**COVER PAGE FOR T.M.A. ONLY**

 (Not to be enclosed with C.M.A.) Serial Ref.…………….

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**

Study Centre Code: 32024

KARIM CITY COLLEGE, SAKCHI, JAMSHEDPUR – 831 001

Phone No: 0657-2230370, email: 32ignou32024@gmail.com

Enrolment No Name……………………………………………………………………….

Programme Code………………………………………………………… Course Code………………………………………………………

Course Title………………………………………………………………………… Assignment Code…………………………………………

Total Page…………………………………………………..............Total No of Questions……………………………….................

Student’s Full Signature & Date

**Affix Postage Stamp for Rs. 15/-**

**BOOK POST**

**ADDRESS FOR CORRESPONDENCE**

Name (In Block Letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C/o, S/o, D/o, W/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_House No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Locality / Mohalla\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tehsil / District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPACE FOR EVALUATOR**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Q. No** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** |
| **Marks Obtained** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Total Marks Awarded Signature of Evaluator……………………………………………………

Date………………………… Name of Evaluator…………………………………………………………

If not delivered kindly return to…..

**IGNOU Study Centre – 32024**

Karim City College, Sakchi

Jamshedpur – 831001

(Jharkhand)

 Address………………………………………………………………………….

 ………………………………………………………………………………………