



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

Regional Centre, Kolkata

TERM-END EXAM DECEMBER, 2024

EXAM FORM

Serial No.	
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Control No

INSTRUCTIONS 1. Please submit your exam format the concerned Regional Centre under which your examination centre falls. 2. Write in CAPITAL LETTERS only within the box without touching the lines as shown in the sample below.																																					
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>O</td><td>P</td><td>Q</td><td>R</td><td>S</td><td>T</td><td>U</td><td>V</td><td>W</td><td>X</td><td>Y</td><td>Z</td> </tr> </table>	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	
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		

Programme Code	Regional Centre Code	Study Centre Code
Enrolment No.	Exam Centre Code <small>(Where you wish to appear in Exam)</small>	
Name of the Candidate: <small>(Leave one box empty between First Name, Middle Name and Surname)</small>		
Address for Correspondence <small>(Do not give Post Box No..Address,. Leave a blank box between each unit of address like House No., Street Name, PO, etc.</small>		
City		
District		
State		
Pin Code		
MOBILENO.		

COURSE OPTION:

Course codes for which appearing for the first time OR failed in the earlier TEEs **Theory Courses Fee Rs.200/- Per Course & for Practical / Project / Internship Courses upto 4 Cr. X Rs. 300/- & Above 4Cr. X Rs. 500/- (Demand draft in favor of **IGNOU** and payable at **Kolkata**.)**

S.No.	Course Code	S.No.	Course Code
1.		9.	
2.		10.	
3.		11.	
4.		12.	
5.		13.	
6.		14.	
7.		15.	
8.		16.	

FEE DETAILS (Please write your Name & Enrolment No. and the Programme Code at the back of the Demand Draft)

Total No. of Course		Amount (Rs)
Theory Courses	Rs. x 200/- Per Course	
Practical / Project / Internship Courses	4 Cr. x Rs. 300/- and Above 4Cr. X Rs. 500/-	
Late Fee	Rs.1100/-	1 1 0 0
TOTAL AMOUNT Rs.		

Draft No.	
Amount	
Date	-- --
Bank Name	

DECLARATION

I hereby declare that I have submitted all the required number of assignments as applicable for the course(s) filled in the examination form and my registration for the course(s) is valid and not time barred. If any of my statements is found to be untrue, I will have no claim for taking examination. I undertake that I shall abide by the rules and regulations of the University.

Date _____

(Signature of the student)

