



Guru Gobind Singh Indraprastha University

Sec 16 C, Dwarka, New Delhi-110075
ADMISSION VERIFICATION FORM

(FOR ENGINEERING, B. ARCH & PROFESSIONAL PROGRAMMES)

SELF ATTESTED
PHOTOGRAPH

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