

## Ignou Indira Gandhi National Open University MAIDAN GARHI, NEW DELHI-110068

**Application Number** 

CHIVEICOITI		,				
APPLICATIO	N FORM FOR	R ADMISSI	ONS- JULY,2	011	Control Number	
<b>1. Programme Code</b> [Put ( <b>√</b> ) in appropriate be	ox only] 2	2. Enrolment No	).			
P G D H I V M						
P D C D M		(For office	e use only)		Affix your latest passport size photograph	
3. Regional 4. Study C	entre Code		5. State Code		(4 cm x 5 cm) duly attested by you	
6. Medium Code A1 English (Write code B2 Hindi in the box) C3 Others	7 b. If yes write the	ant code in the bo	bx) B2 N	0		
If other please specify	(Write the relevan	t code in the box)	D			
If other please specify	Enrolment No.		Programme Code			
8. Date of Birth			A1 Indian B2 Others			
Date Month Y	'ear		B2 Others		Signature of Candidate	e
<b>10. Sex:</b> (Write the relevant code in the box)	11. Catego		1-Gen C3-ST	D4-A or I	04-B	
A1 Male B2 Female	,	the box) (In	2-SC D4-OBC n case of OBC student, so indicate code either	please (ii) Non-Ci	Layer-D4-A reamy Layer D4-B	
12. Territory Code A1 Urban (Write the relevant code in the box) C3 Tribal			,		.1 Married	_
14. Religion A1 Hindu D4 Sikh B2 Muslim E5 Jain C3 Christian F6 Budihist	G7 Parsi H8 Jews I 9 Others					
(Write the relevant code in the box)	ocial Status Write the relevant ode in the box)	A1 Ex-service B2 War widow C3 Not applica	<i>I</i>		her Kashmiri Migrant the relevant code in the box) A1 Yes B2 No	ı
<b>18.</b> Name of the candidate (Leave one box empty	v between First Name	e, Middle Name	and Sumame)			
19. Father's/Husband's Name/Mother's Name	(Strike out whicheve	r is not applicabl	e)			$\neg$
20(a). Whether a person with disability (Write the relevant code in the box)	20(b). If Person with (Write the rele	h disability (nat	• /			
A1 Yes B2 No	A1 Speech and He B2 Locomotor Im	pairment E	4 Low Vision 5 Any other, Please	especify		
21. Employment Status (Write the relevant code in the box)	C3 Visual Impairm	nent				
A1 Unemployed C4 Employed B2 IGNOU Employee D5 KVS Employe	e					
22. Relevant Qualification (which makes you elig	gible for the program	me)				_
Qualification	Year of passing	Division	% of marks	Name of	the University	

Qualification	Year of passing	Division	% of marks	Name of the University
MBBS				
MD/MS / DNB (Please Specify)				
Diploma (Please Specify)				
Others (Please Specify)				

23. Work Experience [work experience if any, in chronological order starting from present (indicate if self employed)] Name of Organization Designation No. of Years Nature of work 24. Details of Fee: Fill in the Appropriate Box only. 24(a). Registration fee D D Details Date Month Year D D Details 24(b).Programme fee Date Month Year **Bank Name** 25. Address for Correspondence ( Do not mention your Post Box No. Leave a blank box between each unit of address like House No., Street Name, P.O., etc.) District City State Pin Code 26. Landline Telephone Number. (If any) with STD code 27. Fax No. (If any) with STD Code STD Code Telephone No Telephone No 28. Mobile Number (if any) 29. E-Mail Address (if any) **DECLARATION BY APPLICANT** I hereby declare that I have read and understood the condition 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 be cancelled by the university at any time and I shall not be entitlied 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 relevant boxes Affixed photo graph and signed over it. Attached the following: (I) Certificate in support of educational qualifications (s) (ii) All the marksheet of MBBS examinations conducted by the respective universities (iii) Experience certificate if any (iv) Category certificate for SC/ST/OBC/PH candidates wherever required (v) Age Certificate (vi) Student Card duly filled in along with photograph (vii) Acknowledgment card duly stamped (viii) Demand Draft of Rs. 100/-( if Application Form Down loaded) (ix) Demand Draft of Rs. 30,000/-(for non sponsored candidates)