



ARMY INSTITUTE OF EDUCATION

Affiliated to Guru Gobind Singh Indraprastha University, New Delhi
Plot M-1, Pocket-P5, Sect- CHI, Greater NOIDA, Gautam Budh Nagar, (UP)- 201306
(NAAC Accredited and ISO 9001:2015 Certified Institute)

BACHELOR OF EDUCATION PROGRAMME 2019-21

(ONLY FOR WARDS, SPOUSES/WIVES AND WIDOWS OF SERVING & RETIRED ARMY PERSONNEL)

UNDERTAKING ON FEE POLICY

I/ We undertake to abide by any changes in fee notified by Govt. of NCT of Delhi/DHE/GGSIP University, Delhi at any later stage during the B.Ed. programme and will pay the balance fee/any other dues etc. as notified.

Place _____

Signature of Student: _____

Date _____

Name of the Student: _____

Aadhar Card No.: _____

Signature of Parent/ Guardian: _____

Name of Parent/ Guardian: _____

Relationship with the Candidate -----

Aadhar Card No.: _____



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UNDERTAKING **CODE OF CONDUCT AND DISCIPLINE**

I, Mr./Mrs./Ms. _____ Son/Daughter of Sh./Smt _____ ,
a permanent resident of _____ State _____ ,
student, of AIE do hereby undertake the following on this _____ (day) of _____ (month),
_____ (year).

1. That, I shall conduct myself within and outside the precincts of the Institute in a matter befitting to the students of an institution of national importance, particularly of GGSIPU, Army Institute of Education, Greater NOIDA.
2. That, I am aware of, as per the order of the Hon'ble Supreme Court of India, ragging in any form is banned and Acts of ragging will be considered as a matter of gross indiscipline and will be severally dealt with.
3. That, I am aware, the following act of omission and /or commission shall constitute gross violation of the Code of Conduct and I am liable to be invoked with disciplinary measures, if there is omission and /or commission of any or more of the following:
 - (a) Ragging/ bullying of any kind.
 - (b) Lack of courtesy and decorum; indecent behaviour anywhere within or outside the campus.
 - (c) Willful damage or stealthy removal of any property/belongings of the Institute or of fellow students.
 - (d) Possession, consumption or distribution of alcoholic drinks or any kind of hallucinogenic drugs.

- (e) Mutilation or unauthorized possession of library books.
- (f) Noisy and unseemly behavior, disturbing studies of fellow students.
- (g) Hacking in computer systems (such as entering other person's area without prior permission, manipulation and / or damage of computer hardware and software etc.).
- (h) Lack of Adherence to the college time-table and Schedule.
- (i) Any other act of gross indiscipline. Commensurate with the gravity of the offence, the punishment may be Reprimand, fine, and expulsion from the college, debarment from an examination, rustication for a specified period or even outright expulsion from the Institute.
- (j) Adherence to Attendance Rules.

Signature of the Parent/Guardian:

Name of the Parent:

Relationship:

Full Address

Phone No:

E-Mail ID:

Signature of the Student

Name:

Phone No:

E-Mail ID:

Place _____

Date _____



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UNDERTAKING **FULFILLING CONDITION OF MINIMUM ATTENDANCE FOR** **STUDENT**

I, (Name of the student)_____ am fully aware that I am required to maintain minimum 80% attendance in theory and 90% in Practicum courses/classes during each Semester, and I am required to submit term work, assignments, etc., as applicable, within the notified time limit. I am also aware that if I fail to maintain the required minimum attendance and fail to submit term work then I will be detained and not be allowed to appear for the End- Semester University Examination.

Code of Conduct-I do undertake that I will respect and obey all the instructions, rules, and regulations of the college and will adhere to norms of GGSIPU and AIE.

Signature of Student

Name:

Aadhar Card No.:

CET Roll No.



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PARENT'S/ GUARDIAN'S UNDERTAKING FOR STUDENTS FULFILLING CONDITION OF MINIMUM ATTENDANCE

I, _____ Mother/Father/Guardian/Spouse of _____ am aware that as per GGSIPU norms and Army Institute of Education (AIE) Rules, my ward has to maintain a minimum of 80% attendance in theory classes and 90% attendance in practicum classes/course during each semester of her/his B.Ed. programme.

I also agree and undertake that if s/he fails to comply with minimum 80% attendance in theory and 90% in practicum as per the requirement of GGSIP University, s/he may be detained.

Code of Conduct-I do undertake that my daughter/son/ward/spouse will respect and obey all the instructions, rules, and regulations of the college and will adhere to norms of GGSIPU and AIE.

Signature of Mother/Father/Guardian/Spouse:

Name:

Aadhar Card No.:

Contact No.-

E-Mail ID:



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(ONLY FOR WARDS, SPOUSES/WIVES AND WIDOWS OF SERVING & RETIRED ARMY PERSONNEL)

PARENT'S/ GUARDIAN'S CONSENT FOR SENDING WARD/SPOUSE TO CAMP/TOUR/OUTDOOR ACTIVITIES

I, _____ Mother/Father/Guardian/Spouse of _____
hereby agree to send my son/daughter/ward/spouse to any camp/tour/other outdoor activities organized by the
Institution from the date of joining till he/she completes his/her education at AIE, Greater NOIDA.

I understand and agree that the organizers will do their best for the safe and smooth conduct of aforesaid
outdoor activities; still in case of unnatural happening or any misfortunate incident, I will not hold the Institute
responsible.

Name of the Student:

Phone No:

CET Roll No:

E-Mail ID:

Signature of the Parent/Guardian:

Name of the Parent:

Relationship:

Full Address

Phone No:

E-Mail ID:

Place _____

Date _____

Appendix 1

Guru Gobind Singh Indraprastha University

Sector 16 C, Dwarka, New Delhi – 110078

UNDERTAKING FOR DEFENCE CATEGORY (To be submitted at the Time of Counselling/Admission)

Photograph
duly attested
by the officer
who has
certified the
certificate

I _____ Son/Daughter of _____

CET Roll No. _____ CET Rank _____

- (i) ~~Programme~~ Wards of Defence personnel/ Para-Military Personnel killed in action.
- (ii) ~~Widows~~ hereby undertake that I fall under the following Priority of Defense category as tick marked below:-
Wards of Defence personnel and ex-servicemen/Para Military Personnel disabled in action and boarded out from service with disability attributed to military service
- (iii) Widows/wards of Defence personnel/ Para-Military personnel who died in peace-time with death attributable to military service;
- (iv) Wards of Defence Personnel/Para Military Personnel disabled in service and boarded out from service with disability attributed to military service.
- (v) Wards of serving Defence personnel and ex-servicemen Para-Military/ Police personnel who are in receipt of Gallantry Awards
- (vi) Wards of Ex-servicemen (Defence Personnel only)
- (vii) Wards of serving personnel (Defence Personnel only)

Name of Candidate: _____ Name of Father/Mother _____ Rank _____ Address: _____
Service No. _____ Unit _____

Tel /Mob No: _____

Signature of Candidate: _____ Signature of Father/Mother _____

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.



Appendix 5

Guru Gobind Singh Indraprastha University

Sector 16 C, Dwarka, New Delhi - 110078

UNDERTAKING/SELF DECLARATION BY THE CANDIDATE FOR RESULT AWAITED

(To be Submitted at the Time of Counselling/Admission by the Candidates
Seeking Provisional Admissions)

I _____ (Name of the candidate), Son /Daughter/ Wife
of _____ (Father's /Husband's name)
Resident of _____ (Permanent address) seeking
admission to _____ (Name of the Course) of GGSIP University, hereby solemnly affirm and declare:

- i. that I have appeared in the final semester/final year (*name of the qualifying degree*) Graduation/Post Graduation) Examination, 2019 of _____ (Board/University), the result of which has not yet been declared and is expected to be declared latest by 15th October, 2019;
- ii. that all the examinations of the qualifying degree are / shall be over on/before 31 July, 2019.
- iii. I undertake that examination of the qualifying programme of study on the basis of which admission is sought is/shall be over before the commencement of classes in the University for programme of study in which admission is sought, otherwise I understand that my admission shall be cancelled and the full fees deposited shall be forfeit.
- 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 as stated above in current or previous years of the qualifying degree examination as on date of admission.
- v. I declare that I will submit the result only in consonance with the result of final semester/final year of ___ (name of the qualifying degree) from board/university as mentioned above in (i) and that I am well aware that the submission of result from any other board/University will not be considered for fulfilling the eligibility criteria for admission in the respective programme and no claim for the same will be made by me.
- vi. That I have carefully gone through the rules regarding provisional admission and fully understand that in the event of my failure to submit to the concerned Dean/Principal/ Director of the concerned School/College, where the provisional admission has been granted, solely on my request, appropriate proof of my securing at least _____ marks/percentage in qualifying examination for admission to _____ (Name of the Course) of GGSIP University by 15th October, 2019, my admission is liable to be cancelled with forfeiture of the fees paid for admission. In absence of submission my provisional admission to the said course will automatically get cancelled and full fee deposited will be forfeited.

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 _____

Relationship with the Candidate _____

Note: The Undertaking has to be filled by the candidate only in his/her handwriting. A self-attested copy of the document/admit card for appearing in the said examination as declared by the candidate for which the result is awaited is also to be enclosed by the candidate at the time of verification of document.



Appendix 6 Guru Gobind Singh Indraprastha University

Sector 16 C, Dwarka, New Delhi - 110078

MEDICAL CERTIFICATE**

(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.



Appendix 8

Guru Gobind Singh Indraprastha University

Sec 16 C, Dwarka, New Delhi-110078

FORM FOR WITHDRAWAL OF ADMISSIONS (Must be submitted in Admission Branch Only)

- Sl.No. Programme & Institute _____
(Form 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. CET Roll Number _____
7. (a) Name & Relationship of the concerned 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



Appendix 9
Guru Gobind Singh Indraprastha University
Sec 16 C, Dwarka, New Delhi-110078

FORM FOR REFUND OF EXCESS FEE

(Paid at the time of Admission/Counselling
Must be submitted in Admission Branch Only)

- Sl.No. Programme & Institute _____
1. Name of Student _____
2. Parent Name _____
3. Address _____
4. (a) Telephone _____
- (b) Mobile _____
- (c) Email Address _____
5. Enrollment Number/CET Roll No _____
6. Amount of fees Deposited at the _____
time of counseling _____
7. (a) Name & Relationship of the _____
concerned 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)

(Signature of Student)

Date: _____

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

UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI-RAGGING

I, _____ (full name of student with enrolment/ registration no) s/o, d/o Mr/Mrs/Ms _____ 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 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 behaviour 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 _____ (place) on this _____ (day) of _____ (month) _____ (year).

Signature of Deponent

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 (place) _____ on this the (day) ___ of (month) _____, (year) _____.

Signature of deponent

