



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



PART F

**Details of various specimen forms as Appendices
as mentioned in Admission Brochure 2024-25.**



IMPORTANT INFORMATION

(i) Students and their parents are advised, in their own interest, to visit the various Colleges/Institutes prior to the date of counseling to ascertain the location, other academic and infrastructural facilities available such as hostel, transportation etc. in the various Colleges/Institutes which may facilitate their decision-making at the time of counselling/admission. On the day of admission/counselling, the students will be required to take on the spot decision and no further time will be given to them.

(ii) If it is found at any stage during the entire period of the programme that the candidate has furnished any false or incorrect information in the application form or at the time of counselling/admission, his/her candidature for the programme will be cancelled summarily. In addition, disciplinary action may be taken against him/her as per the University rules.

(iii) If the University is not satisfied with the character, past behavior or antecedents of a candidate, it can refuse to admit him/her to any Programme of study of the University.

(iv) The Vice Chancellor may cancel the admission of any student for specific reasons and debar him/her for a certain period.

(v) Only qualifying the Common Entrance Test shall not, ipso facto, entitle a candidate to get admission to a programme.

(vi) It will also be the sole responsibility of the candidates themselves to make sure that they are eligible and fulfill all the conditions prescribed for admission. Before filling-up the verification slip at the time of counselling/ allotment of seats, candidate should ensure that he/she fulfills all eligibility conditions as laid down in this Admission Brochure. If it is found at any stage during the entire period of the programme that the candidate does not fulfill the requisite eligibility conditions his/her admission will be cancelled and also disciplinary action will be initiated against him/her and the entire fee will also be forfeited.

(vii) The merit of the CET will be valid only for the programme for which the candidate has appeared and cannot be utilized for admission to any other programme. Further, the merit of the CET- 2024 shall be valid only for the academic session 2024-25.

(viii) RAGGING: Rules in terms of ordinance relating to maintenance of discipline amongst students of the University are as under (may also see the URL <http://ipu.ac.in/norms/ragging130117.pdf>):

- Ragging in any form shall be strictly prohibited within the premises of the University, a College or an Institute, as the case may be, or in any part of the University system as well as on public transport, or at any other place, public or private.
- Any individual or collective act or practice of ragging shall constitute an act of gross indiscipline and shall be dealt with under the provisions of ordinance under reference.
- Ragging, for the purposes of ordinance under reference, shall ordinarily mean any act, conduct or practice by which the dominant power or status of senior students is brought to bear upon the students who are in any way considered junior or inferior by the former and includes individual or collective acts or practices which:
 - a) “Any conduct by any student or students whether by words spoken or written or by an act which has the effect of teasing, treating or handling with rudeness a fresher or any other student;

- b) Indulging in rowdy or undisciplined activities by any student or students which causes or is likely to cause annoyance, hardship, physical or psychological harm or to raise fear or apprehension thereof in any fresher or any other student;
- c) Asking any student to do any act which such student will not in the ordinary course do and which has the effect of causing or generating a sense of shame, or torment or embarrassment so as to adversely affect the physique or psyche of such fresher or any other student;
- d) Any act by a senior student that prevents, disrupts or disturbs the regular academic activity of any other student or a fresher;
- e) Exploiting the services of a fresher or any other student for completing the academic tasks assigned to an individual or a group of students;
- f) Any act of financial extortion or forceful expenditure burden put on a fresher or any other student by students;
- g) Any act of physical abuse including all variants of it: sexual abuse, homosexual assaults, stripping, forcing obscene and lewd acts, gestures, causing bodily harm or any other danger to health or person;
- h) Any act or abuse by spoken words, emails, post, public insults which would also include deriving perverted pleasure, vicarious or sadistic thrill from actively or passively participating in the discomfiture to fresher or any other student;
- i) Any act that affects the mental health and self-confidence of a fresher or any other student with or without an intent to derive a sadistic pleasure or showing off power, authority or superiority by a student over any fresher or any other student.”



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UNDERTAKING FOR DEFENCE CATEGORY

(To be submitted at the Time of Counselling /Admission
for Academic Session 2024-25)

I _____ Son/Daughter of _____ NLT /CET/CUET
Application No. _____ NLT /CET/CUET Rank _____ Programme _____ hereby
undertake that I fall under the following Priority of Defence category as tick marked below:-

- Priority I : Widows/Wards of Defence personnel/Para Military Personnel killed in action..
- Priority II : Wards of Defence Personnel and ex-servicemen/Para Military personnel disable in action and boarded out from service with disability attributed to military service
- Priority III : Widows/Wards of Defence personnel/Para Military personnel who died in peace time with death attributable to military service.
- Priority IV : Wards of Defence personnel/Para Military personnel disabled in service and boarded out from service with disability attributable to military service.
- Priority V : Wards of serving Defence personnel and Ex-Servicemen/Para military/police personnel who are in receipt of Gallantry Awards.
- i. Param Vir Chakra
 - ii. Ashok Chakra
 - iii. Maha Vir Chakra
 - iv. Kirti Chakra
 - v. Vir Chakra
 - vi. Shaurya Chakra
 - vii. Sena, Nau Sena, Vayu Sena Medal
 - viii. Mention in Despatches
 - ix. President's Police Medal for Gallantry
 - x. Police Medal for Gallantry
- Priority VI : Wards of Ex-Servicemen.
- Priority VII : Wives of
- i. Defence personnel disabled in action and boarded out from service.
 - ii. Defence personnel disabled in service and boarded out with disability attributable to military service.
 - iii. Ex-Servicemen and serving personnel who are in receipt of Gallantry Awards.
- Priority VIII : Wards of Serving Personnel.
- Priority IX : Wives of Serving Personnel.

Name of Father/Mother _____ Name of Candidate: _____

Rank _____ Address: _____

Service No. _____ Unit _____ Tel No: _____

Signature of Father/Mother _____ Signature of Candidate: _____

Countersigned by: Secretary, Kendriya Sainik Board, New Delhi / Secretary, Rajya or Zila Sainik Board / Officer-in-Charge, Record Office/Concerned Officials of Ministry of Home Affairs in case of Para Military Forces/ Police personnel who are in receipt of Gallantry Awards.

I have checked the original documents and I certify that he/she is entitled for reservation under defence category under priority _____ (Note: The priority must be filled otherwise the claim shall be rejected).

Date :

Place :

Seal/ Signature of the officer

Note: Entitlement card in original issued by Record Officer of the Unit/Regiment of Armed personnel of the Armed Forces in case of Armed personnel or from Home Ministry in case of Para Military Forces / Police personnel who are in receipt of Gallantry Awards.



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**Certificate for availing Admission
against Physically Handicapped/Persons with Disability Quota
for Academic Session 2024-25**

(To be submitted at the Time of Counselling/Admission)

Photograph
duly attested by
the officer who
has certified
this certificate

Certified that Shri/ Km/ Smt. _____ Son/daughter/wife of
Shri/Smt. With NLT /CET /CUET Application No _____ and NLT
/CET /CUET Rank _____ is Physically Handicapped/Persons with
Disability due to _____ and he/she is fit for undergoing the following
Programmes of Study(s) :

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

at Guru Gobind Singh Indraprastha University, Delhi for the Academic Session 2024-25.

Date of Issue: _____

Name, Designation & Signature
with date and Office Seal
of the Issuing Authority

Name: _____

Designation: _____

Hospital: _____



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UNDERTAKING FOR SEEKING ADMISSION IN MINORITY QUOTA
For Academic Session 2024-25

(To be submitted at the time of counselling / admissions/
verification of documents by candidates seeking admission in the University)

Photograph
duly attested by
the officer who
has certified
this certificate

I, _____ s/o d/o _____ an Indian citizen, residing at
_____ Aged
_____ years do hereby solemnly affirm and say that I belong to the _____ (Sikh,
Christian/ Muslim /Jain) Community that has been notified as a minority community by Govt. of India.

Date:

Candidate's Signature _____

Name of the Candidate _____

(In Bold Letters)

Address of Candidate _____

Mobile No. _____

Counter Signed by the Parent/Guardian _____

Name of the Parent/Guardian _____

(In Bold Letters)

Relationship with the Candidate _____

Note: The Undertaking has to be filled by the candidate only in his/her handwriting.

SPECIMEN COPY OF SIKH MINORITY COMMUNITY



ਦਿੱਲੀ ਸਿੱਖ ਗੁਰਦੁਆਰਾ ਪ੍ਰਬੰਧਕ ਕਮੇਟੀ

ਗੁਰੂ ਗੋਬਿੰਦ ਸਿੰਘ ਭਵਨ, ਗੁਰਦੁਆਰਾ ਰਕਾਬ ਗੰਜ ਸਾਹਿਬ, ਨਵੀਂ ਦਿੱਲੀ-੧੧੦੦੦੧
DELHI SIKH GURDWARA MANAGEMENT COMMITTEE
Guru Gobind Singh Bhawan, Gurdwara Rakab Ganj Sahib, New Delhi-110001
Phones : 23712580, 23712581, 23712582, 23737328, 23737329 Fax : 23317511

Ref. :

Date

TO WHOM SO EVER IT MAY CONCERN

This is certified that (Name of Student)

S/o/D/o.....

resident of

belongs to Sikh Minority Community and is entitled for seat under SIKH MINORITY QUOTA.

President/Gen Secy./Authorised Signatory
(Authorised by President DSGMC)



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**UNDERTAKING FROM RESULT AWAITED CANDIDATES FOR
SEEKING PROVISIONAL ADMISSION FOR ACADEMIC SESSION 2024-25**

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, 2024 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 31st October, 2024 ;
- 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 31st October, 2024, 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 _____, 2024 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.

Appendix 5



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MEDICAL CERTIFICATE**
(FOR THE ACADEMIC SESSION 2024-25)
(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



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
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**ADMISSION VERIFICATION FORM FOR THE
ACADEMIC SESSION 2024-25**

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 1-8-2024: 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

Appendix 8



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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



CERTIFICATE NO – 1
(For admission in Army Institute)

**CHILDREN OF SERVING ARMY PERSONNEL HAVING 10 YEARS
CONTINUOUS SERVICE IN THE ARMY, RETIRED/RELEASED/DISCHARGED
AFTER 10 YEARS OF SERVICE OR GRANTED/ AWARDED
REGULAR/FAMILY/LIBERALISED FAMILY/DISABILITY PENSION**

(By OC Unit/Pers Branch, AHQ/DSS & A Board/Record Office)

1. Certified that Mr./Ms. _____ is Son/Daughter of No _____ Rank _____
Name _____ Unit _____ who has 10 years of continuous service in the
Army from _____ to _____.
2. Certified that Mr./Ms. _____ is Son/Daughter of No _____ Rank _____
Name _____ who has been released/discharged from Army after 10 years of service
from _____ to _____.
3. Certified that Mr./Ms. _____ is Son/Daughter of No _____ Rank _____
Name _____ who has been granted/awarded regular pension, family pension,
liberalised family pension or disability pension at the time of his superannuation, demise, discharge or Release /
Invalidment Medical Board.
4. Certified that Mr./Ms. _____ is Son/Daughter of No/Ex Recruit No _____ Rank _____
Name _____ who was medically boarded out and granted disability pension.

Place:

OC Unit/Pers Branch, AHQ (for serving personnel)

Date:

DSS&A Board/ Record Office (for retired
personnel)

Office Seal

Name

Designation

Name and Signature of the Candidate

Name and Signature of Parent

Notes:

1. Strike out the portion which is not applicable.
2. If retired/released with pension benefits, attach certificate from Pension paying authority.
3. If retired/released on medical grounds with disability pension, attach copy of Medical Board proceedings.

4. If released/discharged after 10 years of service, attach copy of Discharge certificate/ Release order.

Appendix 9(B)



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CERTIFICATE NO – 2

(For admission in Army Institute)

**STEP CHILDREN OF ARMY PERSONNEL WHO WERE BORN FROM
WEDLOCK WHERE ATLEAST ONE PARENT BELONGED TO THE
ARMY/ ADOPTED CHILDREN OF ARMY PERSONNEL WHO HAVE BEEN
ADOPTED ATLEAST 5 YEARS PRIOR TO COMMENCEMENT OF COURSE**

By OC Unit/Pers Branch, AHQ/DSS & A Board/Record Office)

1. Certified that Mr./Ms. _____ is Son/Daughter of No _____
Rank _____ Name _____ Unit _____ and he/she
was born from wedlock where the father/mother belonged to Army and had served in the Army for 10
years or is serving in the Army and has minimum 10 years of service.

2. Certified that Mr./Ms. _____ is Son/Daughter of No _____
Rank _____ Name _____ who had served in the Army for 10 years
or is serving in the Army and has minimum 10 years of service and he/she was adopted on
_____ (5 years prior to commencement of course).

Name and Signature of Parent

Place:

Date:

Office Seal

OC Unit/Pers Branch, AHQ (for serving personnel)

DSS&A Board/ Record Office (for retired
personnel)

Name

Designation

Notes:

1. Attach copy of legal papers and Part II order of adoption of child.
2. Attach Certificate/ Part II order of birth and copy of kindred roll.



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CERTIFICATE NO – 3

(For admission in Army Institute)

**CHILDREN OF ARMY MEDICAL/DENTAL CORPS OFFICERS
SERVING IN AIR FORCE/NAVY AND MNS/APS AND TA PERSONNEL**

(By Parent & Countersignature by OC Unit/Pers Branch, AHQ/DSS & A Board/Record Office)

I, No. _____ Rank _____ Name _____ Father/Mother of _____
certify that:-

a. **The applicants must fall into one of the following categories:**

- i. Children of serving Army personnel with minimum 10 year of continuous service in the Army.
- ii. Children of ex Army personnel granted/awarded regular pension, liberalized family pension, family pension or disability pension at the time of their superannuation, demise, discharge, release medical board/invalided medical board. This includes Children of recruits medically boarded out and granted disability pension.
- iii. Children of ex Army personnel who have taken discharge/release after ten years of service.

b. **Adopted/Step Children and Children of Remarried Widows:**

- i. Adopted Child of Army personnel adopted at least five years prior to seeking admission.
- ii. Step Children are eligible provided they are born out of a wedding where at least one parent belonged to the Army.
- iii. Children of Widows of Army personnel who are born as a result of second marriage with Army personnel. However, children of widows of Army personnel born out of remarriage with Non-Army personnel would not be eligible for admission.

c. **Eligibility Criteria in Special Cases:**

(a) **Eligibility Criteria for Children of Ex Army Medical Corps Officers/Army Dental Corps Officers Presently Serving with IN/IAF:**

- (i) Children of only those ex Army medical officers/ Army Dental Corps officers presently serving with Indian Navy or Indian Air Force who have served with the Army for 10 years.

(ii) **Eligibility Criteria for Children of APS Personnel:**

- i. Children of APS personnel classified as ex-servicemen as per Government of India, Ministry of Defence letter no. 9(52)/88/D(Res) dated 19 Jul 89.
 - ii. Children of those APS personnel who are on deputation and who have put in 10 years of service in the Army.
 - iii. Children of APS personnel who are directly recruited into APS and of those who, as per their terms and conditions of service, retired from APS after completing their minimum pensionable service.
- d. **Eligibility Criteria for Children of MNS/TA Personnel:** The following are eligible:-
- i. Children of only those members of MNS who have 10 years service as regular members of MNS or are in receipt of pension from the Army.
 - ii. Children of only those TA personnel who have completed 10 years of embodied service.

Place:

Date:

Signature

Name, Designation and Unit

COUNTERSIGNED

The facts in the above mentioned undertaking have been verified from official records and found correct.

Place:

Date:

Office Seal

OC Unit/Pers Branch, AHQ (for serving personnel)

DSS&A Board/ Record Office (for retired personnel)

Name

Designation

Name and Signature of the Candidate

1. Strike out the Portion/Para not applicable.
2. Relevant documents of service record.



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Appendix 10



**UNDERTAKING FROM THE CANDIDATES WHO ARE SEEKING ADMISSION AGAINST SEAT
IN ANY RESERVED CATEGORY
For Academic Session 2024-25**

(To be submitted at the time of counselling / admissions/ verification of documents by candidates seeking admission in the University)

I, _____ Son/Daughter of _____ an Indian citizen, residing at _____ Aged _____ years do hereby solemnly affirm and say that I belong to the _____ (SC/ST/OBC/EWS/DEFENCE/PH/KM/MINORITY/ARMY) Category. The Certificate of reservation, on the basis of which I am claiming seat in counselling, has been uploaded. I know that the Certificate uploaded is bonafide and as per the eligibility to claim benefits of reservation.

I understand, in case, upon verification, the Reserved Category Certificate submitted by me, found to be fake and fraudulent, my admission is liable to be cancelled at any stage of my pursuing the Degree /Diploma.

Date:

Candidate's Signature _____

Name of the Candidate _____
(In Bold Letters)

Address of Candidate _____

Mobile No. _____

Counter Signed by the Parent/Guardian _____

Name of the Parent/Guardian _____
(In Bold Letters)

Relationship with the Candidate _____

Note: The Undertaking has to be filled by the candidate only in his/her handwriting.



FORM FOR WITHDRAWAL OF ADMISSIONS
FOR ACADEMIC SESSION 2024-25
(Must be submitted in Admission Branch Only)

- Sl.No. Programme & Institute _____
(From candidate is seeking withdrawals)
1. Name of Student _____
2. Parent Name _____
3. Address _____
4. (a) Telephone _____
(b) Mobile _____
(c) Email Address _____
5. Enrollment Number _____
6. NLT/CET/CUET Application Number _____
7. (a) Name & Relationship of the concerned Account Holder in favour of whom bank transfer is to be made. _____
(b) Bank detail of above concerned to be furnished in the given format:

(Kindly Enclosed copy of cancelled Cheque)

| Name of the Bank | Address of the Bank | Complete Bank Account No. | IFSC CODE OF THE BANK BRANCH |
|------------------|---------------------|---------------------------|------------------------------|
| | | | |

UNDERTAKING

We understand and know the refund rules of the University & agree to abide by the same and we further understand that the refund would be made in due course of time through bank transfer only as per above request.

(Signature of Parent / Guardian)

Date: _____

(Signature of Student)

Date: _____

Compulsory Encl.:

1. Both copies of Fee Receipt issued at the time of Admission / Counselling in ORIGINAL

2. Cancelled cheque of CBS Bank branch, showing the detail of full bank A/c No.; IFSC code; beneficiary name etc. must be attached by the concerned student along with the Withdrawal Form

Refund amount will directly be transferred in the bank account submitted by the student through electronic mode (ECS/RTGS/NEFT). Therefore, student may ensure to provide correct details under S. no. 7 (a) & (b) & the required enclosures. University will not be liable for any wrong transfer of amount on account of incorrect bank information provided by the student.

Note : Use photocopy of this Form



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

Appendix 11(A)



PREFERENCE SHEET FOR THE ACADEMIC SESSION 2024-25

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.



FORM FOR EXCESS REFUND OF ADMISSIONS FROM UNIVERSITY SCHOOL OF STUDIES FOR ACADEMIC SESSION 2024-25
(Must be submitted in Admission Branch Only)

- Sl.No. Programme & Institute _____
(From candidate is seeking excess refund)
1. Name of Student _____
2. Parent Name _____
3. Address _____
4. (a) Telephone _____
(b) Mobile _____
(c) Email Address _____
5. Enrollment Number _____
6. NLT/CET/CUET Application Number _____
7. (a) Name & Relationship of the concerned Account Holder in favour of whom bank transfer is to be made. _____
(b) Bank detail of above concerned to be furnished in the given format:

(Kindly Enclosed copy of cancelled Cheque)

| Name of the Bank | Address of the Bank | Complete Bank Account No. | IFSC CODE OF THE BANK BRANCH |
|------------------|---------------------|---------------------------|------------------------------|
| | | | |

UNDERTAKING

We understand and know the refund rules of the University & agree to abide by the same and we further understand that the refund would be made in due course of time through bank transfer only as per above request.

(Signature of Parent / Guardian)

Date: _____

(Signature of Student)

Date: _____

Compulsory Encl.:

1. Both copies of Fee Receipt issued at the time of Admission / Counselling in ORIGINAL

2. Cancelled cheque of CBS Bank branch, showing the detail of full bank A/c No.; IFSC code; beneficiary name etc. must be attached by the concerned student along with the Withdrawal Form

Refund amount will directly be transferred in the bank account submitted by the student through electronic mode (ECS/RTGS/NEFT). Therefore, student may ensure to provide correct details under S. no. 7 (a) & (b) & the required enclosures. University will not be liable for any wrong transfer of amount on account of incorrect bank information provided by the student.

Note : Use photocopy of this Form