

Date: _____

To

Regional Director
IGNOU Regional Centre Noida
C-53, Institutional Area
Sector-62, Noida- 201305 (U.P.)**Subject: For issue of Bonafide.**

My Name is _____ Programme Code _____
bearing Enrolment Number/ Control Number _____. I request you
please issue me a Bonafide (Reason)

_____.

I have Enclosed my Admission Registration Form / IGNOU Student ID Card.

Please consider my request as soon as possible.

(Signature of Student)

Student Name: _____

Address: _____

Mob. No _____

Email ID: _____