INDIRA GANDHI NATIONAL OPEN UNIVERSITY

MAIDAN GARHI, NEW DELHI-110 068 APPLICATION FORM

be submitted to School of Healh Sciences along with the consolidated details INSTRUCTIONS	s or data or each selected student	in hard and son copy by Morn's
Please read the instructions before filling up the form (Appendix 26). Please read the instructions before filling up the form (Appendix 26). Please read the instructions before filling up the form (Appendix 26).		APPLICATION NO.
Please use Black/Blue Ball Point Pen in boxes using English CAPITAL LETTERS or English numerals.Write in CAPITAL LETTERS only within box. Leave blank between words as shown in the example below.	DW.	
4. Attach relevant certificates with application form.		No.
5. Attach DD in favour of IGNOU payable at Delhi (to be paid by MOHFW).	Enrolment No. (For Office Use)	
A B C D E F G I J K L N O P Q R S T U V X Y	Z 0 1 2 3 4 5 6 7 8 9	
1. Name of the Programme Applied:		
		PHOTOGRAPH
2. Programme Code:		Affix your latest
3. Medium of Study A1 English B2 Hindi		passport size
(Write code in the box) C3 Others		photograph
4. Regional Centre Code:		(4 cm x 5 cm) duly attested
		by you
5. Programme Study Centre Code: 6. State 6	Code:	
7. a. Are your registered with (Ignou) . If yes, Programme Code:		
code in the box) A1 - Yes		Signature of Applicant
B2 - No Enrolment No. :		
8. Name of the Candidate:		
(as in class X/XII mark sheet		
or equivalent certificiate)		
9. Father/Mother/Husband /o		
Name : (Please write S/o or D/o for		
Father/Mother's Name and W/o for Husband's Name)		
10. Address for Correspondence : (Please do not give POST-BOX Number. Use		veen words)
a) House No.:	Street Name :	
c) Locality/Mohalla:		
d) Tehsil/District:		
e) City:	ħ	Pin Code:
g) State:		
11. Contact Details: a) Landline No.	Fax, if any:	
b) e-mail ID:	c) Mobile No.:	FAX Number
12. Date of Birth: Date Month Year 1:	3. Nationality A1 - Indian	
	B2 - Others, pl. specify	
14. Gender A1 - Male 15. Category A1 - Genera	al 16. Are.	a A1 - Urban
(Pls. write relevant B2-Female code in the box) C3-Other (Pls. write relevant code in the box) C3-ST Code in the box) C3-ST D4A-OBC	code in	ite relevant B2 - Rural the box) C3 - Tribal
17. Marital Status A1-Single (Pls. write relevant code in the box) 18. Religion A1-Hindu (Pls. write relevant B2-Muslim code in the box) C3 Christian	E5 Jain H8 Jews (Pls. wr	ether Minority ite relevant A1-Yes the box) B2-No
20. Social Status A1-Ex-Servicemen (Pls. write relevant B2-War Widows code in the box) C3-Not Applicable 21. Whether Kashmiri Migra (Pls. write relevant A1-Yes code in the box) B2-No	code in A1 - Uner B2 - IGNt C3 - Emp	mployed OU regular employee

				ATO	Govern	ment										A1 Ye	S					Α	1 Ye	S				
-1	Whather a Per	con	ulth Di	eshilitu	,			. 16		e in alle		ida da	taila	06.	lionk	iliere				Г	anme	v.C.	irad	=	=			_
A4. a) Whether a Person with Disability Pls. write relevant A1-Yes							(Pls. write relevant				DIOGRAPHICS.	ovide details of disability: A1-Speech and Hearing Impairment						Leprosy Cured										
code in the box) B2-No					code in the box)			C	B2-Locomotor Impairment C3-VVisual Impairment] [^	Mental Retardetion												
											D4-Low Vision						1	Mental Illness										
5. E	Educational Qua	lifica	tions:	HUU III					.,							-												
N (e	Whether 10" or 12" pa	SS	b)	Main Su	bjects			c) Year	of Pas	ssing		d) Dis	ision			6)	%a	ge of	Mar	ks			f) Bi	oard	Coc	le/Ur	iiversii	y
	A1 - 12 th B2 - 10 th		2,				-														1		L					
Peli	evant Qualificati	ons (which	make s	VOII E	liaible	e for	applic	ation	to t		01,02,0				Sc.N.	BA	MS	-	-	+	-	_		_			_
V US	Qualification	0110	1	Main Su			-	c) Year			p	d) Di				T	190	ge of	Mai	ks		_	f) B	oan	d Cod	de/Ui	niversi	ty
B	A1 - GNM B2 - BScN C3-BAMS C4-Any other		1. 2. 3. 4.										,03 or	04 fo	rpass												Ļ	
g) (Council Registration N			RN [RM				Name o			ounci	Ē												
) V	Whether in Service		- Yes - No																									
Plac	ce of work											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																
) Y	ears of experience at	ter RN	/RM/Ayu	rveda pra	actice																							
7	Details of fee F	?emit	tance:																									
	a) Mode of Paym							· h) Amo	nunf :	Rs.						F	leas	e a	dd F	s. 50	00/-	in c	ase	of I	ate	fee	
	(Pls. write releva		A1 - Cas	h Challai	n					Section 1						_			77.00			L				7		
	code in the box)		B2 - Den	nand Drai	ft.			c)	DD/	Challa	an Nur	nber:																
																-				1						T.		
																_		-										
				_					T				7											П				
	e) Bank Name:																	- 4										- 1
	e) Bank Name:																											4
	e) Bank Name:													_			_											_
	Declaration:																											
	Declaration:	that I	have n	ead and	d und	erstoo	nd the	condit	tions	of elig	gibility	for the	prog	gram	ime	or wi	nich	/ se	ek i	admi	ssion	n. 1 t	fulfill	the	e mi	nimi	um el	igi
	Declaration:	e nm	rided n	eressa	ny infi	ormati	on in	this red	nard	In the	even	t of an	infa)	rmal	tion t	eina	fou	nd ir	COL	rect	or mi	slea	adın	g, I	ny c	and	idatu	e.
	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule	e prov cellati	vided no on by the he Univ	ecessa he Univ versitv	ry info ersity as or	ormati ⁄ at an rinted	on in y time in the	this reg and I Prosi	gard. shall pectu	In the not b is and	e even le enti d I ac	t of an tled to cept th	infoi refun em a	rmai d of and	lion l any shall	eing fee p not	fou aid i rais	nd ir by m e ar	icoi ie to iy c	rect the lispu	or mi Univ te in	ers	adın ity. F	g, r -un	ny c ther,	and I ha	idatui ave ca	re are
	Declaration:	e prov cellati	vided no on by the he Univ	ecessa he Univ versitv	ry info ersity as or	ormati ⁄ at an rinted	on in y time in the	this reg and I Prosi	gard. shall pectu	In the not b is and	e even le enti d I ac	t of an tled to cept th	infoi refun em a	rmai d of and	lion l any shall	eing fee p not	fou aid i rais	nd ir by m e ar	icoi ie to iy c	rect the lispu	or mi Univ te in	ers	adın ity. F	g, r -un	ny c ther,	and I ha	idatui ave ca	re are
	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule	e prov cellati	vided no on by the he Univ	ecessa he Univ versitv	ry info ersity as or	ormati ⁄ at an rinted	on in y time in the	this reg and I Prosi	gard. shall pectu	In the not b is and	e even le enti d I ac	t of an tled to cept th	infoi refun em a	rmai d of and	lion l any shall	eing fee p not	fou aid i rais	nd ir by m e ar	icoi ie to iy c	rect the lispu	or mi Univ te in	ers	adın ity. F	g, r -un	ny c ther,	and I ha	idatui ave ca	re are
	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule	e prov cellati	vided no on by the he Univ	ecessa he Univ versitv	ry info ersity as or	ormati ⁄ at an rinted	on in y time in the	this reg and I Prosi	gard. shall pectu	In the not b is and	e even le enti d I ac	t of an tled to cept th	infoi refun em a	rmai d of and	lion l any shall	eing fee p not	fou aid i rais	nd ir by m e ar	icoi ie to iy c	rect the lispu	or mi Univ te in	ers	adın ity. F	g, r -un	ny c ther,	and I ha	idatui ave ca	re are
	Declaration: I hereby declare criteria and I hav be liable for can studied the rule understand that	e prov cellati	vided no on by the he Univ	ecessa he Univ versitv	ry info ersity as or	ormati ⁄ at an rinted	on in y time in the	this reg and I Prosi	gard. shall pectu	In the not b is and	e even le enti d I ac	t of an tled to cept th	infoi refun em a	rmai d of and	lion l any shall	eing fee p not	fou aid i rais	nd ir by m e ar	icoi ie to iy c	rect the lispu	or mi Univ te in	ers	adın ity. F	g, r -un	ny c ther,	and I ha	idatui ave ca	re are
	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule understand that Place:	e prov cellati	vided no on by the he Univ	ecessa he Univ versitv	ry info ersity as or	ormati ⁄ at an rinted	on in y time in the	this reg and I Prosi	gard. shall pectu	In the not b is and	e even le enti d I ac	t of an tled to cept th	infoi refun em a	rmai d of and	lion l any shall	eing fee p not	fou aid i rais	nd ir by m e ar	icoi ie to iy c	rect the lispu	or mi Univ te in	ers	adin ity. F ure	g, r Fun ove	ny c ther, er th	I ha	idatui ave ca	re are
	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule understand that Place:	e prov cellati	vided no on by the he Univ	ecessa he Univ versitv	ry info ersity as or	ormati ⁄ at an rinted	on in y time in the	this reg and I Prosi	gard. shall pectu	In the not b is and	e even le enti d I ac	t of an tled to cept th	infoi refun em a	rmai d of and	lion l any shall	eing fee p not	fou aid i rais	nd ir by m e ar	icoi ie to iy c	rect the lispu	or mi Univ te in	ers	adin ity. F ure	g, r Fun ove	ny c ther, er th	I ha	ave ca	re :
	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule understand that Place:	e prov cellati	vided no on by the he Univ	ecessa he Univ versitv	ry info ersity as or	ormati ⁄ at an rinted	on in y time in the hange	this reg and I Prosp any r	gard. shall pectu ules v	In the I not b is and witho	e even e enti d I ac ut adv	t of an tled to cept th rance i	infoi refun em a ntima	rmai d of and tion	tion t any shall and	peing fee p not I will	fou aid i rais	nd ir by m e ar	icoi ie to iy c	rect the lispu	or mi Univ te in	ers	adin ity. F ure	g, r Fun ove	ny c ther, er th	I ha	ave ca	re :
	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule understand that Place: Date:	e proveellations of the U	vided non by the University	ecessa he Univ versity ty can a	ry info versity as pr amen	ormati v at an rinted d or ch	on in y time in the hange	this reg and I a Prosp any re	gard. shall pectu ules v	In the not bus and witho	e even e enti d I ac ut adv	t of any tled to cept th ance i	infol refun em a ntima	mai d of and tion	on to any shall and	fee p not I will	fou aid i rais be	nd ir by m e ar abid	ne tone tone tone	the lispu by ti	or mi Univ te in hem.	ers. fut	adin ity. F ure	g, r ove	ny c ther, er th	I ha	ave ca	re are
	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule understand that Place: Date:	e procellation of the U	vided non by ti he Universit	ecessa he Univ versity ty can a	ry info ersity as pro amen	ormatil v at angrinted d or ch	on in y time in the hange	this reg e and I e Prosp e any re	gard. shall bectu ules v	In the not bus and witho	e even be entid d I ac ut adv	or of any tied to cept the ance in the anc	informatima	mai d of and tion	on to any shall and	fee p not I will	fou aid i rais be	nd ir by m e ar abid	ne tone tone tone	the lispu by ti	or mi Univ te in hem.	ers. fut	adin ity. F ure	g, r ove	ny c ther, er th	I ha	ave ca	re are
	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule understand that Place: Date: Please sent Last date for	d yo	vided non by til he Universit iniversit ur Ap eipt of	ecessa he Univ versity ty can a plicat filled	ry info ersity as pr amen ion in a	ormatic / at an rinted d or ch Form pplica	in the hange	this reg and I Prosp any re STRU Regis form	gard. shall bectu ules v	In the not bus and without the	ve even be entid I ac ut adv	or of any tied to cept the rance is	AN to	DIL Sch	on to any shall and	fee p not I will	fou aid i rais be	nd ir by m e ar abid	ne tone tone tone	the lispu by ti	or mi Univ te in hem.	ers. fut	adin ity. F ure	g, r ove	ny c ther, er th	I ha	ave ca	re are
	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule understand that Place: Date: Please sent Last date for Please retain	d your recomplete	vided non by the University ur Apeipt of oto cop	ecessa he Univ versity ty can a plicat filled py of t	ry info ersity as pr amen in a the f	ormatic / at any rinted d or ch Form pplica illed &	in the hange	strikis regerand I Prosperant I STRU Regis form cation	JCT stere form	In the not be some without the not be some without the not be some form for the not be some for the not be	VS F peed r adv	OR C	AN to ment	DIL Sch	on to any shall and	fee p not I will	fou aid i rais be	nd ir by m e ar abid	ne tone tone tone	the lispu by ti	or mi Univ te in hem.	ers. fut	adin ity. F ure	g, r ove	ny c ther, er th	I ha	ave ca	re :
	Declaration: I hereby declare criteria and I hav be liable for can studied the rule understand that Place: Date: Please sent Last date for Please retails.	d your recomplete	ur Apeipt of	plicat filled	ion in a	Form pplica illed a	IN:	STRU Register Head of the structure of t	gard. shall pectu ules v stere is as form	In the not be so and without the without t	VS F peed r adv	OR C Post ertisere refe	AN to ment erence	DIL Sch	any shall and	eing fee p not I will	four aid i rais be	nd ir by m e ar abid	See See	rect o the lispu by ti	or mi Univ te in them.	ers fut	Sig	g, r Fun ove	my c ther, ther th	I have sa	ndatui ave ca ame	re :
1. 2. 3.	Declaration: I hereby declare criteria and I hav be liable for can studied the rule understand that Place: Date: Please sent Last date for Please retailed Solf attestes	d yo r recin pho	ur Apeipt of	plicat filled py of the property of the proper	ry info ersity as pr ion in a the f ase	Form pplica illed a refer	IN:	STRU Register form cation lent Heat cer	gard. shall pectu ules v stere is as forn landtifica	In the not bus and without the	VS F peadv futur futur futur futur futur	OR C Posi ertiser er efe orspe OB, C	A Info	DIL Sch	DAT	reing fee p not I will will of of mplo	four aid i rais be	nd ir by m e ar abid	Se E	the duck	ormi Univ te in hem.	sleers futi	Sig	g, r Fun ove	my c ther, ther th	I have sa	datuuve ca aame	re : are rull
1. 2. 3.	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule understand that Place: Date: Please sene Last date for Please retail For Detailed Self attested Qualification	d yo r recon photological institution	ur Ap eipt of oto copruction	plicat filled py of the property of the proper	ry info ersity as pr ion in a the f ase	Form pplica illed a refer	IN:	STRU Register form cation lent Heat cer	gard. shall pectu ules v stere is as forn landtifica	In the not bus and without the	VS F peadv futur futur futur futur futur	OR C Posi ertiser er efe orspe OB, C	A Info	DIL Sch	DAT	reing fee p not I will will of the second of	four aid i rais be	nd ir by m e ar abid	Se E	the duck	ormi Univ te in hem.	sleers futi	Sig	g, r Fun ove	my c ther, ther th	I have sa	datuuve ca aame	re : are rull
1. 2. 3. 4.	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule understand that Place: Date: Please sent Last date for Please retain For Detailed Self attested Qualification this application.	e proveellaties of title and the U	ur Apeipt of otocopy of orm.	plicat filled py of the place o	ry information in a particular to the first second in a particular	Form pplica illed a refer ne rel for ap	IN: IN: by time in the hange IN: by time stud levan	STRU Regis form cation tent tention to	gard. shall occur ules vules v	In the inot but in the inot but is and without but in the inot but is and without in the inot but in the inot	VSF peed r adv f tutu e & P of D mme,	OR C Post ertiser re refe orspe OB, C Cour	Antima CAN to ment refun ctus. categ cil R	DIL Sch	DAT	resing fee p not I will	Hea	nd ir by m e ar abid alth ent,	So So	trect to the lispu by the by the cien	ormi Univ te in hem.	slear refution	Sig	g, r -un ove	ny c ther, ther th	of II	ne Ap	re: are rull
	Declaration: I hereby declare criteria and I hav be liable for can studied the rule understand that Place: Date: Please sent Last date for Please retailed Self attested Qualification this applicat Original Cer Fill up the	d your recommend of the U	ur Apeipt of oto copruction of oto copruction oto com.	plicat filled py of the place o	ry information in a particular to the first second in a particular	Form pplica illed a refer ne rel for ap	IN: IN: by time in the hange IN: by time stud levan	STRU Regis form cation tent tention to	gard. shall occur ules vules v	In the inot but in the inot but is and without but in the inot but is and without in the inot but in the inot	VSF peed r adv f tutu e & P of D mme,	OR C Post ertiser re refe orspe OB, C Cour	Antima CAN to ment refun ctus. categ cil R	DIL Sch	DAT	resing fee p not I will	Hea	nd ir by m e ar abid alth ent,	So So	trect to the lispu by the by the cien	ormi Univ te in hem.	slear refution	Sig	g, r -un ove	ny c ther, ther th	of II	ne Ap	re are rull
	Declaration: I hereby declare criteria and I hav be liable for cane studied the rule understand that Place: Date: Please sent Last date for Please retain For Detailed Self attested Qualification this application.	d your recommend of the U	ur Apeipt of oto copruction of oto copruction oto com.	plicat filled py of the place o	ry information in a particular to the first second in a particular	Form pplica illed a refer ne rel for ap	IN: IN: by time in the hange IN: by time stud levan	STRU Regis form cation tent tention to	yCT stere is as forn landl mol	In the not but is and without but is an and without but is an analysis of the without but is an analysis o	VS F peed r adv f tutur e P f	OR C Posi ere refe oosp C Cour other	can a control of the	DIL Sch	DAT	resing fee p not I will	Hea	nd ir by m e ar abid alth ent,	So So	trect to the lispu by the by the cien	ormi Univ te in hem.	slear refution	Sig	g, r -un ove	ny c ther, ther th	of II	ne Ap	re are rull
).	Declaration: I hereby declare criteria and I hav be liable for can studied the rule understand that Place: Date: Please sent Last date for Please retailed Self attested Qualification this applicat Original Cer Fill up the	d your recommend of the U	ur Apeipt of oto copruction of oto copruction oto com.	plicat filled py of the place o	ry information in a particular to the first second in a particular	Form pplica illed a refer ne rel for ap	IN: IN: by time in the hange IN: by time stud levan	STRU Regis form cation tent tention to	yCT stere is as forn landl mol	In the not but is and without but is an and without but is an analysis of the without but is an analysis o	VS F peed r adv f tutur e P f	OR C Post ertiser re refe orspe OB, C Cour	can a control of the	DIL Sch	DAT	resing fee p not I will	Hea	nd ir by m e ar abid alth ent,	So So	trect to the lispu by the by the cien	ormi Univ te in hem.	slear ersi futti	Sig	g, r -un ove	ny c ther, ther th	of II	ne Ap	re: are rull
	Declaration: I hereby declare criteria and I hav be liable for can studied the rule understand that Place: Date: Please sent Last date for Please retailed Self attested Qualification this applicat Original Cer Fill up the	d your recommend of the U	ur Apeipt of oto copruction of oto copruction oto com.	plicat filled py of the place o	ry information in a particular to the first second in a particular	Form pplica illed a refer ne rel for ap	IN: IN: by time in the hange IN: by ation stud levan pplica	STRU Regis form cation tent tention to	yard. shall pecture stere is as form landli tifica o pro	In the not be is a not without the without the without the without the interest of the interes	VS F peed r adv t tutu . & P off n no.,	OR C Posi ertise orspe Cour other	can a control of the	DIL Sch	DAT	resing fee p not I will	Hea	nd ir by m e ar abid alth ent,	So So	trect to the lispu by the by the cien	ormi Univ Univ tem. ces, atior Drafi	slea ers futto aal t m	Sig	g, re-unal	ther, the ture	of ti	ne Ap	re: are rull

INSTRUCTIONS

- This card should be produced on demand at the Study Centre and Examination Centre or any other Establishment of IGNOU to use its facilities. No student shall be allowed to appear in any examination / practical without it.
- The facilities would be available only relating to the course or courses for which the student is actually registered.
- Duplicate Identity Card will be issued by the Regional Director, on payment of Rs. 100/- by way of Demand Draft only in favour of IGNOU payable at the city where Regional Centre is located.
- Loss of Identity Card is to be reported immediately to the nearest Police Station/ Concerned Regional Centre.
- Identity Card is to be submitted to the issuing authority after completion of the said programme.



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

STUDENT CARD

for

Bridge Programme in Community Health for Nurses

(FOR USE OF IGNOU FACILITIES ONLY)



Indira Gandhi National Open University ACKNOWLEDGEMENT CARD

Dear Student,

Thank you for joining IGNOU Bridge Programme in Community Health. We acknowledge the receipt of your Application Form. Your admission into this programme is provisional and subject to verification within IIBF databank. In case you are not a member of IIBF, your admission into the Programme shall be cancelled.

Please mention Enrolment Number and course applied for in all your future correspondence with the University.

To be filled in by th	e Student.	
		For Office Use Only
Course Applied for	: BScN (PB)	
DD No.	1	Your Enrolment Number is
DD Date	:	
Amount	1	
DD Drawn on	·	

Enrolment No	
Name of the Programme	
Name	*1
Father's/Husband's Name	
*	LATEST PHOTOGRAPH TO BE PASTED WHICH WILL
Address (in Capital Letters)	ATTESTED BY UNIVERSITY OFFICE
Pin Code	ATTESTED BY
Mobile No	ATTESTEDBT
Full Signature of the Candidate	

		Affix Postage stamp for Rs 6/-
То	4	
1 12		
From The Regional Director,		