

## GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY



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

## ADMISSION VERIFICATION FORM FOR THE ACADEMIC SESSION 2024-25

Name of Candidate: (Mr./Miss/Mrs.)
Father's/ Guardian's Name: (Mr./ Shri)
Address:  Tala Na (with STD anda)  Mahila Na
Address: 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
School / College location of qualifying examination (Delhi / Outside Delhi)
2. Date of Birth Age as on 1-8-2024: years months days
As per Secondary School Certificate)
B. Passed Senior Secondary Examination / Three year Diploma in Engg/B Sc Graduation (3 yrs)
A. 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. Pacch (PCPM Percentage in 12th Class)
6. PCM/PCBM Percentage in 12 <sup>th</sup> Class
B. Passed in Maths / Computer Science / Computer Applications in 12 <sup>th</sup> Class
0. Character Certificate (Attach photocopy) (Yes/No)
1. Medical Certificate (Attach Original) (Yes/No)
2. Passed Graduation in the year Percentage of marks in graduation
3. Passed Post-Graduation in the year Percentage of marks in post-graduation 4. (a) CAT/CMAT/CET Score/Rank
(b) Year of Passing
5. Details of Demand Draft(s) for Submission of fees
Amt: DD No Bank/Branch
Amt:         DD No.         Bank/Branch           Amt:         DD No.         Bank/Branch           Amt:         DD No.         Bank/Branch
Amt: DD No Bank/Branch
solemnly affirm that the information furnished above is true and correct in all respects. I have not concealed an 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.
ignature 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
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