbox"/> Parsi <input type="checkbox"/> Jews <input type="checkbox"/> Others (Please specify)
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28. Relevant Qualifications (Which makes you eligible for the programme)					
Qualification	Main Subjects	Year of Passing	Division	% of marks	Board Code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Code		(Last 2 digits only)	(01,02,03 or 04 for pass)	(Do not use Decimals)	(Wherever required)

29. Details of Scholarship being received if any

(a) Amount (Annually) (b) Govt./ Deptt. (c) Family income (Yearly)

30. Course Codes (only for MCA/BCA/PGDDM/CTE/DTS/PGDRD/CLD/CAFE/DCE/BPP)		
MCA	CS-60 CIC	CS-60 <input type="checkbox"/> CIC <input type="checkbox"/>
BCA	MTE-03 CIC	MTE-03 <input type="checkbox"/> CIC <input type="checkbox"/>
CTE/DTS PGDRD/PGDDM	Optional Courses	<input type="text"/>
CLD/CAFE	Optional Courses	<input type="text"/> <input type="text"/>
DCE	Optional Courses	<input type="text"/> <input type="text"/> <input type="text"/>
BPP	Optional Courses	<input type="text"/> <input type="text"/>

DECLARATION BY APPLICANT

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfil 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 to 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.

Date / /

Signature of Candidate

CHECKLIST :

- Tick the relevent boxes
- affixed **photograph** and **signed** over it, Attached the following,
- (i) Demand Draft /Challan Form for Programme fee/ Fee for 1st Year
 - (ii) Certificates in support of **educational qualification(s)**
 - (iii) **Experience** Certificate wherever required
 - (iv) **Category** Certificate for SC/ST/PH candidates wherever required
 - (iv) **Age** Certificate wherever required
 - (v) Student Card duly filled in along with photograph
 - (vi) Acknowledgement Card duly stamped

EXPERIENCE CERTIFICATE

(BTCM/BTWRE/PGJMC/B.Sc(N)/CIG/CTE/PGDMCH/PGDHE/PGDHHM/CCEANM/DNA)

This is to certified that Mr./Ms./Mrs. _____ is employed with this school/Institution/Organisation/Office/Hospital as _____ since _____

Place : _____

Signature : _____

Date: _____

Name : _____

(in Block letters)

Designation : _____

Name of School/Institution/ _____

Organisation/Office/Hospital _____

(Seal/Stamp) _____

(Self employed professional may certify on their own behalf,
but they should attach copies of their Registration Certificates.)

CATEGORY CERTIFICATE

(SC/ST Candidates)

This is to certify that Mr./Ms./Mrs. _____ son/daughter/wife
of Shri _____ of Village _____ Town
_____ Distt. _____ State/U.T. _____ belongs to
_____ Caste which is recognised as Scheduled Caste/Scheduled Tribe under the
Constitution (Scheduled Caste Part C States) Order 1951 read with the SC/ST list (Modification Order, 1956)

Mr./Ms./Mrs _____ and his/her family reside in
Village/Town _____ District _____ State U.T. _____

(Signature of Tehsildar/Commissioner/District Magistrate)

Place : _____

Signature : _____

Date : _____

Seal/Stamp

EMPLOYMENT CERTIFICATE

(For applicants of CWDL & belonging to any department of GOI, seeking sponsorship)

This is to certify that _____ is working as _____ in Village
_____, District _____

(Signature & seal of Competent Authority)

INSTRUCTIONS

1. This card should be produced on demand at the Study Centre and Examination Centre or any other Establishment of IGNOU to use its facilities.
2. The facilities would be available only relating to the course or courses for which the student is actually registered.
3. Duplicate Identity Card will be issued by the Regional Director, on payment of Rs. 20/- by way of Demand Draft only in favour of IGNOU payable at the city where Regional Centre is located.
4. Loss of Identity Card is to be reported immediately to the nearest Police Station.
5. Identity Card is to be submitted to the issuing authority after completion of the said programme.



INDIRA GANDHI
NATIONAL OPEN UNIVERSITY

STUDENT CARD

(FOR USE OF IGNOU FACILITIES ONLY)

Indira Gandhi National Open University ACKNOWLEDGEMENT CARD

Dear Student,

Thank you for joining IGNOU Programme. We acknowledge the receipt of your application form. Please mention Enrolment Number and course applied for in all your future correspondence with the University.

To be filled in by the Student.

Course Applied for	:
DD/Challan No.	:
DD/Challan Date	:
Amount	:
DD Drawn on	:

For Office Use Only

Your Enrolment Number is

Enrolment No. _____

Name of the Programme _____

Name _____

Father's/Husband's Name _____

Address (in Capital Letters) _____

Pin Code _____

Full Signature of the Candidate _____

PASTE

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

ATTESTED BY
REGIONAL DIRECTOR _____
INDIRA GANDHI NATIONAL OPEN UNIVERSITY

Please mention your full postal address at the space allocated

Affix
Postage
stamp for
Rs 6/-

To

CITY : _____

STATE : _____

PIN :

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From
The Regional Director,
IGNOU Regional Centre

