#### Appendix-I



## Office of International Affairs

Guru Gobind Singh Indraprastha University
Sector 16-C Dwarka, New Delhi 110 078 [Website: www.ipu.ac.in]

Photo Passport Size

# Application Form (2014-15) [Foreign Students / Foreign Nationals / Persons of Indian Origin]

1.	Name of the Programme School/College/Institute	
2.	Name of the Candidate (Mr/Ms	
3.	Nationality	
4.	Passport No	
5.	Name of FatherMother	
6.	Date of Birth (DD/MM/YY)	
7.	Address (From Where Citizenship Hold)	
8.	Address (In India) <b>Mandatory</b>	
9.	Telephone No. with ISD Code	
10.	Email	
11.	Visible Mark of Identification	
12.	Whether Passed or Appearing in the Qualifying Exam (Passed / Appearing)	
13.	cost of the state	
14	Passed in English in 12 <sup>th</sup> Class (Yes / No)	
16.	PCB Percentage in 12 <sup>th</sup> Class	
18.	Passed Graduation in the yearName of Degree% in Graduation	
19.	Passed Post-Graduation in the year Percentage of marks in Post-Graduation	
20.	Scholarship (If getting, specify)	
Do	cuments required alongwith Application Form	
0	Copy of Proof of date of birth (Valid Passport / Certificate from Embassy / Document from School, Board / University).  Copy of Passing Certificate and mark sheets of the qualifying examination issued by the Board/University. If the marks are in grading system, obtain a "Percentage Certificate" from the concerned Board / University.  Original Conduct and Character Certificate from where the qualifying examination has been passed or from concerned Embassy or Foreign Ministry.	
AB	BOVE DOCUMENTS MUST BE ATTESTED BY THE GAZETTED OFFICER / CONCERNED EMBASSY / FOREIGN MINISTRY Original Certificate of Medical Fitness to be signed by a Registered Medical Practitioner holding a degree not lower than MBBS in the format as given in Appendix (Refer Admission Brochure).	
info	olemnly affirm that the information furnished above is true and correct in all respects. I have not concealed any ormation. I realize that if any information furnished herein is found to be incorrect or untrue, I shall be liable to criminal obsecution and also forgo my claim to the seat in the college. Further, that my candidature for examination/selection and mission to the course is liable to be cancelled. I agree to abide by the rules & regulations of the University.	
Da Wi	te: tness Name & Sign:	
	Name & Signature of Parent(s) / Guardians(s)  Signature of Candidate with date	

### Appendix-II

### 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	e/she is in good mental
and physical health and is free from any physical defects which ma	ay 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 #

<sup>\*</sup>Strike whichever is not applicable.

<sup>#</sup> To be signed by a Registered Medical Practitioner holding a degree not below that of MBBS.