



INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
REGIONAL CENTRE, KOLKATA

**CHANGE / CORRECTION OF ADDRESS / STUDY CENTRE / REGIONAL CENTRE / NAME / FATHER'S NAME**

To,  
The Regional Director,  
IGNOU, Regional Centre,  
North Block, 4<sup>th</sup> Block  
Bikash Bhawan, Salt Lake  
Kolkata - 700091

All correspondence to me be sent at the following address and change of Study Centre/Regional Centre/Name/Father's Name be recorded.

Enrolment No. ....

Programme .....

In the case of Change of Study Centre

Date of Change effective from .....

State Code.....

Present Study Centre .....

New Study centre code .....

Reason for Change .....

In the case of Change of Regional Centre

Present Regional Centre .....

New Regional Centre .....

Reason for Change .....

In the Case of Correction of Name /Father's Name/Guardian Name.

Old Name /Father's Name/Guardian Name.

New Name /Father's Name/Guardian Name.

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In the case of Change/ Correction of Address

Old Address

New Address

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City.....Pin.....

City.....Pin.....

State.....

State.....

Mob. No:.....Email.Id:.....

Mob. No:.....Email.Id:.....

Full Signature of Student

Dated.....

Name of Applicant.....

Place.....

Contact No. ....

**Note: - Please enclose the photocopy IGNOU Identity Card.**