



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
IGNOU REGIONAL CENTRE DELHI III (DWARKA)
Palam Extension, Near Saheed Ram Phal Chok,
Dwarka, New Delhi 110 077**



Ph: 011-25088939/44, 25087384 E. Mail ID: rcdelhi3@ignou.ac.in Web Site: www.rcdelhi3.ac.in

Date: _____

To

**THE REGIONAL DIRECTOR
IGNOU RCD 3
F- 634-636, PALAM EXTENSION
NEAR RAMPHAL CHOWK
SECTOR-7, DWARKA
NEW DELHI - 110077**

ENROLMENT NO. : _____

PROGRAMME : _____

MEDIUM : _____

NAME (IN CAPITAL LETTER): _____

MOBILE NO : _____

1. DETAILS FOR CHANGE OF PROGRAMME/MEDIUM/ ELECTIVE COURSES

Change Required	Tick (✓) Which is applicable	From	To
PROGRAMME			
MEDIUM A1 – ENGLISH B2 – HINDI			
COURSE / ELECTIVE			

Fee Payment Details:

Demand Draft No. : _____ **Amount:** _____

DD Date : _____ **Drawn on:** _____

(Signature of Student)