



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

Application for Change of Address/Correction of Name

Date: _____

To
Registrar, SRD
IGNOU
Maidan Garhi
New Delhi-110 068.

Please tick the appropriate box:

Change/Correction of Address

Correction of Name

THROUGH CONCERNED REGIONAL DIRECTOR

Enrolment No. _____ Programme _____

Name (in caps) _____

1. DETAILS FOR CHANGE/CORRECTION OF MAILING ADDRESS

New Address	Old Address
_____	_____
_____	_____
_____	_____
City _____ Pin _____	City _____ Pin _____
State _____	State _____

2. CORRECTION OF NAME

(For correction in the spelling of name please attach an attested photocopy of 10th class Certificate)

Name as recorded _____ (In CAPITAL LETTERS)

Correct Name _____ (In CAPITAL LETTERS)

Signature of Student

Phone/Mobile Number _____

FOR OFFICE USE

CONTROL NUMBER LOTNO..... DATE