

To,

 Regional Director
 IGNOU Regional Centre
 Saurashtra University Campus
 Rajkot - 360005

**Sub.: Request for Change of Regional Centre/Study Centre/Address
 (RC/SC/Address) (please tick whichever application)**

Name of Programme :											
Enrollment No.:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Name of Learner:											
Study Centre Code :											
Contact No.:											

Sl. No.	Type of Change	From	To
1	Change of Regional Centre (Name & Code)		
2	Change of Study Centre (Name & Code)		

Change of Address	
Old Address	New Address
.....
.....
.....
City:	City:
Pin Code:.....	Pin Code:.....
State:.....	State:.....

Name & Address

Signature.....

Date:

[Note: Applicant should attach Xerox copy of IGNOU Student Identity Card duly attested]