INDIRA GANDHI NATIONAL OPEN UNIVERSITY

Assignment Submission for Term-End Exam _____

ENROLLMENT NUMBER :

NAME OF THE STUDENT : _____

STUDENT ADDRESS : _____

PROGRAMME TITLE & CODE : _____

COURSE TITLE : _____

COURSE CODE : _____

REGIONAL CENTRE NAME & CODE : _____

STUDY CENTRE NAME & CODE : _____

MOBILE NUMBER :

E-MAIL ID : _____

DATE OF SUBMISSION: ....   **(SIGNATURE OF THE STUDENT)**