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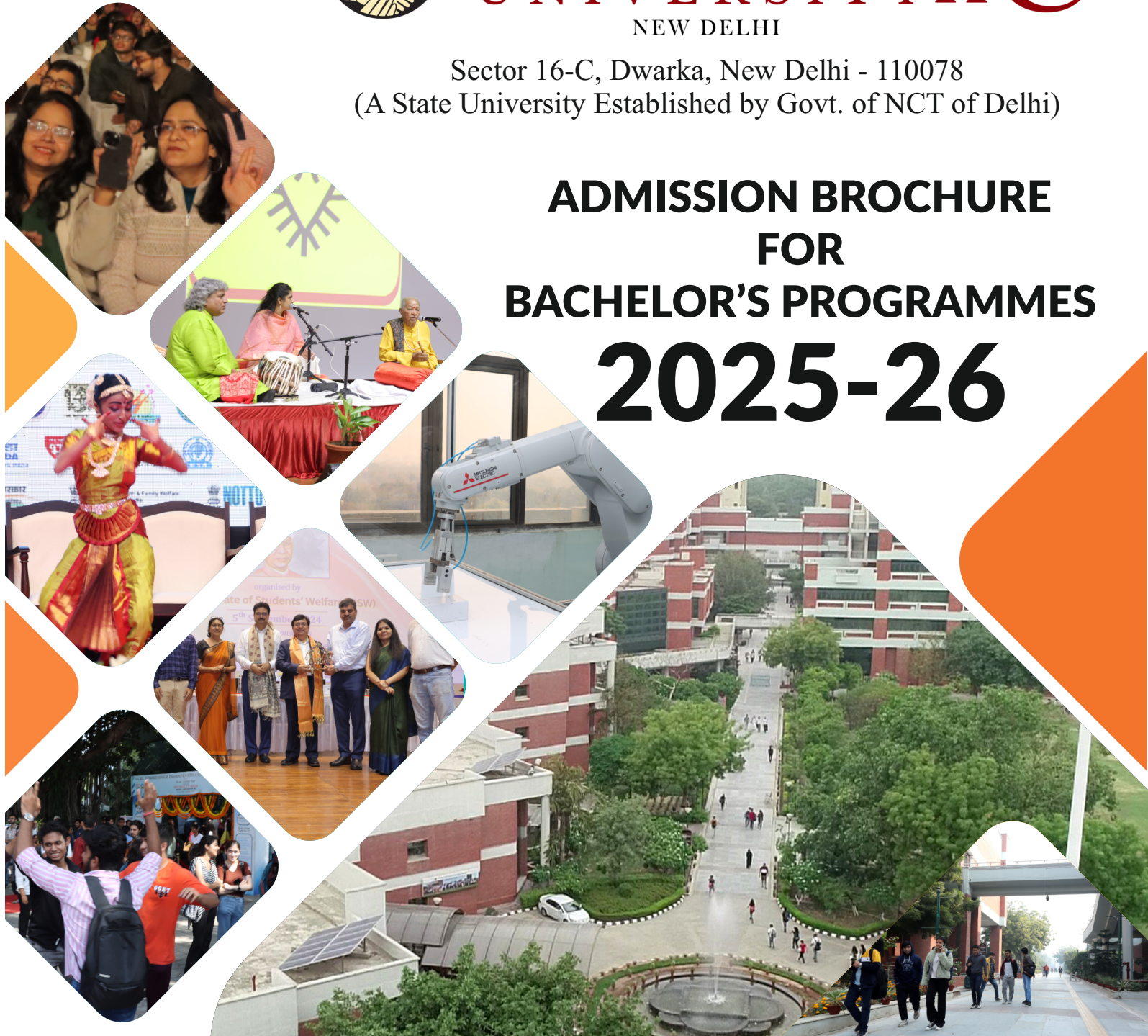


**GURU GOBIND SINGH
INDRAPRASTHA
UNIVERSITY**

NEW DELHI

Sector 16-C, Dwarka, New Delhi - 110078
(A State University Established by Govt. of NCT of Delhi)

**ADMISSION BROCHURE
FOR
BACHELOR'S PROGRAMMES
2025-26**



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PART F

Details of various specimen forms as Appendices as mentioned in Admission Brochure 2025-26.



Appendix 1

UNDERTAKING FOR DEFENCE CATEGORY

(To be submitted at the Time of Counselling /Admission
for Academic Session 2025-26

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.
- Param Vir Chakra
 - Ashok Chakra
 - Maha Vir Chakra
 - Kirti Chakra
 - Vir Chakra
 - Shaurya Chakra
 - Sena, Nau Sena, Vayu Sena Medal
 - Mention in Despatches
 - President's Police Medal for Gallantry
 - Police Medal for Gallantry
- Priority VI : Wards of Ex-Servicemen.
- Priority VII : Wives of
- Defence personnel disabled in action and boarded out from service.
 - Defence personnel disabled in service and boarded out with disability attributable to military service.
 - 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.



Appendix 4

**UNDERTAKING FROM RESULT AWAITED CANDIDATES FOR
SEEKING PROVISIONAL ADMISSION FOR ACADEMIC SESSION 2025-26**

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:

- 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, 2025 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, 2025 ;
- I have passed all the papers of the qualifying degree _____ (name of the qualifying degree) examination other than the final year /final semester examination.
- I have no compartment as on this date in my 12th class/qualifying degree examination.
- 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.
- 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, 2025, 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 _____, 2025 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:

- 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.
- 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

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.* _____ 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



Appendix 6

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

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 1-8-2025: 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



Appendix 7

UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

- 1) 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
- I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the
Regulations.
 - 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

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



Appendix 9(A)

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.



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