



INDIRA GANDHI NATIONAL OPEN UNIVERSITY

FORM NO. 1

MAIDAN GARHI, NEW DELHI-110 068

APPLICATION FORM FOR OPENMAT-XLII, XLIII ENTRANCE TEST

FORM NO.:

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

CONTROL NUMBER:

1. Regional Centre Code	<input type="text"/>	2. Exam/Study Centre Code	<input type="text"/>	3. State Code	<input type="text"/>	4. Category	A1 - GEN B2 - SC C3 - ST D4 - OBC D4A - Creamy Layer D4B - NonCreamy Layer
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5. Nationality (Write the relevant code in the box) A1 - Indian B2 - Others	<input type="text"/>	6. Sex (Write the relevant code in the box) A1 - Male B2 - Female	<input type="text"/>	7. Marital Status (Write the relevant code in the box) A1 Married B2 Unmarried	<input type="text"/>	8. Whether Minority: (Write the relevant code in the box) A1 Yes B2 No	<input type="text"/>	9. Religion (Write the relevant code in the box) A1 Hindu B2 Muslim C3 Christian D4 Sikh E5 Jain F6 Buddhist G7 Parsi H8 Jews I9 Others	<input type="text"/>
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10. Date of Birth Date / Month / Year	<input type="text"/>	11. Social Status (Write the relevant code in the box) A1 Ex-service man B2 War widow C3 Not applicable	<input type="text"/>	12. Whether Kashmiri Migrant (Write the relevant code in the box) A1 Yes B2 No	<input type="text"/>
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13. Territory A1 - URBAN B2 - RURAL C3 - TRIBAL	<input type="text"/>	14. Employment Status A1 - Employed B2 - Unemployed C3 - IGNOU Regular Employee D4 - KVS Employee	<input type="text"/>	15.a. Whether Physically Handicapped: A1 - Yes B2 - No	<input type="text"/>	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	<input type="text"/>
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16.a. Are you registered with IGNOU (Write the relevant code in the box) A1 Yes B2 No	<input type="text"/>	16.b. If yes, write the Enrol. No. & Program Code in the boxes below: Enrolment No. <input type="text"/>	Programme Code <input type="text"/>
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17. Details of Scholarship being received if any: (a) Annual Scholarship Amount <input type="text"/>	(b) Dept. Offering (Write the relevant code in the box) Scholarship A1 Govt. Deptt. B2 Other	<input type="text"/>	(c) Family income (yearly) A1 = Below 5 lac B2 = 5-10 lac C3 = 10-20 lac D4 = 20-25 lac E5 = 50-1cr. F6 = above 1cr.	<input type="text"/>
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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 Year of Passing Percentage of marks
02 = Post-graduate
03 = Professional

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

NON-GRADUATE (10+2 or its equivalent)	<input type="checkbox"/>	Science	Arts	Commerce	Engineering	Others
GRADUATE	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

21. Write Name & Complete Mailing Address
(in BLACK BALL Point Pen only)

Name :

Address:

PIN CODE:

22. For Office Use
Enrollment No.:

23. Candidate's Signature

24. Photograph

Affix your latest passport size photograph (4 cm × 5cm) duly ATTESTED BY GAZETTED OFFICER

Important : Please see 'Instructions for Candidate' overleaf.

25. Working Experience

Duration	Years	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	Months.	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
Employed in (Cross (X) any one of the Appropriat Box only)				
Govt./Public Sector		<input type="checkbox"/>	Pvt. Sector	<input type="checkbox"/>
			Self Employed	<input type="checkbox"/>
Annual Income (Cross (X) any one of the Appropriat Box only)				
Upto ₹ 1,00000/-		<input type="checkbox"/>	₹ 1 lac to 2 lac	<input type="checkbox"/>
			₹ 2 lac to 5 lac	<input type="checkbox"/>
₹ 5 lac to 10 lac		<input type="checkbox"/>	Above ₹ 10 lacs	<input type="checkbox"/>

26. Address for Correspondence

(Do not give Post Box No. address. Leave a blank box between each unit of address like House No., Street Name, P.O., etc.)

<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
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City

<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
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District

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State

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Pin Code

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27. Telephone Number (if any) with STD Code/Mobile No.**28. Fax No.** (if any) with STD Code

STD Code Telephone No.

<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
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STD Code Telephone No.

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29. E-mail address/ID (if any)

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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 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.

I have carefully studied 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 the Applicant)

INSTRUCTION FOR CANDIDATES

1. For filling this Form please refer to "Instructions for filling the Application form for Entrance Test (OPENMAT)- FORM-1" in the Student Handbook & Prospectus.
2. Please send your Application form by Registered/Speed Post to the following Address:
Registrar
Student Evaluation Division
IGNOU, MAIDAN GARHI, NEW DELHI-110068
3. Last date for receipt of filled in application form for OPENMAT XLII and OPENMAT XLIII is as indicated in the advertisement.
4. Application form received after the due date will not be accepted.
5. Please retain photo copy of the filled application form for future reference.
6. No documents are to be attached with this application form.