

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

(A State University established by the Govt. of NCT of Delhi)



ADMISSION VERIFICATION FORM FOR THE ACADEMIC SESSION 2023-24

Name of Candidate: (M	Ir./Miss/Mrs.)				
Father's/ Guardian's Na	ame: (Mr./ Shri)				
Address:					
PIN Code	Tele. No. (with S	TD code)	Mobile No		
Email:					
Minority Community (If applicable)	(Sikh / Mı	ıslim / Jain / Christian)		
NLT/CET/CUET App	plication No	Category	(SC/ST/OBC/Defend	ce/PWD/Kashmiri	Migrant/Army)
NLT /	CET /CUET Rank	Progr	ramme		
1. School / College loca	ation of qualifying ex	camination		_ (Delhi / Outside I	Delhi)
 School / College loca Date of Birth 	Age as o	n 1-8-2023: years	monthsdays _		
(As per Secondary Scho	ool Certificate)				
3. Passed Senior Secon	dary Examination / T	Three year Diploma in	Engg/B Sc Graduation	(3 yrs)	
4. Aggregate percentag	e of all subjects in Sr	: Secondary Examina	tion/Dip. in Engg/ B Sc	Graduation (3 yrs)
5. Passed in English in	12 th Class (Yes/No)				
6. PCM/PCBM Percent	tage in 12 th Class				
7. Percentage in qualify	ving degree as per the	e eligibility condition	specified in PART A of	f the Admission Br	ochure:
			-F		
8. Passed in Maths / Co		mnuter Applications	in 12 th Class		
9. Category Certificate	SC/ST/OBC/PWD/F	Defence/Kashmiri Mis	prants/Minority Commu	nity (Attach photo	cony).
10. Character Certificat			stants/141111011ty Commit	mity (rittaen photo	copy).
11. Medical Certificate					
12. Passed Graduation	in the year	Percentage	of marks in graduation		
13. Passed Post-Gradua	ation in the year	Percentage	of marks in post-gradu	ation	
14. (a) CAT/CMAT/CE			or maring in post gradu		
15. Details of Demand					
		Bank/Branch			
		Bank/Branch			
Amt:	DD No	Bank/Branch			
I solemnly affirm that	t the information fu	rnished above is tru	e and correct in all re	espects. I have no	ot concealed any
information. I realize th	nat if any information	n furnished herein is	found to be incorrect or	untrue, I shall be	liable to criminal
prosecution and also for					
admission to the course	is liable to be cancel	lled. I agree to abide	by the rules & regulatio	ns of the University	y.
C' (C.1 D (/	C 1: 0 D .		C:	60 111	0 D .
Signature of the Parent/	Guardian & Date		C	ature of Candidate	& Date
		FOR OFFICE U	SE ONLY		
Certificates Checked ar	nd Verified by Unive	rsity official/Officer	during counselling:		
Signature of the Depute					
Name of the Officer/Of	fficials				
University Enrolment N	No				
-					
		Note: Use Photocop	y of this form		