

## Guru Gobind Singh Indraprastha University "A State University Established by the Govt. of NCT of Delhi" Accredited as NAAC A++ Grade

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

### Appendix 5

# MEDICAL CERTIFICATE\*\* (FOR THE ACADEMIC SESSION 2025-26) (TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

| I certify that I have carefully examined Shri/Km/Smt.* so  | n |
|--|---|
| daughter/wife of Shri/Smt.* whose signature is give  |   |
| below. Based on the examination, I certify that he/she is in good mental and physical health and is free from an |   |
| physical defects which may interfere with his/her studies including the active outdoor duties required of        | - |
| 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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### Appendix 6

#### ADMISSION VERIFICATION FORM FOR THE **ACADEMIC SESSION 2025-26**

| Name of Candidate: (Mr                | ./Miss/Mrs.)                          |                            |                        |                                      |                    |
|---------------------------------------|---------------------------------------|----------------------------|------------------------|--------------------------------------|--------------------|
|                                       |                                       |                            |                        |                                      |                    |
| PIN Code                              | Tele. No. (with S                     | STD code)                  | Mobil                  | le No                                |                    |
| Email:                                |                                       |                            |                        |                                      |                    |
| Email: Minority Community (If         | applicable)                           | (Sikh / Musl               | lim / Jain / Ch        | ristian)                             |                    |
| NLT/CET/CUET App                      | plication No.                         | Catego                     | ory (SC/ST/            | /OBC/Defence/PWD/Kashmiri            | Migrant/Army)      |
| NLT/C                                 | ET /CUET Rank                         | Program                    | mme                    | 02 0/2 01000/1 \\ P/11000011         | 1,11814114111111)  |
| 1,2170                                | ET / CCET Runk                        | 1108141                    |                        | <del></del>                          |                    |
| 1 School / College locat              | tion of qualifying ex                 | xamination                 |                        | (Delhi / Outside Delhi)              |                    |
| 2 Date of Birth                       | Age as o                              | n 1-8-2025: vears          | months                 | (Delhi / Outside Delhi)<br>days      |                    |
| (As per Secondary School              |                                       | ni 1-0-2023. years         | months                 | uays                                 |                    |
|                                       |                                       | Three wear Dinlome in F    | Enga/B Sc Gra          | aduation (3 yrs)                     |                    |
|                                       |                                       |                            |                        | gg/ B Sc Graduation (3 yrs)          |                    |
|                                       |                                       |                            |                        | gg/ B Sc Graduation (3 yrs)          |                    |
| 5. Passed in English in 1             | 2 Class (Yes/No)                      |                            |                        |                                      |                    |
| 6. PCM/PCBM Percenta                  | ige in 12 <sup>th</sup> Class         |                            |                        |                                      |                    |
| 7. Percentage in qualifyi             | ng degree as per the                  | e eligibility condition sp | pecified in PA         | RT A of the Admission Brochure       | e:                 |
|                                       | <del></del>                           |                            | 41-                    |                                      |                    |
| 8. Passed in Maths / Cor              | nputer Science / Co                   | omputer Applications in    | 12 <sup>th</sup> Class |                                      | _                  |
| 9. Category Certificate S             | SC/ST/OBC/PWD/I                       | Defence/Kashmiri Migra     | ants/Minority          | Community (Attach photocopy)         | :                  |
| 10. Character Certificate             | (Attach photocopy                     | y) (Yes/No)                | -                      |                                      |                    |
| 11. Medical Certificate (             | Attach Original) (Y                   | (es/No)                    |                        |                                      |                    |
| 12. Passed Graduation in              | the year                              | Percentage of              | f marks in gra         | duation                              |                    |
| 13. Passed Post-Graduat               | ion in the year                       | Percentage of              | of marks in pos        | st-graduation                        |                    |
| 14. (a) CAT/CMAT/CE                   |                                       |                            | 1                      |                                      |                    |
| (b) Year of Passing _                 |                                       |                            |                        |                                      |                    |
| 15. Details of Demand                 |                                       |                            |                        |                                      |                    |
|                                       |                                       | Bank/Branch                |                        |                                      |                    |
| Amt:                                  | DD No.                                | Bank/Branch                |                        | •                                    |                    |
| Amt:                                  | DD No                                 | Bank/Branch                |                        |                                      |                    |
| I and a second a contract the set the | · · · · · · · · · · · · · · · · · · · | :-1111                     |                        |                                      | :                  |
|                                       |                                       |                            |                        | respects. I have not concealed a     |                    |
|                                       |                                       |                            |                        | , I shall be liable to criminal pro- |                    |
|                                       |                                       |                            |                        | mination/selection and admission     | 1 to the course is |
| liable to be cancelled. I a           | agree to abide by th                  | e rules & regulations of   | the University         | у.                                   |                    |
| Signature of the Parent/G             | Suardian & Date                       |                            |                        | Signature of Candidate & Date        |                    |
|                                       |                                       | FOR OFFICE                 | USE ONLY               |                                      |                    |
| Contificates Charled and              | d Vanified by Unive                   | <u></u>                    |                        |                                      |                    |
| Certificates Checked and              |                                       |                            |                        |                                      |                    |
| Signature of the Deputed              | i Officers/Officials                  |                            |                        |                                      |                    |
| Name of the Officer/Off               | 1C1als                                |                            |                        |                                      |                    |
| University Enrolment No               | 0                                     |                            |                        |                                      |                    |
|                                       |                                       | Note: Use Photoco          | ony of this for        | um                                   |                    |
|                                       |                                       | Note: Use Filotoco         | opy or uns for         | 1 111                                |                    |
|                                       |                                       |                            |                        |                                      |                    |
|                                       |                                       |                            |                        |                                      |                    |



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### Appendix 7

#### UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

| 1) I,   | S/D of Mr./ Mrs. /Ms ,  |
|---|---|
| (Institute/College)   | S/D of Mr./ Mrs. /Ms, at have received a copy of the UGC Regulations on Curbing onal Institutions, 2009, (hereinafter called the "Regulations") carefully national in the said Regulations.         |
| 2) I have, in particular, perused clause 3 of the   | Regulations and am aware as to what constitutes ragging.  |
|   | and clause 6.1 of the Regulations and am fully aware of the penal and against me in case I am found guilty of or abetting ragging, actively or mote ragging.  |
| Regulations.  | or or act that may be constituted as ragging under clause 3 of the propagate through any act of commission or omission that may be of the Regulations.  |
| •   | ragging, I am liable for punishment according to clause 9.1 of the riminal action that may be taken against me under any penal law or any   |
| account of being found guilty of, abetting or b   | elled or debarred from admission in any institution in the country on eing part of a conspiracy to promote, ragging; and further affirm that, in aware that my admission is liable to be cancelled. |
| Declared thisday of month of  | gyear.  |
|   | Signature of deponent Name: Address: Telephone/Mobile No.   |
| VERIFICATION  Verified that the contents of this affidavit are to nothing has been concealed or misstated thereion Verified at on this the of |   |



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Appendix 8

#### UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING

| father/mother/guardian of, (full name of student with a   |  |
|---|--|
|   | dmission/registration/enrolment number), having been admitted  |
| to(nan  | ne 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 Regulati  | ons and am aware as to what constitutes ragging.   |
| 3) I have also, in particular, perused clause 5 and clau  | se 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 pr  | comote ragging.  |
| 4) I hereby solemnly aver and undertake that  |  |
| <ul> <li>a) My ward will not indulge in any behave our<br/>Regulations.</li> </ul>                            | r or act that may be constituted as ragging under clause 3 of the  |
| b) My ward will not participate in or abet or p   | propagate through any act of commission or omission that may   |
| be constituted as ragging under clause 3 of th  | e Regulations.   |
|   |  |
|   | ward is liable for punishment according to clause 9.1 of the   |
|   | tion that may be taken against my ward under any penal law or  |
| any law for the time being in force.  |  |
| · · · · · · · · · · · · · · · · · · ·   | or debarred from admission in any institution in the country on<br>of a conspiracy to promote, ragging; and further affirm that, in  |
| case the declaration is found to be untrue, the admission   | 1 1 20 0   |
| *   | , and the second |
| Declared thisday of month of  | year.  |
|   |  |
|   | Signature of deponent  |
|   | Signature of deponent Name:  |
|   | •  |
|   | Name:  |
|   | Name:<br>Address:  |
| NEDIELG A TVON  | Name:<br>Address:  |
| VERIFICATION  Verified that the contents of this officiavit are true to the                                   | Name: Address: Telephone/Mobile No.:   |
| Verified that the contents of this affidavit are true to the  | Name:<br>Address:  |
|   | Name: Address: Telephone/Mobile No.:   |
| Verified that the contents of this affidavit are true to the nothing has been concealed or misstated therein. | Name: Address: Telephone/Mobile No.:  e best of my knowledge and no part of the affidavit is false and   |
| Verified that the contents of this affidavit are true to the  | Name: Address: Telephone/Mobile No.:  e best of my knowledge and no part of the affidavit is false and   |
| Verified that the contents of this affidavit are true to the nothing has been concealed or misstated therein. | Name: Address: Telephone/Mobile No.:  e best of my knowledge and no part of the affidavit is false and   |
| Verified that the contents of this affidavit are true to the nothing has been concealed or misstated therein. | Name: Address: Telephone/Mobile No.:  e best of my knowledge and no part of the affidavit is false and   |
| Verified that the contents of this affidavit are true to the nothing has been concealed or misstated therein. | Name: Address: Telephone/Mobile No.:  e best of my knowledge and no part of the affidavit is false and   |