

APPLICATION FORM: INSTRUCTIONS AND CODES

GUIDELINES FOR FILLING IN THE APPLICATION FORM

Instructions for filling-up of application form are given below:

1. For Programme Code, tick on PGDHIVM for Post Graduate Diploma in HIV Medicine or PDCDM for Post Doctoral Certificate in Dialysis Medicine.
2. Leave it blank. University will allot the Enrolment No.
3. Code of Regional Centres and Recognised Regional Centres are given at page no. 22. You have to write the code of the Regional centre in which 1st choice of your study centre falls.
4. For Study Centre code refer to Page no. 15 for PGDHIVM programme (H1– H6) and Page no. 17 for PDCDM programme (D1– D15).
5. For State Code, refer page no. 51.
7. (a) and (b) if you are already registered or have done a programme with IGNOU, please write the relevant code in the boxes. Write the Enrol No. & Programme Code if already registered.
8. Please follow the rule of Date/Month/Year e.g. 5th June 1976 should be written as

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0	6
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1	9	7	6
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9. Item 9-17 write the relevant code in the appropriate box. For example, if you are male, put (A1) in box Against Sl. NO. 10.
18. If your name is VIRENDER KUMAR HASIZA, then write as following in the boxes (in Capital Letters only)

[illegible]

19. Please write your Father's/Husband's/Mother's name. If the name is KEDAR NATH HASIZA then write as following;

[illegible]

20. Item 20-21, write the relevant code in the appropriate box.
22. Fill up relevant information with proof.
23. Work experience, write the relevant experience with proof. If self employed, mention it.
24. Demand Draft:
 - (i) For the Registration Fee: Rs. 100/- (Rupee One Hundred only) if the Application Form is downloaded from Internet.
 - (ii) Programme Fee: Rs. 30,000/- (Rupee Thirty thousand only) for programme/Admission fee.
 - (iii) Sponsored Candidate is not required to pay the programme Fee/Admission fee.
 - (iv) Non sponsored candidates need to submit Rs. 30,000/-(Rupee thirty thousand only) programme Fee along with the application form. The programme fee of the non selected candidate will be returned back to their respective postal address after the merit list is finalized. Please write your name, application no. name of the programme and your postal address in capital letter at the back side of the demand draft.
25. Fill in your address for correspondence where you would like to receive your study material and all other correspondence. Do not give post box no. as address. Leave a box blank between each unit of address like house No. Street name, P.O.etc.
26. Item 26-29 write down your landline telephone No./ Fax No./ Mobile No./ E-mail Address if any.

CHECKLIST

Before sending the filled in form to concerned Regional Centre, please check whether you have:

- (A) Affixed your Photograph.
- (B) Enclosed the following self attested certificates.
 - (i) Certificates in support of your educational qualification(s).
 - (ii) Experience certificate wherever required.
 - (iii) Category certificate for SC/ST/PH/OBC (non-creamy layer) / Minority candidates.
 - (iv) Age certificate wherever required.
 - (v) Student card duly filled in along with photograph.
 - (vi) Acknowledgement card duly affixed with the postage stamp for Rs. 6/-
- (C) Attach Demand Draft for the Programme Fee.

The complete application form should be submitted by Registered post/ speed post in the following address:
(Please write name of the Programme on the top of the envelop)

To,
Programme Coordinator
Room No. 149
School of Health Sciences
D Block, Raman Bhawan
New Academic Complex
IGNOU, Maidan Garhi
New Delhi-110068