

21(a) Whether a person with disability:
(Write the relevant code in the box)

A1 Yes
B2 No

21(b) If Person with disability (nature of disability):
(Write the relevant code in the box)

A1 Speech and Hearing Impairment
B2 Locomotor Impairment
C3 Visual impairment
D4 Low Vision
E5 Any other, Please specify

22. Employment Status:
(Write the relevant code in the box)

A1 Unemployed
B2 IGNOU Employee
C3 Employed
E5 KVS Employee

23. Details of Scholarship being received if any:

(a) Annual Scholarship Amount
(b) Deptt. Offering (Write the relevant code in the box)
Scholarship
A1 Govt. Deptt.
B2 Other
(c) Family income (yearly)
(d) Below poverty line
A1 Yes
B2 No
(e) In case of jail inmates
A1 Yes
B2 No

24. Relevant Qualifications: (Which makes you eligible for the programme)

(a) Qualification <input type="text"/> Code	(b) Main Subjects <input type="text"/>	(c) Year of passing <input type="text"/> (Last 2 Digits only)	(d) Division <input type="text"/> (01, 02, 03 or 04) for pass	(e) % of marks <input type="text"/> (Do not use Decimals)	(f) Board Code <input type="text"/> (Wherever required)
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25. Details of Fees:

(with the relevant code in box)
A1 Cash Challan of Bank
B2 Bank Draft (In favour of IGNOU payable at the place of concerned Regional Centre)

26. Amount Rs. 3000/-
+ the Late fee if applicable
DD/Challan No.
DD/Challan Date

Bank Name :

27. Address for Correspondence (Do not give Post Box No. Leave a blank between each unit of address like House No., Street Name, P.O., etc.)

City District

State Pin Code

28. Landline Telephone Number (if any) with STD Code
STD Code Telephone No.

29. Fax No. (if any) with STD Code
STD Code Fax No.

30. Mobile Number (if any)

31. E-mail address/ID (if any)

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 fulfil 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 to cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University. Further, I have carefully audited the rules of the University as printed in the Prospectus and I accept them and shall not raise any dispute in future over the same rules.

Date

Signature of Candidate

- Note:
- For all the Courses of 3rd year, a student is eligible for appearing in his/her first attempt in Term-End attempt in Term-End examinations after one and a half year only.
 - Those who have already been awarded Associate Degree(AD) in Arts are only eligible for registration in 3rd Year of BT/Sunder lateral entry.
 - In case of choosing 2 or 4 credit courses, you are advised to write all course codes to make up to 8 credits in the concerned box.
 - Attach a Pay Order/Demand Draft for the Programme Fee and have written your name, programme code on the reverse of the Demand Draft issued by the Bank.
 - Affix recent passport size attested photograph on the form
 - Attach attested copies in claim of your above mentioned academic qualifications.
 - You are also advised to retain the photocopy of the filled up form for future references.
 - Students are advised not to opt for more than 8 credit course(s) from a single group.
 - You will be eligible for appearing in the exams of BTS IIIrd Year only upon successful completion of BPP.
 - For further details and information please refer to IGNOU common prospectus (Also available at www.ignou.ac.in).

* Schedule for submission of Re-registration form at the Regional Centre only:

S.No.	July Session	January Session	Late Fee
1.	1 st February to 31 st March	1 st August to 1 st October	Nil
2.	1 st April to 30 th April	3 rd October to 31 st October	Rs.200/-
3.	1 st May to 31 st May	1 st November to 30 th November	Rs.500/-
4.	1 st June to 20 th June	1 st December to 20 th December	Rs.1000/-

ANNEXURE I
AFFIDAVIT BY THE STUDENT
(TO BE SUBMITTED ALONG WITH APPLICATION FORM)

I, _____ (full name of the student with admission/ registration/enrolment number) s/o d/o Mr./Mrs./Ms. _____ having been admitted to _____ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understand the provisions contained in the said Regulations.

2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that
 - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name :

Address:

Tel./Mobile No.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (place) this the _____ (day) of _____ (month), _____ (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER