INDIRA GANDHI NATIONAL OPEN UNIVERSITY Maidan Garhi, New Delhi-110068

Registration form for Fee Reimbursement of SC/ST Students under SCSP and TSP (Please submit duly completed Form along with enclosures to your Regional Centre).

Exclusively for following Academic Programmes who enrolled from July 2017 and January 2018 admission cycles:

- a. All academic programmes at Certificate level (advanced, under-graduate and post graduate).
- b. All academic programmes at Diploma level (advanced, under-graduate and post graduate).
- c. Freshly registered in B.Sc. Nursing, B.Ed., and BLIS.
- d. Research Programmes (M.Phil and Ph.D).

1. Enrollment Number:			
2. Name:			
3. Category: Scheduled Cas	te (SC) / Scheduled Tribe (ST):		
4. State Citizen: Indian/Oth	ier:		
5. Programme of Study:			
6. Regional Centre:			
7. Mobile Number:			
8. Complete Corresponden	ce Address:		
9. E-mail:			
10. Family Income (Annual	y):		
11. Bank Account No:			
12. Bank Name and Branch	with City:		
13. IFSC code of the Bank-E	Branch:		
	Declaration by the	<u> Candidate</u>	
l.	son/daughter/wi	ife of	have read.
	onditions for claim of fee reimburse		
	o not availed any financial benefit k		-
= -	any other institute/centre/Social		
	the financial year 2017-18. I have al		
(SC/ST) for making this clai	m for fee reimbursement.		., ,
I hereby state that above i	nformation is true to best of my kno	owledge If it is found f	alse I shall ahide hy any action
	niversity and immediately return th	=	
= -	nterest. I shall be liable to legal actio		
Date:	(Signature of the candidate)		
Place:	Name (Capital letters)		
Encl:		ame (capital letters) iii	
	rd issued from the Regional Centre of IG	inou.	
• •	Certificate (SC/ST) issued from the appro		
3. Photo copy of Bank pass bo	ok with self attestation.		
Verifi	cation/Information to be furni	ished by the Regior	nal Centre
	mation mentioned above in respect		
	enrolled in		
	is correct as per inform		
Date:			Signature of Regional Director
Date.			(Name and Seal)
			(Ivallie allu Sedi)