INDIRA GANDHI NATIONAL OPEN UNIVERSITY RE-REGISTRATION FORM

$(BCA/MCA/MCA_NEW/MP/MBA/\ MPB/Specialization\ in\ PG\ Diploma$

Programme) January/July 20____Session

Registration Details

1. Enrollment no.		2. Progra	amme_C	ode		3. OS	C/PI_C	ode			
4. Name of the Student (in capit	tal letters):							<u> </u>			
5. Complete Address:											
3. Complete Address.											
	<u>D</u>	etails of	Fee Ren	<u>nittance</u>							
.1 Bank Draft/TT No			Dated			Amount (INR/LISD)					
		Details									
				<u>ses</u>	<u> </u>						
7. Semester for which Re-Regn. is sought	BC	BCA Programme				MCA / MCA_NEW Programme					
(Please $\sqrt{}$):	II III	IV	V	VI	II	III	IV	V	VI		
0 Details of second (2) and all (6)	. MD/MD NEW/M	DD / C	.1:4:	DC D:	.1 D		1)	1			
8. Details of course(s) opted (for MP/MP_NEW/ MPB/ Specialization in PG Dip S.No. Course Title						ogramme o urse Code	Cour	Course Fee			
5.110.	Course Title	Course Title				Course Code			(INR/USD)		
1.											
2.											
3.											
4.											
5.											
6. 7.											
1.						Total	fee				
9. Specialization Diploma Code for MBA degree :						Total Icc					
Note: A student can remit the fee	e pertaining to one so	emester on	ly at a tin	ne. Only on	ne RR Fo	rm will be	accepted	l for a giv	ven semester.		
For MP students only: 1. A student should opt for and specialization stream and shot indicated in item 5 above, Uni permissible at subsequent stag	uld indicate the Specializat iversity shall register you for	ion Diploma	code in item	No. 9 above	. The option	once exercis	sed shall be	e final . If no	specialization is		
 *A student admitted from Jan registration of such a course ha for MS-100 is INR6000 or US: 	as already expired. For regi										
3. A course once selected for study registration by paying a requisi		pleted within	4 semesters	In case of fa	ilure to do so	, the student w	vill be requi	red to re-val	idate the		
4. Request for change of course s	should be submitted to the Re	C/OSC/PI as p	er schedule f	ee.							
 The Validity of a course regist of the initial admission would prescribed maximum duration of 	be reduced appropriately	, as against two	o years, so th	atthe				y'2018 resp	ectively		
								Yours	faithfully,		
Date:					Signatur	e of stude	ent				
		Signature of student E-Mail ID									
					Mobile/	Ph. No					