

# INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI-110 068

## APPLICATION FORM

(To be submitted to School of Health 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 2B)
2. Please use Black/Blue Ball Point Pen in boxes using English CAPITAL LETTERS or English numerals
3. Write 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 DD in favour of IGNOU payable at Delhi (to be paid by MOHFW)

APPLICATION NO.

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

1. Name of the Programme Applied:

2. Programme Code:

3. Medium of Study  
(Write code in the box)    
A1 English  
B2 Hindi  
C3 Others

4. Regional Centre Code:

5. Programme Study Centre Code:           6. State Code:

PHOTOGRAPH

Affix your latest  
passport size  
photograph  
(4cm x 5cm)  
duly attested  
by you

7. a. Are you registered with (Ignou)  
(Please write relevant code in the box) A1 - Yes    
B2 - No

If yes, Programme Code:

Enrolment No:

Signature of Applicant

8. Name of the Candidate:  
(as in class X/NI mark sheet or equivalent certificate)

9. Father/Mother/Husband Name:  
(Please write S/o or D/o for Father/Mother's Name and W/o for Husband's Name)

/o

10. Address for Correspondence : (Please do not give POST-BOX Number. Use Capital Letters and give space between 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           Fax, if any

STD No Phone Number FAX Number

b) e-mail ID  c) Mobile No.

12. Date of Birth: Date Month Year

13. Nationality A1 - Indian    
B2 - Others    
pl specify

14. Gender A1 - Male    
(Pls write relevant code in the box) B2 - Female  
C3 - Other

15. Category A1 - General    
(Pls write relevant code in the box) B2 - SC  
C3 - ST D4A - OBC (Creamy)  
D4B OBC (Non Creamy)

16. Area A1 - Urban    
(Pls write relevant code in the box) B2 - Rural  
C3 - Other

17. Marital Status A1 - Single    
(Pls write relevant code in the box) B2 - Married  
C3 - Not Applicable

18. Religion A1 - Hindu D4 Sikh G7 Parsi    
(Pls write relevant code in the box) B2 - Muslim E5 Jain H8 Jews  
C1 Christian F6 Buddhist I9 Others

19. Whether Minority (Pls write relevant code in the box) A1 - Yes    
B2 - No

20. Social Status A1 - Ex-Serviceman    
(Pls write relevant code in the box) B2 - War Veterans  
C3 - Not Applicable

21. Whether Kashmiri Migrant (Pls write relevant code in the box) A1 - Yes    
B2 - No

22. Employment Status (Pls write relevant code in the box) A1 - Unemployed    
B2 - IGNOU regular employee  
C1 - Employee D4 - KV's employee

**23. Details of Scholarship being received, if any**

a) Annual Scholarship Amount <input type="text"/>	b) Deptt. offering Scholarship A1 - Government <input type="text"/>	c) Family Income (annual) <input type="text"/>	d) Below Poverty Line A1 - Yes <input type="text"/>	e) Jain inmates A1 - Yes <input type="text"/>
--	--	---	--	--

**24. a) Whether a Person with Disability**

(Pls. write relevant code in the box) A1 - Yes  B2 - No

**b) If yes, kindly provide details of disability:**

(Pls. write relevant code in the box) A1 - Speech and Hearing Impairment   
 B2 - Locomotor Impairment   
 C3 - Visual Impairment   
 D4 - Low Vision

Legvsoy Cured   
 Mental Retardation   
 Mental Illness

**25. Educational Qualifications:**

a) Whether 10 <sup>th</sup> or 12 <sup>th</sup> pass A1 - 12 <sup>th</sup> <input type="text"/> B2 - 10 <sup>th</sup> <input type="text"/>	b) Main Subjects 1 _____ 2 _____ 3 _____	c) Year of Passing <input type="text"/>	d) Division <input type="text"/> 01, 02, 03 or 04 for pass	e) %age of Marks <input type="text"/>	f) Board Code/University <input type="text"/>
--	---	--	--	--	--

**26. Relevant Qualifications (which make you eligible for application to the programme) GNM/B.Sc.N**

a) Qualification A1 - GNM <input type="text"/> B2 - BScN <input type="text"/> C3 - Any other <input type="text"/>	b) Main Subjects 1 _____ 2 _____ 3 _____ 4 _____	c) Year of Passing <input type="text"/>	d) Division <input type="text"/> 01, 02, 03 or 04 for pass	e) %age of Marks <input type="text"/>	f) Board Code/University <input type="text"/>
--	--	--	--	--	--

g) Council Registration Number RN  RM  Name of Nursing Council

n) Whether in Service A1 - Yes  B2 - No

Place of work \_\_\_\_\_  
 o) Years of experience after RN/RM

**27. Details of fee Remittance:**

a) Mode of Payment (Pls. write relevant code in the box) A1 - Cash Challan <input type="text"/> B2 - Demand Draft <input type="text"/>	b) Amount : Rs _____ Please add Rs. 500/- in case of Late fee	c) DD/Challan Number: <input type="text"/>
--	--	---

e) Bank Name

**28. Declaration:**

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill 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 for cancellation by the University at any time and I shall not be entitled 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. I understand that the University can amend or change any rules without advance intimation and I will be abiding by them.

Place \_\_\_\_\_  
 Date \_\_\_\_\_

Signature of the Applicant

**INSTRUCTIONS FOR CANDIDATES**

1. Please send your Application Form by Registered/Speed Post to School of Health Sciences, IGNOU.
2. Last date for receipt of filled in application form is as per advertisement.
3. Please retain photo copy of the filled application form for future reference.
4. For Detailed instructions please refer Student Handbook & Prospectus.
5. Self attested Photocopy of all the relevant certificates of DOB, Category, Employment, Educational Qualification, relevant Qualification making you eligible for application to programme, Council Registration and Demand Draft must be send along with this application form
6. Original Certificates will be verified.
7. Fill up the column of E-Mail ID and correct mobile no., otherwise candidate will be responsible for non receipt of communication.

**For office use**

ADMITTED	NOT ADMITTED
----------	--------------

Reason for not admitting \_\_\_\_\_

Signature with date \_\_\_\_\_