

Guru Gobind Singh Indraprastha University "A State University Established by the Govt. of NCT of Delhi"



Accredited as NAAC A++ Grade

Appendix 6

ADMISSION VERIFICATION FORM FOR THE **ACADEMIC SESSION 2025-26**

Name of Candidate: (Mi	r./Miss/Mrs.)		
PIN Code	Tele. No. (with S	STD code)Mobile No	
Email:			
		(Sikh / Muslim / Jain / Christian)	
		Category (SC/ST/OBC/Defence/PWD/Kashmiri Mig	grant/Army)
NLT/C	CET/CUET Rank_	Programme	
1 School / College locat	tion of qualifying e	examination (Delhi / Outside Delhi)	
1. School / College location of qualifying examination (Delhi / Outside Delhi) 2. Date of Birth Age as on 1-8-2025: 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 1	2 th Class (Yes/No))	
6. PCM/PCBM Percenta	age in 12 th Class		
7. Percentage in qualifying degree as per the eligibility condition specified in PART A of the Admission Brochure:			
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8. Passed in Maths / Computer Science / Computer Applications in 12 th Class			
9. Category Certificate SC/ST/OBC/PWD/Defence/Kashmiri Migrants/Minority Community (Attach photocopy): 10. Character Certificate (Attach photocopy) (Yes/No)			
11. Medical Certificate (Attach Original) (Yes/No)			
12. Passed Graduation in the yearPercentage of marks in graduation			
13. Passed Post-Graduation in the year Percentage of marks in post-graduation			
14. (a) CAT/CMAT/CET Score/Rank			
(b) Year of Passing			
15. Details of Demand	Draft(s) for Submis	ission of fees	
		Bank/Branch	
Amt:	DD No	Bank/Branch	
Amt:	DD No	Bank/Branch	
I solemnly affirm that th	ne information furn	nished above is true and correct in all respects. I have not concealed any int	formation. I
realize that if any inform	nation furnished her	erein is found to be incorrect or untrue, I shall be liable to criminal prosecuti	on and also
		Further, that my candidature for examination/selection and admission to the	ne course is
liable to be cancelled. I	agree to abide by th	he rules & regulations of the University.	
Signature of the Parent/C	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/Off	icials		
University Enrolment N	0		
Note: Use Photocopy of this form			