ADMISSION BROCHURE
FOR
ACADEMIC SESSION 2019-20
(PART - B)

APPENDIX

Guru Gobind Singh Indraprastha University
Sector 16C, Dwarka, Delhi - 110075
# APPENDICES

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(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 behaviour or antecedents of a candidate, it can refuse to admit him/her to any course 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 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- 2019 shall be valid only for the academic session 2019-20.

(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 indisciplined 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.”
Appendix 1

Guru Gobind Singh Indraprastha University
Sector 16 C, Dwarka, New Delhi - 110075

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

I____________________________ Son/Daughter of________________________________

CET Roll No._______________CET Rank____________________ Programme_____________

hereby undertake that I fall under the following Priority of Defence category as tick marked below:

(i) Priority I: Widows/Wards of Defence personnel killed in action.
(ii) Priority II: Wards of disable in action and boarded out from service.
(iii) Priority III: Widows/Wards of Defence personnel who died while in service with death attributable to
    military service.
(iv) Priority IV: Wards of disable in service and boarded out with disability attributable to military service.
(v) Priority V: Wards of Ex-Servicemen and serving 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
(vi) Priority VI: Wards of Ex-Servicemen.
(vii) 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.
(viii) Priority VIII: Wards of Serving Personnel.

Name of Father/Mother________________________ Name of Candidate:____________________
Rank________________________ Address: __________________________

Service No. ____________________________________________________________________________
Unit _______________________________ Tel /Mob 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 :

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

Gallantry Awards

Photograph duly attested by the officer who has certified this certificate.
CERTIFICATE FOR AVAILING ADMISSION AGAINST PHYSICALLY HANDICAPPED/PERSONS WITH DISABILITY QUOTA

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

Certified that Shri/ Km/ Smt. ___________________________ Son/daughter/wife of Shri/Smt. With CET Roll no. ___________________________ and CET Rank ___________________________
is physically handicapped/persons with disability due to ___________________________ and he/she is fit for undergoing the following course(s) / Programmes of Study(s):

1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________
5. ___________________________
6. ___________________________

at Guru Gobind Singh Indraprastha University, Delhi for the Academic Session 2019-20.

Date of Issue:___________________

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

Name:________________________________________________________

Designation: ___________________________________________________

Hospital:_______________________________________________________
UNDEARTAKING FOR SEEKING ADMISSION IN MINORITY QUOTA

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

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.
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)
Name of Candidate: (Mr/Miss/Mrs) ________________________________
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/Def/PH/Kashmiri
Migrant)______________
CET Rank ______________

1. School / College location of qualifying examination____________________ (Delhi / Outside Delhi)
2. Date of Birth ___________ Age as on 1-8-2019: 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 ____________________________________
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 / PH / Defence / Kashmiri Migrants / Minority Community (Attach photocopy) :
10. Character Certificate (Attach photocopy) ____________________________
11. Medical Certificate (Attach Original) ______________________________
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.________________________________

Note: Use Photocopy of this form
**Name of Candidate:** (Mr/Miss/Mrs) _______________________

**Address:** ____________________________________________________________________________________________

**PIN Code** __________ **Tele. No.** (with STD code) __________ **Mobile No.** _______________

**Email:** ___________________ **NEET Roll No.** _______________

**Category** (SC/ST/OBC/Def/PH/Kashmiri Migrant) _______________

**Overall All India NEET Rank** _______________ **NEET Score** _______________

1. 1.(a) **School / College location of qualifying examination** ________________ (Delhi / Outside Delhi)
   (b) **School / College location (of qualifying 11th class)** ________________ (Delhi / Outside Delhi)

2. **Date of Birth** _______________ **Age as on 31-12-2019:** years __________ months __________ days __________
   (As per Secondary School Certificate)

3. **Passed Senior Secondary Examination** ________________ :

4. **Subject studies during 11th class** ____________________________________________________________:

5. **Aggregate percentage of all subjects in Sr. Secondary Examination** ________________:

6. **Passed in English in 12th Class** ____________________________________________________________:

7. **PCB Percentage in 12th Class** ________________________________________________________________:

8. **Category Certificate SC / ST / OBC / PH /Defence (Attach photocopy)** ________________

9. **Character Certificate (Attach photocopy)** ________________

10. **Medical Certificate (in case of PH Category)** __________________________________________________

11. **NEET Score Card**

12. **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.**

**FOR OFFICE USE ONLY**

Certificates Checked and Verified by University official/Officer during counselling:

**Signature of the Deputed Officers/Officials** ____________________________________________
**Name of the Officers/Officials** ____________________________________________
**University Enrolment No.** ____________________________________________

**Note : Use Photocopy of this form**
ADMISSION VERIFICATION FORM
(FOR PGMC & PGAC PROGRAMMES)

Name of the Candidate ___________________ Father's Name: ____________________

NEET / NPGET Roll No. __________ Overall All India NEET / NPGET RANK __________

Date of Birth ______________ Category ___________________ Gender: ____________________

Address (with PIN Code) ____________________________________________________________

Tel/Mob No. ______________ Email Address: ______________________________

Name of Last Qualified Degree ______________________________________________________

B. Documents to be submitted at the time of Counselling/verification
i) High School/Higher Secondary Certificate for verification of date of birth (Both Original & Photocopy)
ii) Certificate in support of educational qualification: MBBS Degree (Both Original & Photocopy)
iii) Detailed marks certificate of qualifying examinations: I, II & Final Professional examination of MBBS (Both Original & Photocopy)
iv) The compulsory rotatory internship certificate (Both Original & Photocopy)
v) Registration Certificate from Delhi Medical Council/ State Medical Council/ Medical Council of India (Both Original & Photocopy)
vi) MD/MS/DNB Examination attempt certificate (in case of SSMC only) (Both Original & Photocopy)
vii) Proof of writing thesis in case of candidate has DNB course (in case of SSMC only) (Both Original & Photocopy)
viii) Original Caste Certificate (in case of PGMC only, if applicable) (Both Original & Photocopy)
ix) Character Certificate from where the qualifying examination was passed (Both Original & Photocopy)
x) Physically Challenged Certificate (in case of PGMC only, if applicable) (Both Original & Photocopy)
xi) Employer’s Certificate and a No Objection Certificate (NOC), if employed (in the prescribed format)
xii) Admit Card (Both Original & Photocopy)
xiii) Bank Draft of prescribed fee (Original)
xiv) Bond on a non-judicial stamp paper of Rs.100/-filled and signed by two sureties (other than relatives) in the prescribed format. (Both Original & Photocopy) (The bond value shall be notified together with the detailed counseling schedule)
xv) “Declaration by the Candidate”.
xvi) “NEET Score Card”.

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.

FOR OFFICE USE ONLY
Certificates Checked and Verified by University official/Officer during counselling:

Signature of the Deputed Officers/Officials__________________________________________
Name of the Officers/Officials________________________________________________________
University Enrolment No.______________________________________________________________

Note: Use Photocopy of this form
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.

Note : Use photocopy of this Form
### PREFERENCE SHEET

Name of the Programme: _____________________________________________

Name: Mr/Ms/Mrs. _______________________________________________

Address: _________________________________________________________

PIN: _______________________

Telephone No(with STD Code): ______________________ Mob: _______________________ E-mail Address: ____________________________

CET Roll No. ___________ CET Rank Region: _______ Category: ______________

Give preference in order of your Priority:

<table>
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<th>S.No.</th>
<th>Name of the College/Institute</th>
<th>Programme/Branch</th>
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<td>10.</td>
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</tbody>
</table>

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 WITHDRAWAL OF ADMISSIONS
(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
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:

<table>
<thead>
<tr>
<th>Name of the Bank</th>
<th>Address of the Bank</th>
<th>Complete Bank Account No.</th>
<th>IFSC CODE OF THE BANK BRANCH</th>
</tr>
</thead>
</table>

**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.

**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**
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)

<table>
<thead>
<tr>
<th>Name of the Bank</th>
<th>Address of the Bank</th>
<th>Complete Bank Account No.</th>
<th>IFSC CODE OF THE BANK BRANCH</th>
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</tbody>
</table>

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
Appendix 10(A)

CERTIFICATE NO – 1
(Refer to admission in ACMS in the Admission Brochure)

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 ______________.

1. 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 ______________.

2. 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.

3. 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 10(B)

CERTIFICATE NO – 2
(Refer to admission in ACMS in the Admission Brochure)

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: OC Unit/Pers Branch, AHQ (for serving personnel)
Date: DSS&A Board/ Record Office (for retired personnel)
Office Seal
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.
Appendix 10 (C)

CERTIFICATE NO – 3

(Refer to admission in ACM in the Admission Brochure)

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:
   i. Eligibility Criteria for Children of Ex Army Medical Corps Officers/Army Dental Corps Officers Presently Serving with
   IN/IAF: 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:
      a) 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.
      b) Children of those APS personnel who are on deputation and who have put in 10 years of service in the
      Army.
      c) 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: __________________________ Signature __________________________
Date: __________________________ Name, Designation and Unit __________________________

COUNTERSIGNED

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

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 ………………………………………………………………….

1. Strike out the Portion/Para not applicable.
2. Relevant documents of service record.
Appendix - 10 (D)

WILLINGNESS CERTIFICATE (CERTIFICATE NO – 4)
(For MBBS Programme)

1. I …………………………………… son/daughter of ……………………………………… declare that:

(a) I fulfil all the eligibility conditions for admission to ACMS as laid down in the Admission Brochure.

(b) I have passed the qualifying examination in ……..(Year)

(c) I have read all the rules for admission to MBBS course and only after understanding these rules, I am submitting this declaration.

(d) The information given by me in my application is true to the best of my knowledge.

(e) I hereby agree to conform to any rule, act and law enforced by GGSIP University/ACMS and I hereby undertake that as long as I am a student of ACMS, I will do nothing either inside or outside the ACMS that will result in disciplinary action against me under the rules, act and laws of the GGSIP University/ACMS.

(f) I fully understand that the Management of ACMS will have full liberty to expel/rusticate me from the College for any infringement of the rules of conduct and discipline prescribed by the GGSIP University/ACMS and the undertaking given above.

(g) I undertake and bind myself to pay tuition fee and other charges as laid down in Admission Brochure. I also undertake to pay the revised fee and other charges as revised by ACMS from time to time and in case of default on my part, the Management of the ACMS may take action as deemed fit including striking off my name from the rolls of the college.

(h) I fully understand that ragging is banned in the College and Hostel and if I indulge in such an act, I shall be subject to laid down punishment.

2. I have read and certify/accept all of the above clauses.

……………………………………

……………………………………

Signature of the Parent

Signature of the Candidate Date:

ACCEPTING AUTHORITY
(For office use only)

1. Accepted/Rejected
   (Mention in ink in front)
   :

2. If rejected assign reason clearly
   :

   Date:

   (Signature along with Name & Designation)
DECLARATION BY THE CANDIDATE
[for Post Graduate Medical Programmes (PGMC)]

a. I, ________________________ (name) son/daughter of Smt____________________ and Shri____________________________ resident of ________________ hereby, solemnly and sincerely affirm that the statement made and information furnished by me in the application form is true and correct. I have not concealed any information. If any information furnished, herein, is found fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution, and I also agree to forego my seat in SSMC / PGMC. Further I am liable to be punished by the University and the selection and admission to the course is liable to be cancelled. I agree to abide by the Rules and Regulations governing the Examination as contained in the Admission Brochure.

b. In case, I fail to join the course offered to me and accepted by me within the prescribed date, my selection/ registration to the course be treated as cancelled.

c. I undertake that in the event of my admission to any SSMC/Degree/Diploma course I will not apply for or accept admission to any course in any University/ Institution till I complete the course to which I am admitted on the basis of this application.

d. I undertake that in the event of my selection for a SSMC / PGMC, I shall deposit all my original certificates alongwith a Surety Bond of Rs. 2 lacs in case of SSMC / Rs 3 lacs in the case of PGMC. In the event of (i) my not joining the course at the allotted institution on or before the stipulated date (ii) leaving the course before its completion and (iii) cancellation/ termination of my admission/ registration by the University on account of unsatisfactory performance / conduct/ discipline, I will deposit a sum of Rs.3 lacs / Rs. 2 lacs as applicable in the institution where I am enrolled to redeem my original certificates.

e. I agree to undergo the said course on full-time basis and shall not engage myself in practice or any part-time/ full-time job during the period of the course and if I do so, my name may be removed from the rolls of University.

f. I am aware that the University can remove my name from its rolls in case my work is not reported satisfactory by my Supervisor/Head of the Institution.

g. On admission, I shall submit myself to the disciplinary jurisdiction of the Vice Chancellor and the several authorities of the University who may be vested with the authority to exercise discipline under the Act, the Ordinances, the rules and regulations that have been framed by the University from time to time.

Signature of Candidate ________________________
Name Dr./Ms./Mr. ________________________________
Dated ________________
Address for communication ______________________
Place __________________________

EMPLOYER’S CERTIFICATE FORM
(FOR CANDIDATES WHO ARE IN SERVICE)

I am forwarding, herewith, the application for admission to the SSMC / PGMC Programmes in respect of Dr./Mr./ Ms. ________________ who is a full-time employee in this organization w.e.f. ________________ and has been working as ________________ (Please give designation) and his/her emoluments, including D.A., C.C.A. and H.R.A. etc. are Rs. ________________.

If he/she is selected by the University for admission, he/she will be relieved to join the above course as a full time/ regular student in the institution assigned to him/her by the stipulated date of joining the course concerned.

Note: The relieving certificate will also be sent to the University before the candidate joins the course concerned by the stipulated date.

Dated ________________
Place __________________________
Signature of the Officer
Name __________________________
Designation ____________________
Official Seal

Note: The bond surety value shall be notified together with the detailed counseling schedule. The format shall be as above.
SURETY BOND
[For Post Graduate Medical Programmes (PGMC)]
(On a Non-Judicial Stamp Paper of Rs. 100/-)

In pursuance of my undertaking given on ____________(date) this Surety Bond, hereafter the bond, is executed at Delhi on this ____________ (date & month) day of __________ (year) by Ms./Mr./Dr. ________________ son/daughter of Smt. __________________________ and Sh. ____________________________ hereafter the student, admitted in ___________________ (name of the course), hereafter the course at ____________________ (name of the institution) hereafter the institution, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of ________________ (Name of the institution).

Whereas, the student has applied and has been admitted in the course, a SSMC / PGMC, being conducted by the Guru Gobind Singh Indraprastha University, Delhi.

Whereas on the basis of the merit, the student was offered various course(s) at various institution(s) available at the time of his/her counselling and he/she has voluntarily opted for the course at the _______________ (name of the institution) and he/she admitted in the course at the institution with the understanding and subject to the undertaking that the student shall undergo the course on full-time and regular basis and shall maintain the required standard of performance and shall not indulge in indiscipline/misconduct.

The student has, therefore, agreed to be liable to pay a sum of Rs.3.0 lacs (for PGMC) to the institution under any of the following circumstances:-

A. If the student does not join the course at the allotted institution on or before the stipulated date.
B. If the student leaves the course before its completion.
C. If the admission/registration of the student is cancelled/terminated by the University on account of unsatisfactory performance/misconduct/indiscipline.

Whereas the student undertakes that till the entire surety amount Rs.3.0 lacs (for PGMC) is paid, the institution and/or the Guru Gobind Singh Indraprastha University shall have the right to retain the original certificates of the student.

Whereas I have requested Ms./Mr. __________________________ son/daughter of Smt. ________________ and Sh. ____________________________ resident of ______________________________.

Ms./Mr. __________________________ son/daughter of Smt. ________________ and Sh. ____________________________ resident of ______________________________ to stand as sureties severally and jointly, for me for the payment of the said amount.

Signature of the Student Name_________________
Date _________________
Place _________________
That I Dr./ Ms/ Mr._______________ son/daughter of Smt._______________ and Sh.________________________ resident of ____________________________, the student aforesaid acknowledge my indebtedness to the Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/ Director of ________________ (name of the institution) to a sum of Rs. 2 Lacs (for SSMC) / Rs.3 lacs (for PGMC), which, I hereby promise to pay on demand to the institution.

Signature of the Student Name ________________
Date ________________
Place ________________

In consideration of the bond executed by the student Dr._______ son/daughter of Smt. and Sh._________ resident of ________________, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of ________________ (name of the institution) for a sum of Rs.3 lacs (for PGMC), I____________, hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above in case the student fails to pay on demand a sum of Rs. 2 Lacs (for SSMC) / Rs.3 lacs (for PGMC), I , the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date ________________
Signature _________________________
Place ________________

Name of the Surety (1): _______________
Designation : _________________________
PAN : _________________________
Present Address: ________________________
Permanent Address: ________________________
Phone/Mobile No.: _______________________

In consideration of the bond executed by the student Dr.____________ son/daughter of Smt._____________ and Sh.________________________ resident of ____________________________, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of ________________ (name of the institution) for a sum of Rs.3 lacs (for PGMC), I______________, hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above in case the student fails to pay on demand a sum of Rs.3 lacs (for PGMC), I , the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date ________________
Signature _________________________
Place ________________

Name of the Surety (2): _______________
Designation : _________________________
PAN : _________________________
Present Address: ________________________
Permanent Address: ________________________
Phone/Mobile No.: _______________________

Note:
1. The Surety Bond must be signed by either the Govt Official of Class - I or Class -II Rank, or the Persons who regularly file the Income Tax Return. The Designation and the Permanent Account Number (PAN) of the Sureties should be invariably mentioned.
2. The bond surety value shall be notified together with the detailed counseling schedule. The format shall be as above.
UNDEARTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

I, (full name of student with admission/registration/enrolment number) 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 the (day) of (month) , (year).

____________________
Signature of deponent
UNDEARTAKING 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
--Sd--
Registrar
Guru Gobind Singh Indraprastha University
Sector 16C, Dwarka, Delhi 110075