

# INDIRA GANDHI NATIONAL OPEN UNIVERSITY

## Application for Correction of Name /Change of Address/Phone no./Change of LSC/PSC/ RC Transfer

To

The Regional Director  
IGNOU Regional Centre  
Agartala

Please tick (✓) the appropriate box

- |                                    |                          |
|------------------------------------|--------------------------|
| 1. Name Correction                 | <input type="checkbox"/> |
| 2. Change/correction of Address    | <input type="checkbox"/> |
| 3. Change of Contact No.           | <input type="checkbox"/> |
| 4. Change of LSC / PSC.            | <input type="checkbox"/> |
| 5. Transfer of RC (Sl. No. 2 must) | <input type="checkbox"/> |

Enrolment No

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Programme

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Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

### 1. CORRECTION OF NAME

(for correction in the spelling of name please attach an self-attested photocopy of 10<sup>th</sup> class admit card)

Name as Recorded \_\_\_\_\_ (in CAPITAL LETTERS)

Correct Name \_\_\_\_\_ (in CAPITAL LETTERS)

### 2. DETAILS FOR CHANGE/CORRECTION OF MAILING ADDRESS

#### Old Address

#### New Address

_____
_____
_____

Pin \_\_\_\_\_

State \_\_\_\_\_

_____
_____
_____

Pin \_\_\_\_\_

State \_\_\_\_\_

### 3. CHANGE/CORRECTION OF PHONE NO.

Old Number \_\_\_\_\_ New Number \_\_\_\_\_

### 4 & 5. CHANGE OF LSC / PSC & RC TRANSFER.

#### Old (Code of LSC/PSC/RC)

#### New (Code of LSC/PSC/RC)

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Date : \_\_\_\_\_

Signature of Student

♦ Attach self-attested photocopy of your I-Card with this form.