

Application

To,
Regional Director,
IGNOU Regional Centre
Pune

Date :

I, the undersigned would like to submit application for change of Address as per the details given below :

Programme	--
Enrolment No	--
Name of the Learner (In Capital)	--
Mobile No	--
E-Mail ID	--

Please tick the appropriate box:

- | | |
|--|--------------------------|
| 1) Change/Correction of Address | <input type="checkbox"/> |
| 2) Correction of Name | <input type="checkbox"/> |
| 3) Change/Correction of contact number | <input type="checkbox"/> |
| 4) Change/Correction of Email-ID | <input type="checkbox"/> |
| 5) Change of Study Centre | <input type="checkbox"/> |

1) New Address (In capital)	3) Change/Correction of contact number
	Mobile no:
	4) Change/Correction of Email-ID
	Email-ID :
City --	
Pin Code --	5) Change of Study Centre
State --	Desired Study Centre code :

2) Correction of Name (In capital)

Correct Name :

Enclosed:- IGNOU I-Card photocopy/Xerox

Signature of Student