

APPLICATION FORM FOR OBTAINING ORIGINAL CERTIFICATE

1.	Programme	<input type="text"/>										
2.	Enrolment No.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
3.	Name	<input style="width: 300px;" type="text"/>										
4.	Address where certificate should be sent	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>										
		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 50px; height: 20px;">Pin code</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>	Pin code									
Pin code												
5.	E-mail ID	<input style="width: 300px;" type="text"/>										
6.	Mobile No.	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
7.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Payment details</th> </tr> </thead> <tbody> <tr> <td style="width: 30%;">Demand Draft No.</td> <td></td> </tr> <tr> <td>Amount</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> <tr> <td>Issuing Bank</td> <td></td> </tr> </tbody> </table>		Payment details		Demand Draft No.		Amount		Date		Issuing Bank	
Payment details												
Demand Draft No.												
Amount												
Date												
Issuing Bank												

Date:

Signature of the student

PS:

- The form duly filled along with Demand Draft of the requisite amount is required to be sent at the following address

Asst. Registrar (Exam-I)
Block-9, Student Evaluation Division
Indira Gandhi National Open University
Maidan Garhi, New Delhi-110068.

- Photocopy of University's Identify Card may also be attached with this form.