

INDIRA GANDHI NATIONAL OPEN UNIVERSITY
RE-REGISTRATION FORM
(MAGD/MADVS/MASS/MCOM/MSW)
January/July 20__Session

Registration Details

1. Enrollment no. 2. Programme_Code 3. OSC/PI_Code
4. Name of the Student (in capital letters): _____
5. Complete Address: _____

Details of Fee Remittance

- 6.1 Bank Draft/TT No. _____ N/A _____ Dated _____ N/A _____ Amount (INR/USD) _____ N/A _____
- 6.2 Name of the Bank _____ N/A _____ Place _____ N/A _____

Details of Courses

I hereby register for the following courses for 2nd year of _____ programme commencing January/July 20__.

S.No	Programme (Tick)	Compulsory Courses	Elective Courses (to be opted by the student)	Total Credit
1.	MAGD <input type="checkbox"/>	MGSP 2 (4)	<p style="text-align: center;">Choose any 8 courses only</p> MGSE 1 <input type="checkbox"/> <input type="checkbox"/> MGSE 7 MGSE 2 <input type="checkbox"/> <input type="checkbox"/> MGSE 9 MGSE 3 <input type="checkbox"/> <input type="checkbox"/> MGSE 10 MGSE 4 <input type="checkbox"/> <input type="checkbox"/> MGSE 13 MGSE 6 <input type="checkbox"/> <input type="checkbox"/> MGSE 20	36
2.	MADVS <input type="checkbox"/>	-----	<p style="text-align: center;">Choose any 36 Credits</p> MDV 105 <input type="checkbox"/> <input type="checkbox"/> MDV 115 MDV 108 <input type="checkbox"/> <input type="checkbox"/> MEDS 41 MDV 110 <input type="checkbox"/> <input type="checkbox"/> MEDS 42 MDV 111 <input type="checkbox"/> <input type="checkbox"/> MDVP117	36
3.	MASS <input type="checkbox"/>	MEV 25, MSD 21, MSD 22, MEDS 51, MSD 23, MEDS 44, MSDP 18	-----	36
4.	MCOM <input type="checkbox"/>	MCO-03, MCO-07, IBO-02, MCO-015, IBO-01, IBO-06, MCOP 001	-----	40
5.	MSW <input type="checkbox"/>	MSW7, MSW8, MSW 9, MSW 17, MSWL 15, MSWL16	<p style="text-align: center;">Choose any one from the following</p> MSWE 1 (), MSWE 2 (), MSWE 7 (), MSWE 3 (), MSWP 1 ()	36

Note : 1. For all the 2nd year, a student is eligible for appearing in his/her first attempt in Term-end examinations after one year of the commencement of the session.

Yours faithfully,

Date: _____

Signature of student _____

E-Mail ID _____

Mobile/ Ph. No. _____