



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI-110 068

APPLICATION FORM FOR OPENMAT - XL, XLI, ENTRANCE TEST

FORM NO. 1

FORM NO.:

CONTROL NUMBER:

INSTRUCTIONS

- Please read the instructions in the information brochure before filling up this form.
- Use **BLACK BALL POINT PEN** in boxes using English capital letters or English numerals.
- Do not make any stray marks on this sheet.
- Do not staple, pin, wrinkle scribble, tear or wet this sheet.
- Write in **CAPITAL LETTERS** only within the box without touching the lines as shown in the Sample below.

0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

1. Regional Centre Code	2. Exam/Study Centre Code	3. State Code	4. Category (Write the relevant code in the box) A1-GEN C3-ST B2-SC D4 OBC D4A - Creamy Layer D4B - Non Creamy Layer
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5. Nationality (Write the relevant code in the box) A1 - Indian B2 - Others	6. Sex (Write the relevant code in the box) A1 - Male B2 - Female	7. Marital Status (Write the relevant code in the box) A1 - Married B2 - Unmarried	8. Whether Minority: (Write the relevant code in the box) A1 Yes B2 No	9. Religion (Write the relevant code in the box) A1 Hindu D4 Sikh G7 Parsi B2 Muslim E5 Jain H8 Jews C3 Christian F6 Buddhist I9 Others
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10. Date of Birth Date / Month / Year	11. Social Status (Write the relevant code in the box) A1 Ex-service man B2 War windw C3 Not applicable	12. Whether kashmiri Migrant (Write the relevant code in the box) A1 Yes B2 No
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13. Territory A1 - URBAN B2 - RURAL C3 - TRIBAL	14. Employment Status A1 - Employed B2 - Unemployed C3 - IGNOU Regular Employee D4 - KVS Employee	15.a. Whether Physically Handicapped: A1 - Yes B2 - No	15.b. If Physically handicapped (nature of disability) A1 Hearing Impairment B2 Locomotor Impairment C3 Visual Impairment D4 Reading Disability E5 Any other, Please specify
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16.a. Are you registered with IGNOU (Write the relevant code in the box) A1 Yes B2 No	16.b. If yes, write the Enrol. No. & Programme Code in the boxes below : Enrolment No. Programme Code
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17. Details of Scholarship being received if any (a) Annual Scholarship Amount	(b) Dept. Offering Scholarship (Write the relevant code in the box) A1 Govt. Deptt. B2 Other	(c) Family income (Yearly) A1 = Below 5 lac A2 = 5-10 lac A3 = 10-20 lac A4 = 20-50 lac A5 = 50-1cr A6 = Above 1cr.
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← Fold from here →

18. Name of the Candidate

19. Name of Father/Mother/Husband(strike out whichever not applicable)

20. (a) Educational Qualifications
(Which makes you eligible for the programme)
01 = Graduate
02 = Post-graduate
03 = Professional

Year of Passing Percentage of marks

20. (b) Stream: (Cross (X) any one of the Appropriate Box only)

	Science	Arts	Commerce	Engineering	Others
GRADUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POST GRADUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Write Name & Complete Mailing Address (In BLACK BALL Point Pen only)	22. For Office Use Enrollment No.:	24. Photograph Affix your latest passport size photograph (4 cm x 5 cm) duly ATTESTED BY GAZETTED OFFICER
Name : Address: PIN CODE:	23. Candidate's Signature	

Important : Please see 'instructions for Candidate' overleaf.

