



# 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 10<sup>th</sup> 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 .....