

INDIRA GANDHI NATIONAL OPEN UNIVERSITY
Maidan Garhi, New Delhi-110068

Registration form for Fee Reimbursement of SC/ST Students under SCSP and TSP (Please submit duly completed Form along with enclosures to your Regional Centre)
(Admission Session January/July_____)

1. Enrollment Number:
2. Name:
3. Category: Scheduled Caste (SC) / Scheduled Tribe (ST)
4. State Citizen: Indian/Other
5. Programme of Study:
6. Regional Centre:
7. Mobile Number:
8. Complete Correspondence Address:
9. E-mail:
10. Family Income (Annually):
11. Bank Account No:
12. Bank Name and Branch with City:
13. IFSC code of the Bank-Branch:

Declaration by the Candidate

I, _____ son/daughter/wife of _____ have read, understood and abide by conditions for claim of fee reimbursement under SCSP and TSP. I also state that I belong to SC / ST category. I have also not availed any financial benefit by way of scholarship/fellowship of fee waiver for this programme of study from any other institute/centre/Social Welfare Departments of Respective State or other Government agencies for the financial year _____. I have also enclosed self attested copy of my caste certificate (SC/ST) for making this claim for fee reimbursement.

I hereby state that above information is true to best of my knowledge. If it is found false, I shall abide by any action taken against me by the University and immediately return the amount received as fee reimbursement in IGNOU's account along with penal Interest. I shall be liable to legal action against me in accordance with law in such a case.

Dated: _____ (Signature)

Place: _____ Name (Capital letters)

Encl:

1. Copy of IGNOU Student I card issued from the Regional Centre of IGNOU.
2. Self attested copy of Caste Certificate (SC/ST) issued from the appropriate authority.

Verification/Information to be furnished by the Regional Centre

It is certified that the information mentioned in respect of (He/She) _____, Enrollment No. _____, enrolled in _____ academic programme in admission cycle is correct as per information furnished by student in admission form.

Date: _____ **Signature of Regional Director**
(Name and Seal)