

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) INSTRUCTIONS 1. Please read the instructions before filling up the form (Appendix 26) APPLICATION NO. 2 Please use Black/Blue Ball Point Pen in boxes using English CAPITAL LETTERS or English numerals 3. While in CAPITAL LETTERS only within box. Leave blank between words as shown in the example below. 4 Attach relevant certificates with application form 5 Attach DO in favour of IGNOU payable at Delhi ito be paid by MOHFW) Enrolment No. (For Office Use) 1. Name of the Programme Applied: 2. Programme Code: PHOTOGRAPH A1 English 3. Medium of Study Affix your latest B2 Hindi (Write code in the box) passport size C3 Others photograph 4. Regional Centre Code: (4cm x 5 cm) duly attested by you 5. Programme Study Centre Code: State Code: 7. a. Are your registered with (Ignou) If yes, Programme Code (Please write relevant code in the box) Yes Signature of Applicant B2 - No Enroiment No. 8. Name of the Candidate: (as in class X/XII mark sheet or equivalent certificiate) 9. Father/Mother/Husband (Please write S/o or D/o for Father/Mother's Name and Wio for Husband's Name) 10. Address for Correspondence: (Please do not give POST-BOX Number, Use Capital Letters and give space between words) House No.: b) Street Name Locality/Mohalla. C) Tehsii/District d) City: 0) f) Pin Code Q) State Fax, if any 11. Contact Details: a) Landline No. STD No Phone Number b) e-mail ID. c) Mobile No 12. Date of Birth: Date Month A1 - Indian 13. Nationality B2 - Others pl. specify 14. Gender A1 - General 15. Category 16. Area A1 - Urban 82-SC 82 - Rurat (Pls write relevant B2-Female (Pls write relevant (PIs write relevant C3-ST C3 - Tribat code in the box) C3 - Other code in the box) code in the box) DJA - OBC (Creamy) D4B OBC (Non Creamy) 17. Marital Status 18. Religion AT - Hindu D4 Sikli 19. Whether Minority At - Single (Pls write relevant 82-Muslim E5 Jam H8 Jews (Pls write relevant B2 - Married (Pls. wnte relevant A1 - Yes C3 Christian F6 Bucklhist 19 Others B2-No code in the box) code in the box) code in the box) 22. Employment Status (Pis write relevant 20. Social Status At - Ex-Serviceman 21. Whether Kashmiri Migrant code in the box) (Pls. write relevant 82 - War Widons (Pls_wnte_relevant A1 - Yes C3 - Not Applicable A1 - Unemployed code in the box) code in the bax) B2 - No 82 - IGNOU regular employee

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D4-KVS employee

a) United Scholarship Amount 5) Deptt offering Sci	y	
A1 Government	holarship: c) Fimily Income (annual)	d) Below Poverty Line e) Jain Inmates A1 Yes A1 Yes
24. a) Whether a Person with Disability (PS write relevant A1 - Yes code in the box) 82 - No	b) If yes, kindly provide details of dis (Pls write relevant code in the box) A1-Speech and Hearing B2-Lockmotor Impairment C3-Vvisual Impairment D4-Low Vision	Impairment
25. Educational Qualifications:		
V/hether 10° or 12" pass b) Main Subjects 1.	c) Year of Passing d) Division	e) %age of Marks f) Board Code/Univer
Relevant Qualifications (which make you eligible	for application to the programme) GNM/I	3.Sc.N
a) Qualification A1 - GNM B2 - BScN C3-Any other	c) Year of Passing d) Division 01.02.03 or 04 for pa	e) %age of Marks 1) Board Code/Univer
g) Council Registration Number RN h) Whether in Service A1 - Yes B2 - No Place of work i) Years of experience after RN/RM	RM Name of Nursing Coun	nell
e) Bank Name,	c) DD/Challan Number:	
I. Declaration: I hereby declare that I have read and understood criteria and I have provided necessary information be liable for cancellation by the University at any tistudied the rules of the University as printed in understand that the University can amend or characteristics.	ime and I shall not be entitled to refund of any the Prospectus and Laccept them and shall	peing found incorrect or misleading, my candidatu fee paid by me to the University, Further, I have o
Place Date		
		Signature of the Aj
Please send your Application Form by Last date for receipt of filled in application Please retain photo copy of the filled app For Detailed instructions please refer Stu Self attested Photocopy of all the relevant	n form is as per advertisement. blication form for future reference. udent Handbook & Porspectus. ant certificates of DOB, Category. Er cation to programme, Council Registrat	ES of Health Sciences, IGNOU. Inployment, Educational Qualification, relion and Demand Draft must be send alon
Please send your Application Form by Last date for receipt of filled in application Please retain photo copy of the filled application Detailed instructions please refer Stu Self attested Photocopy of all the relev. Qualification making you eligible for application form. Original Certificates will be verified.	y Registered/Speed Post to School in form is as per advertisement. clication form for future reference. udent Handbook & Porspectus. ant certificates of DOB, Category, Er cation to programme, Council Registrat	ES of Health Sciences, IGNOU. Inployment, Educational Qualification, relion and Demand Draft must be send alon