

Enrolment No.   
(For office use)

Form No. :



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
MAIDAN GARHI, NEW DELHI - 110 068, INDIA

**APPLICATION FORM**  
(For International Students only)

Affix your self-attested latest passport size colour photograph (3 cm X 4 cm)

**For all Programmes**

To be filled in by the candidate in duplicate. Complete form with copies of certificates should be submitted to the Partner Institute of IGNOU on or before the due date.

1. Programme Code
2. Name of the Programme applied for :
3. PI Code
4. Name of PI
5. Enrolment No., if already registered in IGNOU :
6. Programme Code, if already registered in IGNOU
7. Name Mr./Ms./Mrs:  
(as you desire to be encrypted on Degree. If there is change from the School Leaving Certificate, enclose documentary evidence)
8. Father/Mother/Guardian/Husband's Name
9. Postal Address (in Capital Letters)
- City  Postal Code
- Country
10. Contact Phone No.
- email
11. Date of Birth    12. Nationality   
date month year
13. Country of Residence



22. Details of Fee Remittances :

Mode of Payment :  Cash  Cheque  Money Transfer  Draft (Strike out which is not applicable)

Date of Payment :

Amount : (In USD)     =

Receipt/DD/Cheque No.

Name and Place of the Bank

**Declaration by Applicant**

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University.

Date \_\_\_\_\_

Signature of the Candidate

(For use by Partner Institution (PI)  
Recommendation of the Coordinator

Eligible for admission

Not eligible for admission

Signature of the Co-ordinator

(For use by University Office)

Eligible

Not Eligible

Signature of Dy. Director (International Division)



**University Of Malawi  
Chancellor College  
E-LEARNING REGISTRATION FORM**

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Title :.....

Firstname :.....

Surname :.....

Middle Names :.....

Maiden Name (NEE) :.....

Sex :.....

Programme Name :.....

Elearning Programme ID :.....

Chanco Registration Number:.....

Date of Birth:...../...../..... (Day/Month/Year) Place of Birth:.....

Nationality at Birth:..... Nationality at Present:.....

Qualification Listing :.....

.....

.....

.....

Highest Qualification :.....

Permanent Address:

Village :.....

T/A :.....

District :.....



**Employment Details**

Organisation Name :.....

Country :.....

Contact Person :.....

Organisation Postal Address :.....

.....

.....

Organisation e-mail Address :.....

Organisation Telephone No. :..... Organisation Fax No. :.....

Post Held :.....

Worked From :...../...../..... To :...../...../.....(Day/Month/Year)

Duties and Other relevant information:.....

.....

**Tertiary Education**

**I. Most Recent**

Institution Name :.....

Country :.....

Type of Qualification :.....

Class of Qualification :.....

Candidate Number :.....

Date Awarded :...../...../.....

Period of Study – From :...../...../..... To :...../...../..... (Day/Month/Year)

Other relevant information :.....

.....

**Tertiary Education**

**II. Other**

Institution Name :.....  
Country :.....  
Type of Qualification :.....  
Class of Qualification :.....  
Candidate Number :.....  
Date Awarded :...../...../.....  
Period of Study - From :...../...../..... To :...../...../..... (Day/Month/Year)  
Other relevant information :.....  
.....

**Other Qualifications (Short Courses) -1**

Institution Name :.....  
Country :.....  
Type of Qualification :.....  
Candidate Number :.....  
Date Awarded :...../...../..... (Day/Month/Year)  
Period of Study - From :...../...../..... To :...../...../..... (Day/Month/Year)  
Other relevant information :.....  
.....

**Other Qualifications (Short Courses) -2**

Institution Name :.....  
Country :.....  
Type of Qualification :.....  
Candidate Number :.....

Date Awarded :...../...../..... (Day/Month/Year)  
Period of Study - From :...../...../..... To :...../...../..... (Day/Month/Year)  
Other relevant information :.....  
.....

**Secondary School (Start with most recent)**

1. Secondary School Name:.....  
Country :.....  
District :.....  
From :.../.../..... To:...../...../..... (Day/Month/Year)  
Other relevant information :.....  
.....

2. Secondary School Name:.....  
Country :.....  
District :.....  
From :.../.../..... To:...../...../..... (Day/Month/Year)  
Other relevant information :.....  
.....

**Malawi School Certificate of Education (MSCE)**

Awarding Board :.....  
Country :.....  
Certificate Name :.....  
Certificate Number(s) :.....  
Candidate Number(s) :..... Date Awarded :...../...../.....  
Subjects and Grades :.....  
.....

.....  
.....

**Junior Certificate of Education (JCE)**

Awarding Board :.....  
Country :.....  
Certificate Name :.....  
Certificate Number(s) :.....  
Candidate Number(s) :..... Date Awarded :...../...../.....  
Subjects and Grades :.....  
.....  
.....  
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**Primary School**

Primary School Name :.....  
Country :.....  
District :.....  
From :.../.../..... To:...../...../..... (Day/Month/Year)  
Other relevant information :.....  
.....

Primary School Name :.....  
Country :.....  
District :.....  
From :.../.../..... To:...../...../..... (Day/Month/Year)  
Other relevant information :.....  
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