

**ADMISSION BROCHURE
FOR
ACADEMIC SESSION 2016-17
(PART - B)**

APPENDIX



GURU GOBIND SINGH
INDRAPRASTHA
UNIVERSITY

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

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IMPORTANT INFORMATION

(i) Students and their parents are advised, in their own interest, to visit the various Colleges/Institutes prior to the date of counseling to ascertain the location, other academic and infrastructural facilities available such as hostel, transportation etc. in the various colleges/institutes which may facilitate their decision-making at the time of counselling/admission. On the day of admission/counselling, the students will be required to take on the spot decision and no further time will be given to them.

(ii) If it is found at any stage during the entire period of the programme that the candidate has furnished any false or incorrect information in the application form or at the time of counselling/admission, his/her candidature for the programme will be cancelled summarily. In addition, disciplinary action may be taken against him/her as per the University rules.

(iii) If the University is not satisfied with the character, past behaviour or antecedents of a candidate, it can refuse to admit him/her to any course of study of the University.

(iv) The Vice Chancellor may cancel the admission of any student for specific reasons and debar him/her for a certain period.

(v) Only qualifying the Common Entrance Test shall not, ipso facto, entitle a candidate to get admission to a programme.

(vi) It will also be the sole responsibility of the candidates themselves to make sure that they are eligible and fulfill all the conditions prescribed for admission. Before filling-up the verification slip at the time of counselling/ allotment of seats, candidate should ensure that he/she fulfills all eligibility conditions as laid down in this Admission Brochure. If it is found at any stage during the entire period of the programme that the candidate does not fulfill the requisite eligibility conditions his/her admission will be cancelled and also disciplinary action will be initiated against him/her and entire fee will also be forfeited.

(vii) The merit of the CET will be valid only for the programme for which the candidate has appeared and cannot be utilized for admission to any other programme. Further, the merit of the CET- 2016 shall be valid only for the academic session 2016-17.

(viii) RAGGING : Rules in terms of ordinance relating to maintenance of discipline amongst students of the University are as under :

- Ragging in any form shall be strictly prohibited within the premises of the University, a college or an Institute, as the case may be, or in any part of the University system as well as on public transport, or at any other place, public or private.
- Any individual or collective act or practice of ragging shall constitute an act of gross indiscipline and shall be dealt with under the provisions of ordinance under reference.
- Ragging, for the purposes of ordinance under reference, shall ordinarily mean any act, conduct or practice by which the dominant power or status of senior students is brought to bear upon the students who are in any way considered junior or inferior by the former and includes individual or collective acts or practices which:

(a) Involve physical assault or threat to use physical force.

(b) Violate the status, dignity and honour of students, in particular female students and those belonging to a schedule caste or a schedule tribe.

(c) Expose students to ridicule or contempt or commit an act which may lower their self esteem; and

(d) Entail verbal abuse, mental or physical torture, aggression, corporal punishment, harassment, trauma, indecent gesture and obscene behaviour.



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UNDERTAKING FOR DEFENCE CATEGORY (To be submitted at the Time of Counselling/ Admission)

Photograph duly
attested by the
officer who has
certified this
certificate

I _____ Son/Daughter of _____

CET Roll No. _____ CET Rank _____ Programme _____

hereby undertake that I fall under the following Priority of Defence category as tick marked below:-

- (i) Widows/Wards of Defence personnel/ Para-Military Personnel killed in action.
- (ii) Wards of serving Defence personnel and ex-servicemen/ Para-Military Personnel disabled in action.
- (iii) Widows/wards of Defence personnel/ Para-Military personnel who died in peace-time with death attributable to military service;
- (iv) Wards of Defence personnel/ Para-Military personnel physically disabled in peace-time with disability attributable to Military Service.
- (v) Wards of serving Defence personnel and ex-servicemen Para-Military/ Police personnel who are in receipt of Gallantry Awards
- (vi) Wards of Ex-servicemen(Defence Personnel only)
- (vii) Wards of serving personnel (Defence Personnel only)

Name of Father/Mother _____ Name of Candidate:

Rank _____ Address: _____

Service No. _____

Unit _____ Tel /Mob 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 _____ (which ever applicable).

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

(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.
_____ is physically handicapped/persons with disability due to
_____ and he/she is fit for undergoing the course(s)
_____ at Guru Gobind Singh Indraprastha University, Delhi.

Name & Signature of
The Officer In-charge
Vocational Rehabilitation Centre For Physically Handicapped
9,10,11, Karkardooma, Vikas Marg,
Delhi-110092



Guru Gobind Singh Indraprastha University

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UNDERTAKING FOR SEEKING ADMISSION IN MINORITY QUOTA

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

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 _____

Address of Candidate _____
_____ (In Bold Letters)

Mobile No. _____

Counter Signed by the Parent/Guardian _____

Name of the Parent/Guardian _____

Relationship with the Candidate _____
_____ (In Bold Letters)

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)



Guru Gobind Singh Indraprastha University

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Appendix 4(A)

ADMISSION VERIFICATION FORM (2016-17) (FOR ENGINEERING, B. ARCH & PROFESSIONAL PROGRAMMES)

SELF ATTESTED
PHOTOGRAPH

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 1-8-2016: 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/PCB Percentage in 12th Class _____
7. Best four subjects including one language (Percentage in 12th Class) _____
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 _____

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

Appendix 4(B)



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**ADMISSION VERIFICATION FORM (2016-17)
(FOR MBBS/BDS PROGRAMME)**

SELF ATTESTED
PHOTOGRAPH

Name of Candidate: (Mr/Miss/Mrs) _____

Address: _____

PIN Code _____ Tele. No. (with STD code) _____ Mobile No. _____

Email: _____ CET Roll No _____

Category (SC/ST/OBC/Def/PH/Kashmiri Migrant) _____ CET Rank _____

1. 1.(a) School / College location of qualifying examination _____ (Delhi / Outside Delhi)
(b) School / College location (of qualifying 11th class) _____ (Delhi / Outside Delhi)
2. Date of Birth _____ Age as on 31-12-2016: years _____ months _____ days _____
(As per Secondary School Certificate)
3. Passed Senior Secondary Examination _____ :
4. Subject studies during 11th class _____ :
5. Aggregate percentage of all subjects in Sr. Secondary Examination _____ :
6. Passed in English in 12th Class _____
7. PCB Percentage in 12th Class _____
8. Category Certificate SC / ST / OBC / PH (Attach photocopy) : _____
9. Character Certificate (Attach photocopy) _____
10. Medical Certificate (in case of PH Category) _____
11. Details of Demand Draft(s) for Submission of fees
 - a. Amt: _____ DD No. _____ Bank/Branch _____
 - b. Amt: _____ DD No. _____ Bank/Branch _____
 - c. 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 Officers/Officials _____

University Enrolment No. _____

Note : Use Photocopy of this form



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ADMISSION VERIFICATION FORM (2016-17) (FOR PGMC & SSMC PROGRAMMES)

SELF ATTESTED
PHOTOGRAPH

Name of the Candidate _____ Father's Name: _____
 CET Roll No. _____ CET RANK _____
 Date of Birth _____ Category _____ Gender: _____
 Address (with PIN Code) _____
 Tel/Mob No. _____ Email Address: _____
 Name of Last Qualified Degree _____

B. Documents to be submitted at the time of Counselling/verification for Academic session 2016-17

- i) High School/Higher Secondary Certificate for verification of date of birth (Both Original & Photocopy)
- ii) Certificate in support of educational qualification: MBBS Degree (Both Original & Photocopy)
- iii) Detailed marks certificate of qualifying examinations: I, II & Final Professional examination of MBBS (Both Original & Photocopy)
- iv) The compulsory rotating internship certificate (Both Original & Photocopy)
- v) Registration Certificate from Delhi Medical Council/ State Medical Council/ Medical Council of India (Both Original & Photocopy)
- vi) MD/MS/DNB Examination attempt certificate (in case of SSMC only) (Both Original & Photocopy)
- vii) Proof of writing thesis in case of candidate has DNB course (in case of SSMC only) (Both Original & Photocopy)
- viii) Original Caste Certificate (in case of PGMC only, if applicable) (Both Original & Photocopy)
- ix) Character Certificate from where the qualifying examination was passed (Both Original & Photocopy)
- x) Physically Challenged Certificate (in case of PGMC only, if applicable) (Both Original & Photocopy)
- xi) Employer's Certificate and a No Objection Certificate (NOC), if employed (in the prescribed format)
- xii) Admit Card in Original (Both Original & Photocopy)
- xiii) Bank Draft of Amount Rs. 27,500/-
- xiv) Bond of Rs.3 Lacs (for PGMC) & Rs.2 Lacs (for SSMC) on a non-judicial stamp paper of Rs.100/-filled and signed by two sureties (other than relatives) in the prescribed format. (Both Original & Photocopy)
- xv) "Declaration by the Candidate".

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 Officers/Officials _____

University Enrolment No. _____

Note: Use Photocopy of this form



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UNDERTAKING/SELF DECLARATION BY THE CANDIDATE FOR RESULT AWAITED

**(To be Submitted at the Time of Counselling/Admission by the Candidates
Seeking Provisional Admissions)**

I _____ (Name of the candidate), Son /Daughter/ Wife
of _____ (Father's /Husband's name)
Resident of _____ (Permanent address)
seeking admission to _____ (Name of the Course) of
GGSIP University, hereby solemnly affirm and declare

- (i) that I have appeared in the 12th class/final semester/final year (name of the qualifying degree) Graduation/Post Graduation) _____ Examination, 2016 of _____ (Board/University), the result of which has not yet been declared and is expected to be declared latest by 15th October, 2016;
- (ii) I am seeking provisional admission due to non-declaration of result of final year/final semester of the qualifying degree examination by Board/University/compartments as stated above in current or previous years of the qualifying degree examination as on date of admission.
- (iii) I declare that I will submit the result only in consonance with the result of 12th class/final semester/final year (name of the qualifying degree) from board/university other than as mentioned above in (i) & (ii) and that I am well aware that the submission of result from any other board/University will not be considered for fulfilling the eligibility criteria for admission in the respective programme and no claim for the same will be made by me.
- (iv) That I have carefully gone through the rules regarding provisional admission and fully understand that in the event of my failure to submit to the concerned Dean/Principal/ Director of the concerned School/College where the provisional has been admission has been granted, solely on my request appropriate proof of my securing at least _____ marks/percentage in qualifying examination for admission to _____ (Name of the Course) of GGSIP University by 15th October, 2016. In absence of submission my provisional admission to the said course will automatically get cancelled and full fee deposited will be forfeited.

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. A self attested copy of the document/admit card for appearing in the said examination as declared by the candidate for which the result is awaited is also to be enclosed by the candidate at the time of verification of document.

Appendix 6



Guru Gobind Singh Indraprastha University

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MEDICAL CERTIFICATE**

(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

I certify that I have carefully examined Shri/Km/Smt.* _____ son/
daughter/wife of Shri/Smt.* _____ whose signature is given
below. Based on the examination, I certify that he/she is in good mental and physical health and is free from any
physical defects which may interfere with his/her studies including the active outdoor duties required of a
professional. Visible Mark of Identification _____

Signature of the Candidate _____

Place :

Date :

Name & Signature of the
Medical Officer with Seal and
Registration Number

* Strike whichever is not applicable.

** To be signed by a Registered Medical Practitioner holding a Medical degree.

Note : Use photocopy of this Form



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PREFERENCE SHEET

Name of the Programme: _____

Name: Mr/Ms/Mrs. _____

Address: _____

_____ PIN: _____

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

E-mail Adress: _____

CET Roll No. _____ CET Rank Region: _____ Category: _____

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.	_____	_____
10.	_____	_____

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.



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FORM FOR WITHDRAWAL OF ADMISSIONS

(Must be submitted in Admission Branch Only)

Appendix 8

- Sl.No. Programme & Institute _____
(Form 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. CET Roll Number _____
7. (a) Name & Relationship of the concerned 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 BankAccount 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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FORM FOR REFUND OF EXCESS FEE

(Paid at the time of Admission/Counselling)

Must be submitted in Admission Branch Only)

- Sl.No. Programme & Institute _____
1. Name of Student _____
2. Parent Name _____
3. Address _____
4. (a) Telephone _____
- (b) Mobile _____
- (c) Email Address _____
5. Enrollment Number/CET Roll No _____
6. Amount of fees Deposited at the _____
time of counselling _____
7. (a) Name & Relationship of the _____
concerned 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

CERTIFICATE NO – 1

(Refer to admission in ACMS in the Admission Brochure)

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 _____.

1. 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 _____.

2. 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.

3. 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 Signate
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 10(B)

CERTIFICATE NO – 2

(Refer to admission in ACMS in the Admission Brochure)

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.

Appendix 10 (C)

CERTIFICATE NO – 3

(Refer to admission in ACMS in the Admission Brochure)

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

(a) I am/was commissioned in Army Medical/Dental Corps and have/had not been seconded to Navy or Air Force and have 10 years of service in the Army.

OR

(b) I am/was commissioned in Army Medical/Dental Corps and have/had been seconded to Navy or Air Force but I have/had served in the Army for minimum 10 years.

(c) I am/was APS personnel on deputation and have/had more than 10 years of service in the Army from _____ to _____.

OR

(d) I am/was APS personnel directly recruited into APS and have/had more than 10 years of service in the Army from _____ to _____.

(e) I am/was TA personnel who is in receipt of pension and have/had put in more than 10 years of embodied service in TA from _____ to _____.

(f) I am/was member of MNS who is in receipt of pension and have/had more than 10 years of service as member of MNS.

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:

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

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

Office Seal

Name

Designation

Name and Signature of the Candidate

1. Strike out the Portion/Para not applicable.

2. Relevant documents of service record.

Appendix - 10 (D)

WILLINGNESS CERTIFICATE (CERTIFICATE NO – 4)
(For MBBS Programme)

1.Ison/daughter ofdeclare that:-

- (a) I fulfil all the eligibility conditions for admission to ACMS as laid down in the Admission Brochure.
- (b) I have passed the qualifying examination in(Year)
- (c) I have read all the rules for admission to MBBS course and only after understanding these rules, I am submitting this declaration.
- (d) The information given by me in my application is true to the best of my knowledge.
- (e) I hereby agree to conform to any rule, act and law enforced by GGSIP University/ACMS and I hereby undertake that as long as I am a student of ACMS, I will do nothing either inside or outside the ACMS that will result in disciplinary action against me under the rules, act and laws of the GGSIP University/ACMS.
- (f) I fully understand that the Management of ACMS will have full liberty to expel/rusticate me from the College for any infringement of the rules of conduct and discipline prescribed by the GGSIP University/ACMS and the undertaking given above.
- (g) I undertake and bind myself to pay tuition fee and other charges as laid down in Admission Brochure. I also undertake to pay the revised fee and other charges as revised by ACMS from time to time and in case of default on my part, the Management of the ACMS may take action as deemed fit including striking off my name from the rolls of the college.
- (h) I fully understand that ragging is banned in the College and Hostel and if I indulge in such an act, I shall be subject to laid down punishment.

2.I have read and certify/accept all of the above clauses.

.....
.....

Signature of the Parent
Date:

Signature of the Candidate Date:

ACCEPTING AUTHORITY
(For office use only)

- 1. Accepted/Rejected :
(Mention in ink in front)
- 2. If rejected assign reason clearly :

Date:

(Signature along with Name & Designation)

**DECLARATION BY THE CANDIDATE
[for Post Graduate Medical Programmes (PGMC/SSMC)]**

- a. I, _____.(name) son/daughter of Smt _____and Shri _____ resident of _____ hereby, solemnly and sincerely affirm that the statement made and information furnished by me in the application form is true and correct. I have not concealed any information. If any information furnished, herein, is found fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution, and I also agree to forego my seat in SSMC / PGMC. Further I am liable to be punished by the University and the selection and admission to the course is liable to be cancelled. I agree to abide by the Rules and Regulations governing the Examination as contained in the Admission Brochure.
- b. In case, I fail to join the course offered to me and accepted by me within the prescribed date, my selection/ registration to the course be treated as cancelled.
- c. I undertake that in the event of my admission to any SSMC/Degree/Diploma course I will not apply for or accept admission to any course in any University/ Institution till I complete the course to which I am admitted on the basis of this application. I further undertake that in the event of my resigning the course concerned to which I am admitted, I will not appear in the next and subsequent Entrance Tests, till the duration of the course concerned is over.
- d. I undertake that in the event of my selection for a SSMC / PGMC, I shall deposit all my original certificates alongwith a Surety Bond of Rs. 2 lacs in case of SSMC / Rs 3 lacs in the case of PGMC. In the event of (i) my not joining the course at the allotted institution on or before the stipulated date (ii) leaving the course before its completion and (iii) cancellation/ termination of my admission/ registration by the University on account of unsatisfactory performance / conduct/ discipline, I will deposit a sum of Rs.3 lacs / Rs. 2 lacs as applicable in the institution where I am enrolled to redeem my original certificates.
- e. I agree to undergo the said course on full-time basis and shall not engage myself in practice or any part-time/ full-time job during the period of the course and if I do so, my name may be removed from the rolls of University.
- f. I am aware that the University can remove my name from its rolls in case my work is not reported satisfactory by my Supervisor/Head of the Institution.
- g. On admission, I shall submit myself to the disciplinary jurisdiction of the Vice Chancellor and the several authorities of the University who may be vested with the authority to exercise discipline under the Act, the Ordinances, the rules and regulations that have been framed by the University from time to time.

Signature of Candidate _____
Name Dr./Ms./Mr. _____
Address for communication _____

Dated _____
Place _____

**EMPLOYER'S CERTIFICATE FORM
(FOR CANDIDATES WHO ARE IN SERVICE)**

I am forwarding, herewith, the application for admission to the SSMC / PGMC Programmes in respect of Dr./Mr./ Ms. _____ who is a full-time employee in this organization w.e.f. _____ and has been working as _____ (Please give designation) and his/her emoluments, including D.A., C.C.A. and H.R.A. etc. are Rs. _____.

If he/she is selected by the University for admission, he/she will be relieved to join the above course as a full time/ regular student in the institution assigned to him/her by the stipulated date of joining the course concerned.

Note: The relieving certificate will also be sent to the University before the candidate joins the course concerned by the stipulated date.

Dated. _____
Place. _____

Signature of the Officer
Name _____
Designation _____
Official Seal

SURETY BOND
[For Post Graduate Medical Programmes (PGMC/SSMC)]
(On a Non-Judicial Stamp Paper of Rs. 100/-)

In pursuance of my undertaking given on _____ (date) this Surety Bond, hereafter the bond, is executed at Delhi on this _____ (date & month) day of _____ (year) by Ms./Mr./Dr. _____ son/daughter of Smt. _____ and Sh. _____ hereafter the student, admitted in _____ (name of the course), hereafter the course at _____ (name of the institution) hereafter the institution, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of _____ (Name of the institution).

Whereas, the student has applied and has been admitted in the course, a SSMC / PGMC , being conducted by the Guru Gobind Singh Indraprastha University, Delhi.

Whereas on the basis of the merit, the student was offered various course(s) at various institution(s) available at the time of his/her counselling and he/she has voluntarily opted for the course at the _____ (name of the institution) and he/she admitted in the course at the institution with the understanding and subject to the undertaking that the student shall undergo the course on full-time and regular basis and shall maintain the required standard of performance and shall not indulge in indiscipline/misconduct.

The student has, therefore, agreed to be liable to pay a sum of R.s. 2.0 Lacs for SSMC / Rs.3.0 lacs (for PGMC) to the institution under any of the following circumstances:-

- A. If the student does not join the course at the allotted institution on or before the stipulated date.
- B. If the student leaves the course before its completion.
- C. If the admission/registration of the student is cancelled/terminated by the University on account of unsatisfactory performance/misconduct/indiscipline.

Whereas the student undertakes that till the entire surety amount R.s 2.0 Lac for SSMC / Rs.3.0 lacs (for PGMC) is paid, the institution and/or the Guru Gobind Singh Indraprastha University shall have the right to retain the original certificates of the student.

Whereas I have requested Ms./Mr. _____ son/daughter of Smt. _____ and Sh. _____ resident of _____ and _____

Ms./Mr. _____ son/daughter of Smt. _____ and Sh. _____ resident of _____ to stand as sureties severally and jointly, for me for the payment of the said amount.

Signature of the Student Name _____
Date _____
Place _____

That I Dr./ Ms/ Mr. _____ son/daughter of Smt. _____ and Sh. _____ resident of _____, the student aforesaid acknowledge my indebtedness to the Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of _____ (name of the institution) to a sum of Rs. 2 Lacs (for SSMC) / Rs.3 lacs (for PGMC), which, I hereby promise to pay on demand to the institution.

Signature of the Student Name _____
Date _____
Place _____

In consideration of the bond executed by the student Dr. _____ son/daughter of Smt. _____ and Sh. _____ resident of _____, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of _____ (name of the institution) for a sum of Rs. 2 Lacs (for SSMC) / Rs.3 lacs (for PGMC). I _____, hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above in case the student fails to pay on demand a sum of Rs. 2 Lacs (for SSMC) / Rs.3 lacs (for PGMC), I, the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date _____
Place _____

Signature _____
Name of the Surety (1): _____
Designation : _____
PAN : _____
Present Address: _____
Permanent Address: _____
Phone/Mobile No.: _____

In consideration of the bond executed by the student Dr. _____ son/daughter of Smt. _____ and Sh. _____ resident of _____, in favour of Registrar, Guru Gobind Singh Indraprastha University and the Principal/Dean/Director of _____ (name of the institution) for a sum of Rs. 2.0 Lacs (for SSMC) / Rs.3 lacs (for PGMC). I _____, hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above in case the student fails to pay on demand a sum of Rs. 2 Lacs (for SSMC) / Rs.3 lacs (for PGMC), I, the said surety, shall without any objection, pay the said due amount to the institution on demand.

Date _____
Place _____

Signature _____
Name of the Surety (2): _____
Designation : _____
PAN : _____
Present Address: _____
Permanent Address: _____
Phone/Mobile No.: _____

Note: The Surety Bond must be signed by either the Govt Official of Class - I or Class -II Rank, or the Persons who regularly file the Income Tax Return. The Designation and the Permanent Account Number (PAN) of the Sureties should be invariably mentioned.



**GURU GOBIND SINGH
INDRAPRASTHA
UNIVERSITY**

--Sd--

Registrar

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