



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
(A State University established by the Govt. of NCT of Delhi)
Accredited as NAAC A++ Grade



UNDERTAKING FOR DEFENCE CATEGORY

(To be submitted at the Time of Counselling /Admission
for Academic Session 2024-25)

I _____ Son/Daughter of _____ NLT /CET/CUET
Application No. _____ NLT /CET/CUET Rank _____ Programme _____ hereby
undertake that I fall under the following Priority of Defence category as tick marked below:-

- Priority I : Widows/Wards of Defence personnel/Para Military Personnel killed in action..
- Priority II : Wards of Defence Personnel and ex-servicemen/Para Military personnel disable in action and boarded out from service with disability attributed to military service
- Priority III : Widows/Wards of Defence personnel/Para Military personnel who died in peace time with death attributable to military service.
- Priority IV : Wards of Defence personnel/Para Military personnel disabled in service and boarded out from service with disability attributable to military service.
- Priority V : Wards of serving Defence personnel and Ex-Servicemen/Para military/police personnel who are in receipt of Gallantry Awards.
- i. Param Vir Chakra
 - ii. Ashok Chakra
 - iii. Maha Vir Chakra
 - iv. Kirti Chakra
 - v. Vir Chakra
 - vi. Shaurya Chakra
 - vii. Sena, Nau Sena, Vayu Sena Medal
 - viii. Mention in Despatches
 - ix. President's Police Medal for Gallantry
 - x. Police Medal for Gallantry
- Priority VI : Wards of Ex-Servicemen.
- Priority VII : Wives of
- i. Defence personnel disabled in action and boarded out from service.
 - ii. Defence personnel disabled in service and boarded out with disability attributable to military service.
 - iii. Ex-Servicemen and serving personnel who are in receipt of Gallantry Awards.
- Priority VIII : Wards of Serving Personnel.
- Priority IX : Wives of Serving Personnel.

Name of Father/Mother _____ Name of Candidate: _____
Rank _____ Address: _____
Service No. _____ Unit _____ Tel No: _____
Signature of Father/Mother _____ Signature of Candidate: _____

Countersigned by: Secretary, Kendriya Sainik Board, New Delhi / Secretary, Rajya or Zila Sainik Board / Officer-in-Charge, Record Office/Concerned Officials of Ministry of Home Affairs in case of Para Military Forces/ Police personnel who are in receipt of Gallantry Awards.

I have checked the original documents and I certify that he/she is entitled for reservation under defence category under priority _____ (Note: The priority must be filled otherwise the claim shall be rejected).

Date :

Place :

Seal/ Signature of the officer

Note: Entitlement card in original issued by Record Officer of the Unit/Regiment of Armed personnel of the Armed Forces in case of Armed personnel or from Home Ministry in case of Para Military Forces / Police personnel who are in receipt of Gallantry Awards.



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**Certificate for availing Admission
against Physically Handicapped/Persons with Disability Quota
for Academic Session 2024-25**

(To be submitted at the Time of Counselling/Admission)

Photograph
duly attested by
the officer who
has certified
this certificate

Certified that Shri/ Km/ Smt. _____ Son/daughter/wife of
Shri/Smt. With NLT /CET /CUET Application No _____ and NLT
/CET /CUET Rank _____ is Physically Handicapped/Persons with
Disability due to _____ and he/she is fit for undergoing the following
Programmes of Study(s) :

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

at Guru Gobind Singh Indraprastha University, Delhi for the Academic Session 2024-25.

Date of Issue: _____

Name, Designation & Signature
with date and Office Seal
of the Issuing Authority

Name: _____

Designation: _____

Hospital: _____



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UNDERTAKING FOR SEEKING ADMISSION IN MINORITY QUOTA
For Academic Session 2024-25

(To be submitted at the time of counselling / admissions/
verification of documents by candidates seeking admission in the University)

Photograph
duly attested by
the officer who
has certified
this certificate

I, _____ s/o d/o _____ an Indian citizen, residing at
_____ Aged
_____ years do hereby solemnly affirm and say that I belong to the _____ (Sikh,
Christian/ Muslim /Jain) Community that has been notified as a minority community by Govt. of India.

Date:

Candidate's Signature _____

Name of the Candidate _____

(In Bold Letters)

Address of Candidate _____

Mobile No. _____

Counter Signed by the Parent/Guardian _____

Name of the Parent/Guardian _____

(In Bold Letters)

Relationship with the Candidate _____

Note: The Undertaking has to be filled by the candidate only in his/her handwriting.

SPECIMEN COPY OF SIKH MINORITY COMMUNITY



ਦਿੱਲੀ ਸਿੱਖ ਗੁਰਦੁਆਰਾ ਪ੍ਰਬੰਧਕ ਕਮੇਟੀ

ਗੁਰੂ ਗੋਬਿੰਦ ਸਿੰਘ ਭਵਨ, ਗੁਰਦੁਆਰਾ ਰਕਾਬ ਗੰਜ ਸਾਹਿਬ, ਨਵੀਂ ਦਿੱਲੀ-੧੧੦੦੦੧
DELHI SIKH GURDWARA MANAGEMENT COMMITTEE
Guru Gobind Singh Bhawan, Gurdwara Rakab Ganj Sahib, New Delhi-110001
Phones : 23712580, 23712581, 23712582, 23737328, 23737329 Fax : 23317511

Ref. :

Date

TO WHOM SO EVER IT MAY CONCERN

This is certified that (Name of Student)

S/o/D/o.....

resident of

belongs to Sikh Minority Community and is entitled for seat under SIKH MINORITY QUOTA.

President/Gen Secy./Authorised Signatory
(Authorised by President DSGMC)



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**UNDERTAKING FROM RESULT AWAITED CANDIDATES FOR
SEEKING PROVISIONAL ADMISSION FOR ACADEMIC SESSION 2024-25**

I/My Ward _____ (Name of the candidate), Son/Daughter/Wife of _____ (Father's/Husband's name), NLT Application No/CET /CUET/ Application No _____ and NLT Rank/CET Rank /CUET Rank _____ Resident _____ (Permanent Address) seeking admission to _____ Name of the Programme of GGSIP University, hereby solemnly affirm and declare:

- i) that I/My ward have/has appeared in the 12th class/final semester/final year (name of the qualifying degree) e.g. B.A., B.Sc. etc.,) _____ Examination, 2024 of (Board/University) during the time of reporting in allotted College/ Institute, the result of which has not yet been declared and is expected to be declared latest by 31st October, 2024 ;
- ii) I have passed all the papers of the qualifying degree _____ (name of the qualifying degree) examination other than the final year /final semester examination.
- iii) I have no compartment as on this date in my 12th class/qualifying degree examination.
- iv) I am seeking provisional admission due to non-declaration of result of final year/final semester of the qualifying degree examination by Board/University and not on account of compartment in current or previous years of the qualifying degree examination as on date of admission.
- v) That I/My ward have/has carefully gone through the rules regarding provisional admission and fully understand that in the event of my/my ward's failure to submit to the concerned Dean/Principal/Director of the concerned School/College where the admission has been granted, appropriate proof of my/my ward securing at least _____ marks in the qualifying examination for admission to _____ (Name of the Course) of GGSIP University by 31st October, 2024, my/my wards provisional admission to the said course will automatically get cancelled and full fee deposited will be forfeited.

Deponent

Verification:

Verified at _____ on this _____ day of _____, 2024 that the contents of the above Undertaking are true and correct to the best of my knowledge and belief. No part of it is false and nothing material has been concealed therefrom.

Deponent

Notes:

- i) In case the candidate is minor i.e. below 18 years of age; in that case, the Undertaking shall be signed by his/her parent/guardian.

Verified at _____ on this the ____ of _____, _____.

Signature of deponent



CERTIFICATE NO – 1
(For admission in Army Institute)

**CHILDREN OF SERVING ARMY PERSONNEL HAVING 10 YEARS
CONTINUOUS SERVICE IN THE ARMY, RETIRED/RELEASED/DISCHARGED
AFTER 10 YEARS OF SERVICE OR GRANTED/ AWARDED
REGULAR/FAMILY/LIBERALISED FAMILY/DISABILITY PENSION**

(By OC Unit/Pers Branch, AHQ/DSS & A Board/Record Office)

1. Certified that Mr./Ms. _____ is Son/Daughter of No _____ Rank _____
Name _____ Unit _____ who has 10 years of continuous service in the
Army from _____ to _____.
2. Certified that Mr./Ms. _____ is Son/Daughter of No _____ Rank _____
Name _____ who has been released/discharged from Army after 10 years of service
from _____ to _____.
3. Certified that Mr./Ms. _____ is Son/Daughter of No _____ Rank _____
Name _____ who has been granted/awarded regular pension, family pension,
liberalised family pension or disability pension at the time of his superannuation, demise, discharge or Release /
Invalidment Medical Board.
4. Certified that Mr./Ms. _____ is Son/Daughter of No/Ex Recruit No _____ Rank _____
Name _____ who was medically boarded out and granted disability pension.

Place:

OC Unit/Pers Branch, AHQ (for serving personnel)

Date:

DSS&A Board/ Record Office (for retired
personnel)

Office Seal

Name

Designation

Name and Signature of the Candidate

Name and Signature of Parent

Notes:

1. Strike out the portion which is not applicable.
2. If retired/released with pension benefits, attach certificate from Pension paying authority.
3. If retired/released on medical grounds with disability pension, attach copy of Medical Board proceedings.

4. If released/discharged after 10 years of service, attach copy of Discharge certificate/ Release order.

Appendix 9(B)



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CERTIFICATE NO – 2

(For admission in Army Institute)

**STEP CHILDREN OF ARMY PERSONNEL WHO WERE BORN FROM
WEDLOCK WHERE ATLEAST ONE PARENT BELONGED TO THE
ARMY/ ADOPTED CHILDREN OF ARMY PERSONNEL WHO HAVE BEEN
ADOPTED ATLEAST 5 YEARS PRIOR TO COMMENCEMENT OF COURSE**

By OC Unit/Pers Branch, AHQ/DSS & A Board/Record Office)

1. Certified that Mr./Ms. _____ is Son/Daughter of No _____
Rank _____ Name _____ Unit _____ and he/she
was born from wedlock where the father/mother belonged to Army and had served in the Army for 10
years or is serving in the Army and has minimum 10 years of service.

2. Certified that Mr./Ms. _____ is Son/Daughter of No _____
Rank _____ Name _____ who had served in the Army for 10 years
or is serving in the Army and has minimum 10 years of service and he/she was adopted on
_____ (5 years prior to commencement of course).

Name and Signature of Parent

Place:

Date:

Office Seal

OC Unit/Pers Branch, AHQ (for serving personnel)

DSS&A Board/ Record Office (for retired
personnel)

Name

Designation

Notes:

1. Attach copy of legal papers and Part II order of adoption of child.
2. Attach Certificate/ Part II order of birth and copy of kindred roll.



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CERTIFICATE NO – 3

(For admission in Army Institute)

**CHILDREN OF ARMY MEDICAL/DENTAL CORPS OFFICERS
SERVING IN AIR FORCE/NAVY AND MNS/APS AND TA PERSONNEL**

(By Parent & Countersignature by OC Unit/Pers Branch, AHQ/DSS & A Board/Record Office)

I, No. _____ Rank _____ Name _____ Father/Mother of _____
certify that:-

- a. **The applicants must fall into one of the following categories:**
- i. Children of serving Army personnel with minimum 10 year of continuous service in the Army.
 - ii. Children of ex Army personnel granted/awarded regular pension, liberalized family pension, family pension or disability pension at the time of their superannuation, demise, discharge, release medical board/invalided medical board. This includes Children of recruits medically boarded out and granted disability pension.
 - iii. Children of ex Army personnel who have taken discharge/release after ten years of service.
- b. **Adopted/Step Children and Children of Remarried Widows:**
- i. Adopted Child of Army personnel adopted at least five years prior to seeking admission.
 - ii. Step Children are eligible provided they are born out of a wedding where at least one parent belonged to the Army.
 - iii. Children of Widows of Army personnel who are born as a result of second marriage with Army personnel. However, children of widows of Army personnel born out of remarriage with Non-Army personnel would not be eligible for admission.
- c. **Eligibility Criteria in Special Cases:**
- (a) **Eligibility Criteria for Children of Ex Army Medical Corps Officers/Army Dental Corps Officers Presently Serving with IN/IAF:**
 - (i) Children of only those ex Army medical officers/ Army Dental Corps officers presently serving with Indian Navy or Indian Air Force who have served with the Army for 10 years.
 - (ii) **Eligibility Criteria for Children of APS Personnel:**
 - i. Children of APS personnel classified as ex-servicemen as per Government of India, Ministry of Defence letter no. 9(52)/88/D(Res) dated 19 Jul 89.
 - ii. Children of those APS personnel who are on deputation and who have put in 10 years of service in the Army.
 - iii. Children of APS personnel who are directly recruited into APS and of those who, as per their terms and conditions of service, retired from APS after completing their minimum pensionable service.
 - d. **Eligibility Criteria for Children of MNS/TA Personnel:** The following are eligible:-
 - i. Children of only those members of MNS who have 10 years service as regular members of MNS or are in receipt of pension from the Army.
 - ii. Children of only those TA personnel who have completed 10 years of embodied service.

Place:
Date:

Signature
Name, Designation and Unit

COUNTERSIGNED

The facts in the above mentioned undertaking have been verified from official records and found correct.

Place:
Date:
Office Seal

OC Unit/Pers Branch, AHQ (for serving personnel)
DSS&A Board/ Record Office (for retired personnel)
Name
Designation

Name and Signature of the Candidate

1. Strike out the Portion/Para not applicable.
2. Relevant documents of service record.



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Appendix 10



**UNDERTAKING FROM THE CANDIDATES WHO ARE SEEKING ADMISSION AGAINST SEAT
IN ANY RESERVED CATEGORY
For Academic Session 2024-25**

(To be submitted at the time of counselling / admissions/ verification of documents by candidates seeking admission in the University)

I, _____ Son/Daughter of _____ an Indian citizen, residing at _____ Aged _____ years do hereby solemnly affirm and say that I belong to the _____ (SC/ST/OBC/EWS/DEFENCE/PH/KM/MINORITY/ARMY) Category. The Certificate of reservation, on the basis of which I am claiming seat in counselling, has been uploaded. I know that the Certificate uploaded is bonafide and as per the eligibility to claim benefits of reservation.

I understand, in case, upon verification, the Reserved Category Certificate submitted by me, found to be fake and fraudulent, my admission is liable to be cancelled at any stage of my pursuing the Degree /Diploma.

Date:

Candidate's Signature _____

Name of the Candidate _____
(In Bold Letters)

Address of Candidate _____

Mobile No. _____

Counter Signed by the Parent/Guardian _____

Name of the Parent/Guardian _____
(In Bold Letters)

Relationship with the Candidate _____

Note: The Undertaking has to be filled by the candidate only in his/her handwriting.



FORM FOR WITHDRAWAL OF ADMISSIONS
FOR ACADEMIC SESSION 2024-25
(Must be submitted in Admission Branch Only)

- Sl.No. Programme & Institute _____
(From candidate is seeking withdrawals)
1. Name of Student _____
2. Parent Name _____
3. Address _____
4. (a) Telephone _____
(b) Mobile _____
(c) Email Address _____
5. Enrollment Number _____
6. NLT/CET/CUET Application Number _____
7. (a) Name & Relationship of the concerned Account Holder in favour of whom bank transfer is to be made. _____
(b) Bank detail of above concerned to be furnished in the given format:

(Kindly Enclosed copy of cancelled Cheque)

Name of the Bank	Address of the Bank	Complete Bank Account No.	IFSC CODE OF THE BANK BRANCH

UNDERTAKING

We understand and know the refund rules of the University & agree to abide by the same and we further understand that the refund would be made in due course of time through bank transfer only as per above request.

(Signature of Parent / Guardian)

Date: _____

(Signature of Student)

Date: _____

Compulsory Encl.:

1. Both copies of Fee Receipt issued at the time of Admission / Counselling in ORIGINAL

2. Cancelled cheque of CBS Bank branch, showing the detail of full bank A/c No.; IFSC code; beneficiary name etc. must be attached by the concerned student along with the Withdrawal Form

Refund amount will directly be transferred in the bank account submitted by the student through electronic mode (ECS/RTGS/NEFT). Therefore, student may ensure to provide correct details under S. no. 7 (a) & (b) & the required enclosures. University will not be liable for any wrong transfer of amount on account of incorrect bank information provided by the student.

Note : Use photocopy of this Form



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Appendix 11(A)



PREFERENCE SHEET FOR THE ACADEMIC SESSION 2024-25

Name of the Programme: _____

Name: Mr/Ms/Mrs. _____

Address: _____

_____ PIN: _____

Telephone No. (with STD Code): _____ Mob: _____

E-mail Address: _____ NLT/CET/CUET Application No.. _____

Category: _____ Region _____.

Give preference in order of your Priority:

S.No.	Name of the College/Institute	Programme/Branch
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____

Date : _____

(Signature of the Candidate)

(Counter Signature of Parent/Guardian)

Note : The preference sheet is valid only for one particular counselling not for all round of counselling & waiting list. The Candidate will fill up separate preference sheet in separate counselling.



FORM FOR EXCESS REFUND OF ADMISSIONS FROM UNIVERSITY SCHOOL OF STUDIES FOR ACADEMIC SESSION 2024-25
(Must be submitted in Admission Branch Only)

- Sl.No. Programme & Institute _____
(From candidate is seeking excess refund)
1. Name of Student _____
2. Parent Name _____
3. Address _____
4. (a) Telephone _____
(b) Mobile _____
(c) Email Address _____
5. Enrollment Number _____
6. NLT/CET/CUET Application Number _____
7. (a) Name & Relationship of the concerned Account Holder in favour of whom bank transfer is to be made. _____
(b) Bank detail of above concerned to be furnished in the given format:

(Kindly Enclosed copy of cancelled Cheque)

Name of the Bank	Address of the Bank	Complete Bank Account No.	IFSC CODE OF THE BANK BRANCH

UNDERTAKING

We understand and know the refund rules of the University & agree to abide by the same and we further understand that the refund would be made in due course of time through bank transfer only as per above request.

(Signature of Parent / Guardian)

Date: _____

(Signature of Student)

Date: _____

Compulsory Encl.:

1. Both copies of Fee Receipt issued at the time of Admission / Counselling in ORIGINAL

2. Cancelled cheque of CBS Bank branch, showing the detail of full bank A/c No.; IFSC code; beneficiary name etc. must be attached by the concerned student along with the Withdrawal Form

Refund amount will directly be transferred in the bank account submitted by the student through electronic mode (ECS/RTGS/NEFT). Therefore, student may ensure to provide correct details under S. no. 7 (a) & (b) & the required enclosures. University will not be liable for any wrong transfer of amount on account of incorrect bank information provided by the student.

Note : Use photocopy of this Form