

Documents required at the time of admission (3 sets each)

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| 1 | College Admission Form (to be provided by DME) |
| 2 | CET Admit Card (Original) & Result of CET - 2018 |
| 3 | Printout of the Registration Form |
| 4 | Seat Allotment Letter |
| 5 | Seat freezing letter |
| 6 | Receipt (academic fee_40,000/-) submitted to GGSIP University |
| 7 | 10th class mark sheet & passing certificate (Self attested) |
| 8 | 12th class mark sheet & passing certificate (Self attested) |
| 9 | Migration & School Leaving / Transfer Certificate (original) |
| 10 | Character Certificate (Original_not more than 6 months old) |
| 11 | Medical Certificate [as per GGSIPU Admission Brochure_not more than 6 months old] |
| 12 | Photocopy of Reserved Category Certificate (If Applicable) |
| 13 | Aadhar Card (student) & Aadhar & Pan Card (father & mother) |
| 14 | Gap Year Affidavit (If Applicable) |
| 15 | 5 Recent Passport Size Photographs |
| 16 | Undertaking for result of qualifying examination awaited (If Applicable), [as per GGSIPU Admission Brochure, Appendix-5] |
| 17 | Affidavit on stamp paper for Rs.10/- for Anti Ragging (to be provided by DME) |
| 18 | Balance fee receipt (from the college account section) |



Guru Gobind Singh Indraprastha University

Sector 16 C, Dwarka, New Delhi - 110078

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