



ALUMNI OF IGNOU LEARNERS OF ICA REGISTRATION FORM

OSC: 9602, Kathmandu

PERSONAL DETAILS:

1. Full Name:
2. Date of Birth:
3. Gender: Male Female Other

4. ADDRESS:

District..... Province..... Municipality/ VDC..... Ward No:

Tole:Telephone:Mobile:Email Address.....

COLLEGE DETAILS:

1	Completion Year	
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2	Program Enrolled	
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3	Enrollment Number	
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4	IGNOU ICA Alumni Joining Date	
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-----**FOR OFFICE USE**-----

Registration Fee
NRs.500

Paid

Unpaid

Eligible

Not Eligible

Verified By.....
Signature.....
Receipt No.....