



INDIRA GANDHI NATIONAL OPEN UNIVERSITY
REGIONAL CENTRE DELHI-2
GANDHI SMRITI & DARSHAN SAMITI, RAJGHAT, NEW DELHI-110002
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APPLICATION FORM FOR ISSUE OF BONAFIDE CERTIFICATE

Name of the Student Enrolment No.

Programme Study center code Session (January/July) Year

Address

Mobile No. E-mail

I request you to issue me Bonafide Certificate. I am enclosing the photocopy of IGNOU Identity Card.

Provide reasons for requirement of Bonafide Certificate (Please tick mark (✓))

Reason : 1 Study Center Proof 2. Scholarship form 3. Education Loan

4. Any other reasons

Date : (Signature of Student)

(FOR REGIONAL CENTRE USE ONLY)

Verified the above mentioned documents and found correct

(SSC Section)

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ACKNOWLEDGMENT RECEIPT

Received Application form for Bonafide Certificate from Mr./Ms.

Programme Enrolment No. Date:

Signature of dealing person

Stamp of Regional Centre