

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
REGIONAL CENTRE, VARANASI**

(To be submitted at the Regional Centre concerned latest by 15th February 2019 for reimbursement of fee)

Name of the Student :
Name of the Programme and Programme Code :
Enrolment No. :

(Attach a copy of your student identity card)

Regional Centre and RC code : **VARANASI (48)**
Admission Session :
Category - Scheduled Caste (SC)/Scheduled Tribe (ST) :
Aadhar No. :

Bank Details for reimbursement :

Name of the Bank :
Bank Account No. :
Name of Account Holder :
IFS Code of the Bank Branch :

Mobile Number :
E-Mail ID :

Undertaking by the Student

I hereby declare that:

1. The above information given by me is correct and I actually belong to _____ Category.
2. I am not employed.
3. I am not availing any financial benefits/scholarship from any other Institute/Centre/Social Welfare Department of respective State or other Government Agency for pursuing this programme.
4. I have provided necessary information and relevant self-attested documents with this application. The University shall have every right to recover the fee reimbursement amount along with the penal interest and cancel my admission/degree if any information is found to be incorrect or misleading at any stage.

(Signature of the student)
Name:

Date:
Place:

Certificate of Verification

It is certified that the information mentioned above in respect of (Name of student)
..... enrolment no. enrolled in
academic programme in admission cycle is correct and verified as per
information furnished by students in admission form.

**Regional Director
IGNOU Regional Centre, Varanasi**