



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

ADMISSION VERIFICATION FORM FOR THE ACADEMIC SESSION 2022-23 (FOR VARIOUS PROGRAMME)

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 1-8-2022: 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