

# INDIRA GANDHI NATIONAL OPEN UNIVERSITY

Application for Correction of Name /Change of Address/Phone no.

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 E-Mail Address     | <input type="checkbox"/> |
| 4. Change of Contact No.        | <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**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 State \_\_\_\_\_ Pin \_\_\_\_\_

### **New Address**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 State \_\_\_\_\_ Pin \_\_\_\_\_

## **3. CHANGE/CORRECTION OF EMAIL ADDRESS**

Old Email \_\_\_\_\_ New Email \_\_\_\_\_

## **4. CHANGE/CORRECTION OF PHONE NO.**

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

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

\_\_\_\_\_  
**Signature of Student**