

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

AGARTALA REGIONAL CENTRE

To
 The Regional Director
 IGNOU, Regional Centre
 Agartala- 799 004

[tick (✓) the relevant box]

- | | |
|---------------------------------|--------------------------|
| 1. Change of Course of Study | <input type="checkbox"/> |
| 2. Change of Medium of Study | <input type="checkbox"/> |
| 3. Change of Programme of Study | <input type="checkbox"/> |

Enrolment No.:

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Programme :

1. Change of course of study as per following details:

Course offered	From	To	Year/Sem
Foundation Courses			
Elective Courses			
Application Oriented Courses			

2. Change of Medium : From _____ To _____

3. Change of Programme: From _____ To _____

(For details, please refer to Student Handbook & Prospectus)

Fee details: Demand Draft is to be made in favour of **IGNOU** payable at **Agartala**. Fee can also be paid by Debit / Credit Card at the Regional Centre.

DD No. _____ Date _____ Amount _____ Bank _____

FEE FOR CHANGE OF COURSE(S)

For BA/ BCOM/ BSC/BTS / BED course:

350/- per 2/4 credit course

700/- per 6/8 credit course

For Master Degree Courses:

600/- per 2/4 credit course

1200/- per 6/8 credit course

FEE FOR CHANGE OF MEDIUM

Under graduate course: 350/- +

350/- per 2/4 credit course

700/- per 6/8 credit course

Master Degree Courses: 350/- +

600/- per 2/4 credit course

1200/- per 6/8 credit course

Signature _____

Name _____

Address _____

Mobile No _____

*Change of Elective/Course is permitted within 30 days from the receipt of first set of Study Materials.

*Change of Medium is permitted within 30 days from the receipt of the first set of Study Materials in the FIRST YEAR ONLY.