



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**APPLICATION FORM FOR WALK-IN-ADMISSIONS**  
**To be submitted at the concerned Regional Centre**  
**(JANUARY / JULY SESSION)**

Application Number

Control Number

[Strike out the Session whichever is not applicable]

<b>1. Programme Code</b> <input style="width:100%;" type="text"/>	<b>2. Enrolment No.</b> (For office use only) <input style="width:100%;" type="text"/>	<b>PHOTOGRAPH</b>  Affix your latest passport size photograph (4 cm x 5 cm) duly attested by you.  <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 20px;"></div> Signature of Candidate	
<b>3. Regional Centre Code</b> <input style="width:100%;" type="text"/>	<b>4. Study Centre Code</b> <input style="width:100%;" type="text"/>		<b>5. State Code</b> <input style="width:100%;" type="text"/>
<b>6. Medium Code</b> (Write code in the box) A1 English <input style="width:100%;" type="text"/> B2 Hindi <input style="width:100%;" type="text"/> C3 Others <input style="width:100%;" type="text"/> If other please specify <input style="width:100%;" type="text"/>	<b>7a. Are you already registered with IGNOU</b> (Write the relevant code in the box) A1 Yes <input style="width:100%;" type="text"/> B2 No <input style="width:100%;" type="text"/>  <b>7b. If yes write the Enrol. No. &amp; Program Code in the boxes below:</b> Enrolment No. <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/> Programme Code <input style="width:100%;" type="text"/>		
<b>8. Date of Birth</b> Date <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/> Month <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/> Year <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/> <input style="width:100%;" type="text"/>	<b>9. Nationality</b> A1 Indian <input style="width:100%;" type="text"/> B2 Others <input style="width:100%;" type="text"/>		
<b>10. Sex:</b> (Write the relevant code in the box) A1 Male <input style="width:100%;" type="text"/> B2 Female <input style="width:100%;" type="text"/>	<b>11. Category</b> (Write the relevant code in the box) A1 - GEN C3 - ST <input style="width:100%;" type="text"/> B2 - SC D4 - OBC <input style="width:100%;" type="text"/> <small>(In case of OBC student, Please also indicate code either D4 - A or D4 - B (i) Cramy Layer - D4-A (ii) Non-Cramy Layer D4B)</small>	<b>12. Territory Code:</b> (Write the relevant code in the box) A1 Urban <input style="width:100%;" type="text"/> B2 Rural <input style="width:100%;" type="text"/> C3 Tribal <input style="width:100%;" type="text"/>	
<b>13. Marital Status:</b> (Write the relevant code in the box) A1 Married <input style="width:100%;" type="text"/> B2 Unmarried <input style="width:100%;" type="text"/>		<b>14. Religion:</b> A1 Hindu <input style="width:100%;" type="text"/> B2 Muslim <input style="width:100%;" type="text"/> C3 Christian <input style="width:100%;" type="text"/> D4 Sikh <input style="width:100%;" type="text"/> E5 Jain <input style="width:100%;" type="text"/> F6 Budhist <input style="width:100%;" type="text"/> G7 Parsi <input style="width:100%;" type="text"/> H8 Jews <input style="width:100%;" type="text"/> I9 Others <input style="width:100%;" type="text"/>	
<b>15. Whether Minority:</b> (Write the relevant code in the box) A1 Yes <input style="width:100%;" type="text"/> B2 No <input style="width:100%;" type="text"/>	<b>16. Social Status:</b> (Write the relevant code in the box) A1 Ex-serviceman <input style="width:100%;" type="text"/> B2 War widow <input style="width:100%;" type="text"/> C3 Not applicable <input style="width:100%;" type="text"/>	<b>17. Whether Kashmiri Migrant:</b> (Write the relevant code in the box) A1 Yes <input style="width:100%;" type="text"/> B2 No <input style="width:100%;" type="text"/>	
<b>18. Name of the Candidate</b> (Leave one box empty between First Name, Middle Name and Surname) <input style="width:100%; height: 20px;" type="text"/>			
<b>19. Father's/Husband's Name/Mother's Name</b> (Strick out whichever is not applicable) <input style="width:100%; height: 20px;" type="text"/>			
<b>20. Course Codes: M.Sc.(DFSM)/MTM/MLIS/MA (Edu)/MCA, MAPY, BLIS/BA/B.Com/B.Sc./BSW/BTS/PGDDM/PGDMRR/CTE/PGDRD/PGDBP/PGDGPS/GPDEMA/CAFE/DCE &amp; BPP</b> (Students who are simultaneously opting BPP along with DMT, DDT, DPVCPO, DVAPFV, DFPT and DWM)			
<b>(a) M.Sc. (DFSM)</b> (Write the relevant code in the box) A1 CFN <input style="width:100%;" type="text"/> B2 CNCC <input style="width:100%;" type="text"/>	<b>(b) MTM</b> (Write the relevant code in the box) A1 Category 1 <input style="width:100%;" type="text"/> B2 Category 2 <input style="width:100%;" type="text"/>		
<b>(c) MLIS/MAPY</b> (Optional Courses) <input style="width:100%;" type="text"/>			
<b>(d) BA/B.Sc./B.Com/BSW/BTS</b> (Foundation Courses) <input style="width:100%;" type="text"/>			
<b>(e) BA/B.Sc./B.Com</b> (Elective Courses) <input style="width:100%;" type="text"/>			
<b>(f) MA (Edu)</b>	<b>Specialised Area</b>	A1 Higher Education <input style="width:100%;" type="text"/> A2 Distance Education <input style="width:100%;" type="text"/> A3 Educational Technology <input style="width:100%;" type="text"/> A4 Educational Management <input style="width:100%;" type="text"/>	
<b>(g) CTE/DTS/PGDRD PGDDM/PGDMRR</b>	Optional Courses	<input style="width:100%;" type="text"/>	
<b>(h) CAFE/PGDBP</b>	Optional Courses	<input style="width:100%;" type="text"/>	
<b>(i) DCE/PGDGPS/PGDEMA/DUL</b>	Optional Courses	<input style="width:100%;" type="text"/>	
<b>(j) BPP</b>	Optional Courses	<input style="width:100%;" type="text"/>	
<b>(k) MCA</b>	<b>CS-60 A1</b>	<input style="width:100%;" type="text"/>	

<b>21(a) Whether a person with disability:</b> (Write the relevant code in the box)  A1 Yes <input style="width:20px; height:20px;" type="text"/> B2 No <input style="width:20px; height:20px;" type="text"/>	<b>21(b) If Person with disability (nature of disability):</b> (Write the relevant code in the box)  A1 Speech and Hearing Impairment B2 Locomotor Impairment C3 Visual impairment D4 Low Vision E5 Any other, Please specify <input style="width:20px; height:20px;" type="text"/>	<b>22. Employment Status:</b> (Write the relevant code in the box)  A1 Unemployed B2 IGNOU Employee C3 Employed E5 KVS Employee <input style="width:20px; height:20px;" type="text"/>			
<b>23. Details of Scholarship being received if any:</b> (a) Annual Scholarship Amount <input style="width:100px; height:20px;" type="text"/> (b) Deptt. Offering (Write the relevant code in the box) Scholarship A1 Govt. Deptt. <input style="width:20px; height:20px;" type="text"/> B2 Other <input style="width:20px; height:20px;" type="text"/> (c) Family income (yearly) <input style="width:100px; height:20px;" type="text"/> (d) Below poverty line A1 Yes <input style="width:20px; height:20px;" type="text"/> B2 No <input style="width:20px; height:20px;" type="text"/> (e) In case of jail inmates A1 Yes <input style="width:20px; height:20px;" type="text"/> B2 No <input style="width:20px; height:20px;" type="text"/>					
<b>24. Relevant Qualifications: (Which makes you eligible for the programme)</b>					
(a) Qualification <input style="width:40px; height:20px;" type="text"/> Code	(b) Main Subjects <input style="width:100%; height:20px;" type="text"/>	(c) Year of passing <input style="width:20px; height:20px;" type="text"/> (Last 2 Digits only)	(d) Division <input style="width:20px; height:20px;" type="text"/> (01, 02, 03 or 04) for pass	(e) % of marks <input style="width:20px; height:20px;" type="text"/> (Do not use Decimals)	(f) Board Code <input style="width:40px; height:20px;" type="text"/> (Wherever required)
<b>25. Details of Fees:</b> (with the relevant code in box) A1 Cash Challan of Bank B2 Bank Draft <input style="width:20px; height:20px;" type="text"/>		<b>26. Amount</b> (Add Rs. 200/- in Case of Late fee) DD/Challan No. <input style="width:100px; height:20px;" type="text"/> DD/Challan Date <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>			
Bank Name : <input style="width:100%; height:20px;" type="text"/>					
<b>27. Address for Correspondence</b> (Do not give Post Box No. Leave a blank between each unit of address like House No., Street Name, P.O., etc.) <input style="width:100%; height:20px;" type="text"/> <input style="width:100%; height:20px;" type="text"/> City <input style="width:40%; height:20px;" type="text"/> District <input style="width:40%; height:20px;" type="text"/> State <input style="width:60%; height:20px;" type="text"/> Pin Code <input style="width:20%; height:20px;" type="text"/>					
<b>28. Landline Telephone Number</b> (if any) with STD Code STD Code <input style="width:20%; height:20px;" type="text"/> Telephone No. <input style="width:40%; height:20px;" type="text"/>			<b>29. Fax No.</b> (if any) with STD Code STD Code <input style="width:20%; height:20px;" type="text"/> Fax No. <input style="width:40%; height:20px;" type="text"/>		
<b>30. Mobile Number</b> (if any) <input style="width:100%; height:20px;" type="text"/>					
<b>31. E-mail address/ID</b> (if any) <input style="width:100%; height:20px;" 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 audied 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

**Tick the relevant boxes**

**CHECKLIST**

Signature of Candidate

**Affix photograph and enclose the following attested copies.**

- (i) Demand Draft/Challan Form for Programme fee/fee for 1st Year/1st Semester.
- (ii) Certificates in support of your educational qualification(s).
- (iii) Experience Certificate wherever required.
- (iv) Category Certificate for SC/ST/Non-cremy Layer of OBC/PH/Kashmiri Migrant/War Widow candidates wherever required.
- (v) Age Certificate wherever required.
- (vi) Student Card duly filed in along with photograph.
- (vii) Acknowledgement Card duly stamped.

**ANNEXURE I**  
**AFFIDAVIT BY THE STUDENT**  
**(TO BE SUBMITTED ALONG WITH APPLICATION FORM)**

I, \_\_\_\_\_ (full name of the student with admission/ registration/enrolment number) s/o d/o Mr./Mrs./Ms. \_\_\_\_\_ having been admitted to \_\_\_\_\_ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understand the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
  - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
  - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent

Name :

Address:

Tel./Mobile No.

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ (place) this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\_\_\_\_\_  
Signature of deponent

Solemnly affirmed and signed in my presence on this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

**ANNEXURE II**  
**AFFIDAVIT BY PARENT/GUARDIAN**  
**(TO BE SUBMITTED ALONG WITH APPLICATION**  
**FORM)**

I, Mr./Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian/father/mother/guardian of, \_\_\_\_\_ (full name of student with admission/registration/enrolment number), having been admitted to \_\_\_\_\_ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understand the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
  - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
  - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent

Name :  
Address :  
Telephone/Mobile No. :

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ (place) this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

\_\_\_\_\_  
Signature of deponent

Solemnly affirmed and signed in my presence on this the \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year) after reading the contents of this affidavit.

OATH COMMISSIONER