



Guru Gobind Singh Indraprastha University
Sector 16 C, Dwarka, New Delhi - 110078

**ADMISSION VERIFICATION FORM FOR THE
ACADEMIC SESSION 2021-22
(FOR ENGINEERING, B. ARCH & PROFESSIONAL PROGRAMMES)**

Photograph
duly attested by
the officer who
has certified
this certificate

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)

CET Roll No. _____ Category (SC/ST/OBC/Defence/PWD/Kashmiri Migrant) _____

CET/National Level Test Rank _____ Programme _____

1. School / College location of qualifying examination _____ (Delhi / Outside Delhi)

2. Date of Birth _____ Age as on 1-8-2021: 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) NATA/GATE Score _____

(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. _____



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MEDICAL CERTIFICATE**
(FOR THE ACADEMIC SESSION 2021-22)
(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

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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PREFERENCE SHEET FOR THE ACADEMIC SESSION 2021-22

Name of the Programme: _____
 Name: Mr./Ms./Mrs. _____
 Address: _____
 _____ PIN: _____
 Telephone No. (with STD Code): _____ Mob: _____
 E-mail: _____ Region: _____
 CET/ National Level Test Roll No. _____
 CET Rank/ National Level Test Rank _____
 Category: _____
 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.	_____	_____
10.	_____	_____

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.



Appendix 13

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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 _____.



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Appendix 14

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 behavior 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

Affidavit By The Student

[On Rs. 10/- stamp paper for short Attendance]

In accordance with the acts and ordinance 11(9.1) of G.G.S.I.P. University. I,
_____ Son/Daughter of _____, Enroll.
No. _____, CET Rank _____, Course _____, R/o _____

have been admitted to Greater Noida Institute of Technology Greater Noida, clearly understand that I am required to have a minimum attendance criteria of 75% in aggregate of all the courses taken together in each semester of the academic year. I also understand that under no circumstances I shall be allowed to appear at the End Term Exam of each semester if my aggregate attendance is less than 75%.

Verified

Verified that the content 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 on _____ day _____ month _____ year.

Signature of Deponent

Affidavit By The Parent

[On Rs. 10/- stamp paper for short Attendance]

I _____ F/o _____ R/o _____

_____ clearly understand the ordinances 11(9.1) of G.G.S.I.P. University and my ward _____, who has been admitted to course _____ of Greater Noida Institute of Technology Greater Noida will maintain minimum attendance criteria of 75% in aggregate of all the courses taken together in each semester of the academic year. I also understand that under no circumstances he/she will be allowed to appear at the End Term Exam of each semester if his/her aggregate attendance is less than 75%.

Verified

Verified that the content 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 on _____ day _____ month _____ year.

Signature of Deponent

Name:

Mobile No.:

E-mail Id.: