APPLICATION FORM

Name of the position applied for: _____

RECENT PASSPORT SIZE PHOTOGRAPH

Name of the candidate : _____

Father's / Husband's name: _____

Date of birth: _____ **Age as on** 11.12.2026_____

Address : _____

_____

Mobile number:_____

Email ID : _____

Educational Qualification (please attach self-attested copies of documents)

Examination Passed *	Discipline / Specilization / Subjects	Board / University	Year of Passing	Percentage of marks	Division

Experience starting from previous to present:

Total experience_____ Years_____ Months_____ Days

Employer's name and address (also indicate whether Central Govt./State Govt./PSU/Autonomous bodies/Private Sector ($)	Designation	Scale of Pay/Salary per annum	Length of Service		Total Experience in years	Nature of work in brief
			From	To		

$please attached Last Pay Certificate & Experience Certificates, etc.

Continued..2/-

Any other information

I hereby declare that the above information is true to the best of my knowledge and belief, and in case the information is found incorrect at any state, my candidature shall be liable to be cancelled. I understand that my engagement, if engaged for the above position at Administration Division, IGNOU HQ, New Delhi will be purely on contractual in nature and I shall never claim for a regular appointment in the University on the basis of this engagement.

(Signature of the candidate)

Date .....

List of Enclosures:

01._____

02._____

03._____

04._____

05._____

INDIRA GANDHI NATIONAL OPEN UNIVERSITY
Maidan Garhi, New Delhi

DECLARATION OF VIGILANCE/CRIMINAL PROCEEDINGS

I, _____ (Name), having been engaged/appointed as **Consultants in Public Information Unit (PIU)** in IGNOU do hereby declare that there is no vigilance or criminal proceedings are contemplating against undersigned at the time of joining as consultant in IGNOU. If any such proceeding found against undersigned IGNOU has full right to terminate my tenure without any notice and will take any legal action against me.

Place:_____ Signature

Date:_____

Name:_____

Designation:_____

Department:_____

Mobile No : _____