



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
(A State University established by the Govt. of NCT of Delhi)
Accredited as NAAC A++ Grade



**UNDERTAKING FROM RESULT AWAITED CANDIDATES FOR
SEEKING PROVISIONAL ADMISSION FOR ACADEMIC SESSION 2023-24**

I/My Ward _____ (Name of the candidate), Son/Daughter/Wife of _____ (Father's/Husband's name), NLT Application No/CET /CUET/ Application No _____ and NLT Rank/CET Rank /CUET Rank _____ Resident _____ (Permanent Address) seeking admission to _____ Name of the Programme of GGSIP University, hereby solemnly affirm and declare:

- i) that I/My ward have/has appeared in the 12th class/final semester/final year (name of the qualifying degree) e.g. B.A., B.Sc. etc.,) _____ Examination, 2023 of (Board/University) during the time of reporting in allotted College/ Institute, the result of which has not yet been declared and is expected to be declared latest by 30th September, 2023, ;
- ii) I have passed all the papers of the qualifying degree _____ (name of the qualifying degree) examination other than the final year /final semester examination.
- iii) I have no compartment as on this date in my 12th class/qualifying degree examination.
- iv) I am seeking provisional admission due to non-declaration of result of final year/final semester of the qualifying degree examination by Board/University and not on account of compartment in current or previous years of the qualifying degree examination as on date of admission.
- v) That I/My ward have/has carefully gone through the rules regarding provisional admission and fully understand that in the event of my/my ward's failure to submit to the concerned Dean/Principal/Director of the concerned School/College where the admission has been granted, appropriate proof of my/my ward securing at least _____ marks in the qualifying examination for admission to _____ (Name of the Course) of GGSIP University by 30th September, 2023, my/my wards provisional admission to the said course will automatically get cancelled and full fee deposited will be forfeited.

Deponent

Verification:

Verified at _____ on this _____ day of _____, 2023 that the contents of the above Undertaking are true and correct to the best of my knowledge and belief. No part of it is false and nothing material has been concealed therefrom.

Deponent

Notes:

- i) In case the candidate is minor i.e. below 18 years of age; in that case, the Undertaking shall be signed by his/her parent/guardian.
- ii) Submission of false Undertaking is punishable offence. If it is found at any stage that false Undertaking was submitted, admission shall be cancelled and legal proceedings shall be initiated, for which candidate/parent/guardian shall be responsible.



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MEDICAL CERTIFICATE**
(FOR THE ACADEMIC SESSION 2023-24)
(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

Photograph
duly attested by
the officer who
has certified
this certificate

I certify that I have carefully examined Shri/Km/Smt.* _____
son/ daughter/wife of Shri/Smt.* _____ whose
signature is given below. Based on the examination, I certify that he/she is in good mental and physical
health and is free from any physical defects which may interfere with his/her studies including the active
outdoor duties required of a professional. Visible Mark of Identification

Signature of the Candidate _____

Place :

Date :

Name & Signature of the
Medical Officer with Seal and
Registration Number

* Strike whichever is not applicable.

** To be signed by a Registered Medical Practitioner holding a Medical degree.

Note : Use photocopy of this Form



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**ADMISSION VERIFICATION FORM FOR THE
ACADEMIC SESSION 2023-24**

Name of Candidate: (Mr./Miss/Mrs.) _____
 Father's/ Guardian's Name: (Mr./ Shri) _____
 Address: _____
 PIN Code _____ Tele. No. (with STD code) _____ Mobile No. _____
 Email: _____
 Minority Community (If applicable) _____ (Sikh / Muslim / Jain / Christian)
 NLT/CET/CUET Application No. _____ Category (SC/ST/OBC/Defence/PWD/Kashmiri Migrant/Army)
 _____ NLT /CET /CUET Rank _____ Programme _____

1. School / College location of qualifying examination _____ (Delhi / Outside Delhi)
2. Date of Birth _____ Age as on 1-8-2023: years _____ months _____ days _____
(As per Secondary School Certificate)
3. Passed Senior Secondary Examination / Three year Diploma in Engg/B Sc Graduation (3 yrs) _____
4. Aggregate percentage of all subjects in Sr. Secondary Examination/Dip. in Engg/ B Sc Graduation (3 yrs) _____
5. Passed in English in 12th Class (Yes/No) _____
6. PCM/PCBM Percentage in 12th Class _____
7. Percentage in qualifying degree as per the eligibility condition specified in PART A of the Admission Brochure:

8. Passed in Maths / Computer Science / Computer Applications in 12th Class _____
9. Category Certificate SC/ST/OBC/PWD/Defence/Kashmiri Migrants/Minority Community (Attach photocopy):
10. Character Certificate (Attach photocopy) (Yes/No) _____
11. Medical Certificate (Attach Original) (Yes/No) _____
12. Passed Graduation in the year _____ Percentage of marks in graduation _____
13. Passed Post-Graduation in the year _____ Percentage of marks in post-graduation _____
14. (a) CAT/CMAT/CET Score/Rank _____
(b) Year of Passing _____
15. Details of Demand Draft(s) for Submission of fees
 Amt: _____ DD No. _____ Bank/Branch _____
 Amt: _____ DD No. _____ Bank/Branch _____
 Amt: _____ DD No. _____ Bank/Branch _____

I solemnly affirm that the information furnished above is true and correct in all respects. I have not concealed any information. I realize that if any information furnished herein is found to be incorrect or untrue, I shall be liable to criminal prosecution and also forgo my claim to the seat in the college. Further, that my candidature for examination/selection and admission to the course is liable to be cancelled. I agree to abide by the rules & regulations of the University.

Signature of the Parent/Guardian & Date _____

Signature of Candidate & Date _____

FOR OFFICE USE ONLY

Certificates Checked and Verified by University official/Officer during counselling:

Signature of the Deputed Officers/Officials _____

Name of the Officer/Officials _____

University Enrolment No. _____

Note: Use Photocopy of this form



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UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

I, _____ S/D _____ of Mr./ Mrs. /Ms. _____, having been admitted to Programme/Stream _____, at (Institute/College) _____ have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.

- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
 - a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this ____ day of _____ month of ____ year.

Signature of deponent
Name:
Address:
Telephone/Mobile No.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on this the ____ of _____.

Signature of deponent



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UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING

I, Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of, (full name of student with admission/registration/enrolment number), having been admitted to _____ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behave our or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ____day of _____ month of _____year.

Signature of deponent

Name:

Address:

Telephone/Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on this the ____of _____, _____.

Signature of deponent



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Appendix 11(A)



PREFERENCE SHEET FOR THE ACADEMIC SESSION 2023-24

Name of the Programme: _____

Name: Mr/Ms/Mrs. _____

Address: _____

_____ PIN: _____

Telephone No. (with STD Code): _____ Mob: _____

E-mail Address: _____ NLT/CET/CUET Application No.. _____

Category: _____ Region _____.

Give preference in order of your Priority:

S.No.	Name of the College/Institute	Programme/Branch
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____

Date : _____

(Signature of the Candidate)

(Counter Signature of Parent/Guardian)

Note : The preference sheet is valid only for one particular counselling not for all round of counselling & waiting list. The Candidate will fill up separate preference sheet in separate counselling.