



**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 .....