INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI-110 068 APPLICATION FORM

(To be submitted to School of Healh Sciences along with the consolidated details of data of each selected student in Hard and Soft copy by MOHFW)

Please read the instructions before filling up the form (Append	APPLICATION NO.				
2. Please use Black/Blue Ball Point Pen in boxes using English 3. Write in CAPITAL LETTERS only within box Leave blank bet					
Write in CAPITAL LETTERS only within box. Leave blank between words as shown in the example below. Attach relevant certificates with application form.					
5. Attach DD in favour of IGNOU payable at Delhi (to be paid by I	Enrolment No. (For Office Use)				
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				
Name of the Programme Applied:					
2. Programme Code: A1 English	PHOTOGRAPH Affix your latest				
3. Medium of Study (Write code in the box) B2 Hindi C3 Others	passport size photograph (4 cm x 5 cm)				
4. Regional Centre Code:	duly attested by you				
5. Programme Study Centre Code: 6. State Code:					
7. a. Are your registered with (Ignou) (Please write relevant code in the box) A1 - Signature of Applicant					
Code in the box) Yes B2 - No Enrolment No.: Signature of Applicant					
8. Name of the Candidate:					
(as in class X/XII mark sheet					
or equivalent certificiate)					
9. Father/Mother/Husband /o /					
(Please write S/o or D/o for Father/Mother's Name and					
W/o for Husband's Name)	not aire DOCT DOV Number Has Conitell attendant aire annumber				
a) House No. :	not give POST-BOX Number. Use Capital Letters and give space bet	ween words)			
a) House No	b) Street Name .				
c) Locality/Mohalla:					
d) Tehsil/District:					
e) City:	f)	Pin Code:			
g) State:					
11. Contact Details: a) Landline No. STD No. Phone Number FAX, if any:					
b) e-mail ID:	c) Mobile No.:				
12. Date of Birth: Date Month	Year 13. Nationality A1 - Indian B2 - Others,				
	pl. specify				
14. Gender (Pls. write relevant code in the box) 15. Category (Pls. write relevant code in the box) 16. Area (Pls. write relevant code in the box) 17. Category (Pls. write relevant code in the box) 18. Area (Pls. write relevant code in the box) 19. Area (Pls. write relevant code in the box) 19. Category (Pls. write relevant code in the box) 19. Category (Pls. write relevant code in the box) 19. Category (Pls. write relevant code in the box) 19. Category (Pls. write relevant code in the box) 19. Area (Pls. write relevant code in the box) 19. Category (Pls. write relevant code in the box) 19. Category (Pls. write relevant code in the box) 19. Category (Pls. write relevant code in the box) 19. Category (Pls. write relevant code in the box) 19. Category (Pls. write relevant code in the box) 19. Category (Pls. write relevant code in the box) 19. Category (Pls. write relevant code in the box)					
17. Marital Status A1 - Single (Pls. write relevant B2 - Married code in the box)	(Pls. write relevant B2 - Muslim E5 Jain H8 Jews (Pls. wr	ether Minority rite relevant A1 - Yes the box) B2 - No			
20. Social Status A1 - Ex-Serviceman (Pls. write relevant B2 - War Widows code in the box) C3 - Not Applicable	(Pls. write relevant A1 - Yes code in the box) B2 - No A1 - Uner B2 - IGN(C3 - Emp	OU regular employee			

a) Annual Scholarsh	plarship being received, if a p Amount b) Deptt. offering A1 Governmen	Scholarship: c) Fimily Inco	ome (annual) d) Below Pove	orty Line e) Jain Inmates A1 Yes
24. a) Whether a Pe (Pls. write relevant code in the box)	A1 - Yes B2 - No	b) If yes, kindly pr (Pls. write relevant code in the box)	ovide details of disability: A1-Speech and Hearing Impairment B2-Locomotor Impairment C3-VVisual Impairment D4-Low Vision	Leprosy Cured Mental Retardetion Mental Illness
25. Educational Qu	alifications:			
a) Whether 10 th or 12 th p. A1 - 12 th B2 - 10 th		c) Year of Passing	d) Division e) %ag	e of Marks f) Board Code/University
6. Relevant Qualificat	ions (which make you eligi	ble for application to the	programme) GNM/B.Sc.N	
a) Qualification A1 - GNM B2 - BScN C3-Any other	b) Main Subjects 1 2 3 4	c) Year of Passing	d) Division e) %ag	ge of Marks f) Board Code/University
g) Council Registration	Number RN	RM	Name of Nursing Council	!
h) Whether in Service Place of work	A1 - Yes B2 - No			
i) Years of experience a				
a) Mode of Payr (Pls. write relev code in the box, e) Bank Name:	ant A1 - Cash Challan	c) DD/Challan Ni		lease add Rs. 500/- in case of Late fee
criteria and I hav be liable for can studied the rule understand that	re provided necessary inform cellation by the University at s of the University as printe	ation in this regard. In the eve any time and I shall not be er d in the Prospectus and I a	ent of any information being foun ntitled to refund of any fee paid b	I seek admission. I fulfill the minimum eligibil, id incorrect or misleading, my candidature shy me to the University. Further, I have carefue any dispute in future over the same rules biding by them.
Place : Date :				Signature of the Applica
 Last date for Please retain For Detailed Self atteste Qualification this applicate Original Cent 	r receipt of filled in appli in photo copy of the filled I instructions please refe d Photocopy of all the making you eligible for tion form. tificates will be verified. column of E-Mail ID a	m by Registered/Spee cation form is as per ad I application form for fut Ir Student Handbook & relevant certificates of la application to programme and correct mobile no.	ure reference. Porspectus. DOB, Category, Employme e, Council Registration and , otherwise candidate wi	Ith Sciences, IGNOU. ent, Educational Qualification, releva Demand Draft must be send along wi Ill be responsible for non receipt
		For off	fice use	
ADMITTED	NOT ADMITTED	Reason for not admitti	ing	Signature with date