

# INDIRA GANDHI NATIONAL OPEN UNIVERSITY

## Course Registration Form for B.T.S. III Year under Vertical Mobility Scheme for Non 10<sup>th</sup> & Non 10+2 students holding Associate Degree(Advanced Diploma) in Arts under Gyandeeep

**To be submitted at the concerned Regional Centre**

**JANUARY/ JULY SESSION**

Application Number

Control Number

[Strike out the Session whichever is not applicable]

<b>1. Programme Code</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>2. Enrolment No.</b> (For office use only) <input style="width: 100%; height: 20px;" type="text"/>	<div style="border: 1px solid black; padding: 10px; margin: 0 auto;"> <b>PHOTOGRAPH</b>             Affix your latest passport size photograph (4 cm x 5 cm) duly attested by you.         </div> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;"></div> <p style="text-align: center;">Signature of Candidate</p>	
<b>3. Regional Centre Code</b> <input style="width: 20px; height: 20px;" type="text"/>	<b>4. Study Centre Code</b> <input style="width: 100%; height: 20px;" type="text"/>		<b>5. State Code</b> <input style="width: 20px; height: 20px;" type="text"/>
<b>6. Medium Code</b> (Write code in the box) A1 English B2 Hindi C3 Others If other please specify <input style="width: 100%; height: 20px;" type="text"/>	<b>7a. Are you already registered with IGNOU</b> (Write the relevant code in the box)    A1 Yes    B2 No <input style="width: 20px; height: 20px;" type="text"/>		
<b>7b. If Yes, write the Akashdeep Enrol. no. &amp; Prog. code in the boxes below:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <b>Akashdeep Enrol. No.</b>  <input style="width: 100%; height: 20px;" type="text"/> </div> <div style="width: 45%; text-align: center;"> <b>Programme Code</b>  <input style="width: 100%; height: 20px;" type="text"/> </div> </div>			
<b>8. Date of Birth</b> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> Date</div> <div style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> Month</div> <div style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> Year</div> </div>	<b>9. Nationality</b> A1 Indian    B2 Others <input style="width: 20px; height: 20px;" type="text"/>		
<b>10. Sex:</b> (Write the relevant code in the box) A1 Male    B2 Female <input style="width: 20px; height: 20px;" type="text"/>	<b>11. Category</b> (Write the relevant code in the box) A1 - GEN    C3 - ST <input style="width: 20px; height: 20px;" type="text"/> B2 - SC    D4 - OBC (In case of OBC student, Please also indicate code either) D4 - A or D4 - B <input style="width: 20px; height: 20px;" type="text"/> (i) Cramy Layer - D4-A <input style="width: 20px; height: 20px;" type="text"/> (ii) Non-Cramy Layer D4B <input style="width: 20px; height: 20px;" type="text"/>	<b>12. Territory Code:</b> (Write the relevant code in the box) A1 Urban    B2 Rural    C3 Tribal <input style="width: 20px; height: 20px;" type="text"/>	
<b>13. Marital Status:</b> (Write the relevant code in the box) A1 Married    B2 Unmarried <input style="width: 20px; height: 20px;" type="text"/>	<b>14. Religion:</b> A1 Hindu    B2 Muslim    C3 Christian <input style="width: 20px; height: 20px;" type="text"/> D4 Sikh    E5 Jain    F6 Budhist    G7 Parsi    H8 Jews    I9 Others <input style="width: 20px; height: 20px;" type="text"/>		
<b>15. Whether Minority:</b> (Write the relevant code in the box) A1 Yes    B2 No <input style="width: 20px; height: 20px;" type="text"/>	<b>16. Social Status:</b> (Write the relevant code in the box) A1 Ex-serviceman    B2 War widow    C3 Not applicable <input style="width: 20px; height: 20px;" type="text"/>	<b>17. Whether Kashmiri Migrant:</b> (Write the relevant code in the box) A1 Yes    B2 No <input style="width: 20px; height: 20px;" type="text"/>	
<b>18. Name of the Candidate</b> (Leave one box empty between First Name, Middle Name and Surname) <input style="width: 100%; height: 20px;" type="text"/>			
<b>19. Father's/Husband's Name/Mother's Name</b> (Strick out whichever is not applicable) <input style="width: 100%; height: 20px;" type="text"/>			

**20.(i).** I hereby register for the following courses for **Bachelor Preparatory Programme (BPP)** commencing January/July, 20 :

BPP consists of three Preparatory Courses, out of which students are advised to opt any two. The minimum duration of the BPP is Six (06) months.

	Course Name	Codes	Tick any two courses
a)	Preparatory Course in Social Sciences	OSS-101	
b)	Preparatory Course in General Mathematics	OMT-101	
c)	Preparatory Course in Commerce	PCO-01	

**20.(ii).** I hereby register for the following courses for **III year Bachelor of Arts** commencing January/July, 20 :

Students are advised to fill in the boxes provided by choosing one courses of 08 Credits from Sepcialized Course and 8 credit from Optional Course (not more than 8 credits from a single group)course totaling maximum upto 32 credits only (Minimum duration: 01 Year & Maximum duration: 03 Years).

Course Name	Course Codes	Credits	Course Opted	
<b>Compulsory Courses, 16 credits)</b>				
Foundation Courses in Tourism	TS-1	8	TS-1	8
Tourism Development: Products, Operation and Case Studies	TS-2	8	TS-2	8
<b>Specialized Course (Total 8 credits)</b>				
Management in Tourism	TS-3	8		
Tourism Marketing	TS-6	8		
<b>Optional Courses (Total 8 Credits)</b>				
Indian Culture: Perspective for Toursim	TS-4	8		
Ecology, Environment and Tourism	TS-5	8		
Human Resource Development	TS-7	8		
<b>Total: 32 Credits</b>				

**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"/> <input type="text"/> <input type="text"/> Code	(b) Main Subjects <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(c) Year of passing <input type="text"/> <input type="text"/> (Last 2 Digits only)	(d) Division <input type="text"/> <input type="text"/> (01, 02, 03 or 04) for pass	(e) % of marks <input type="text"/> <input type="text"/> (Do not use Decimals)	(f) Board Code <input type="text"/> <input type="text"/> <input type="text"/> <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: 1) For all the Courses of 3<sup>rd</sup> 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.  
2) Those who have already been awarded Associate Degree (AD) in Arts are only eligible for registration in 3<sup>rd</sup> Year of BT/Sunder lateral entry.  
3) 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.  
4) 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.  
5) Affix recent passport size attested photograph on the form  
6) Attach attested copies in claim of your above mentioned academic qualifications.  
7) You are also advised to retain the photocopy of the filled up form for future references.  
8) **Students are advised not to opt for more than 8 credit course(s) from a single group.**  
9) **You will be eligible for appearing in the exams of BTS III<sup>rd</sup> Year only upon successful completion of BPP.**  
10) For further details and information please refer to IGNOU common prospectus (Also available at [www.ignou.ac.in](http://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 <sup>st</sup> February to 31 <sup>st</sup> March	1 <sup>st</sup> August to 1 <sup>st</sup> October	Nil
2.	1 <sup>st</sup> April to 30 <sup>th</sup> April	3 <sup>rd</sup> October to 31 <sup>st</sup> October	Rs.200/-
3.	1 <sup>st</sup> May to 31 <sup>st</sup> May	1 <sup>st</sup> November to 30 <sup>th</sup> November	Rs.500/-
4.	1 <sup>st</sup> June to 20 <sup>th</sup> June	1 <sup>st</sup> December to 20 <sup>th</sup> 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