



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

**ADMISSION VERIFICATION FORM FOR THE
ACADEMIC SESSION 2020-21
(FOR ENGINEERING, B. ARCH & PROFESSIONAL PROGRAMMES)**

Photograph
duly attested by
the officer who
has certified
this certificate

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 1-8-2020: 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
ADMISSION BROCHURE 2020-2021