



# INDIRA GANDHI NATIONAL OPEN UNIVERSITY

IGNOU REGIONAL CENTRE III (DWARKA)  
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## REQUEST FOR THE CHANGE OF STUDY CENTRE

### INSTRUCTIONS

1. All fields are compulsory to fill.
2. Change of Study Centre is subject to the discretion of competent authority
3. Incomplete form will not be considered

DATE \_\_\_\_\_

1. ENROLLMENT NO \_\_\_\_\_ 2. PROGRAMME CODE \_\_\_\_\_

3. YEAR/SEMESTER \_\_\_\_\_ 4. STUDY CENTRE CODE (SC Code) \_\_\_\_\_

5. NAME (In Capital) \_\_\_\_\_

6. COMMUNICATION ADDRESS & PHONE NO. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Please mention the Study Centre Code with City where you wish to be transferred

SC CODE \_\_\_\_\_ CITY \_\_\_\_\_

8. Please mention the Reason for Study Centre Change. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Student

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