

CONFIDENTIAL

INDIRA GANDHI NATIONAL OPEN UNIVERSITY

**PROFORMA FOR ESTABLISHMENT OF EXAMINATION CENTRE FOR
..... ENTRANCE TEST**

(Para 1 below is to be filled up, if proposed examination centre is also established study centre of IGNOU; otherwise leave it blank)

1. STUDY CENTRE CODE NO. _____

Name of the Coordinator _____
& Address :- _____

Official _____

PIN CODE : _____

Telephone No. with STD Code : _____

Mobile : _____

Residential _____

PIN CODE : _____

Telephone No. with STD Code : _____

2. In case your centre is established as examination centre by the University:-

Name of the Examination Supdt. _____
& Address :- _____

Official _____

PIN CODE : _____

Telephone No. with STD Code : _____

Mobile : _____

Residential _____

PIN CODE : _____

Telephone No. with STD Code : _____

**3. Venue of examination centre
with full mailing address:-**

PIN CODE : _____

Seating Capacity of centre: Morning Session: _____

Evening Session: _____

(Please mention separately the No. of maximum students can be accommodated per session)

4. If proposed examination centre is study centre of IGNOU, the Coordinator of the study centre will be the custodian of all the confidential material related to the examinations. The University will send all the confidential material to him at his official address mentioned in Para 1 above. In case the Coordinator is unable to be custodian of confidential material due to unavoidable circumstances, the Coordinator should nominate any other person for custody of confidential material. His name and address may be mentioned below:-

a) Name of person nominated by Coordinator as

Custodian of confidential material: _____

Telephone No. with STD Code: _____

Mobile No.: _____

b) Address, where confidential Material _____
is to be sent: _____

PIN CODE: _____

(In case (a) & (b) above are not relevant, please mention N.A.)

If proposed examination centre is NOT study centre of IGNOU; the Examination Centre Suptd. will be the custodian of confidential material related to examinations. The University will send all the confidential material to him at his official address mentioned in para 2 above.

5. Demand Draft / Cheque for advance and final payment for the expenditure incurred in conduct of examination will be drawn in favour of IGNOU in case proposed examination centre is also study centre of IGNOU.

If proposed examination centre is **NOT** study centre of IGNOU, Demand Draft / Cheque for Advance & Final payment is to be drawn in favour of : _____

6. Special requirement / proposal, if any: _____

Signature: _____

Name: _____

Name of Coordinator of Study Centre with office stamp
(If proposed Exam centre is study centre)

OR

Name of Exam Suptd. with office stamp:

(If proposed exam centre is **NOT** study centre of IGNOU)

Date: _____

(This performa duly filled in is to be sent to Regional Centre concerned only)