

INDIRA GANDHI NATIONAL OPEN UNIVERSITY
CONSOLIDATED STATEMENT OF PROPOSAL RECEIVED FOR ESTABLISHMENT OF EXAM CENTRES
FOR : AUGUST, 2014 ENTRANCE TEST

Name of Regional centre _____ Regional centre code _____ Programme _____

Sr. No.	Name & Official Address of the Coordinator of Study Centre with study centre code (If proposed exam centre is established study centre of IGNOU)	Name & Official Address of the Coordinator, where confidential Material is to be sent Telephone Nos., with STD Code Official: Residential: Mobile: Email :	In case Coordinator is unable to be custodian of confidential material, name & official address of the person nominated by the Coordinator, to whom confidential material is to be sent.(If not relevant, please mention N.A.) Telephone Nos. with STD Code Official: Residential: Mobile: wmail	Name & Official Address of Exam Supdt. Telephone No., with STD Code Official: Residential: Mobile: email	Venue of the Exam. Centre with full Mailing Address	Seating Capacity Morning Session: Evening Session:	Amount of Advance required
1	2	3	4	5	6	7	8

Signature of Regional Director.....

Regional Centre Code.....

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