



## Vivekananda Institute of Professional Studies – Technical Campus

### REGISTRATION FORM (For UG Programme) ACADEMIC YEAR 2021-22

(To be filled by the student in his/her own handwriting)

**IMPORTANT: ALL INFORMATION MUST BE GIVEN IN BLOCK LETTERS**

**Programme** \_\_\_\_\_ **CLAT/CET 2021 Rank** \_\_\_\_\_

**University Enrollment No.** \_\_\_\_\_ **Category** \_\_\_\_\_

#### **I PERSONAL INFORMATION**

Name of the Student \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex (Male / Female) \_\_\_\_\_ Blood Group \_\_\_\_\_

Whether Vaccinated (Fully / Partially) (Please Tick)

If partially vaccinated when the 2<sup>nd</sup> Dose is due (Mention Date) \_\_\_\_\_ if not vaccinated please mentioned the reason \_\_\_\_\_

Phone No. (Landline) \_\_\_\_\_ Mobile No. \_\_\_\_\_

E. Mail ID \_\_\_\_\_

Hobbies \_\_\_\_\_

Affix recent  
coloured  
photograph of  
the student

#### **II ACADEMIC INFORMATION** (Marks obtained in 12<sup>th</sup> Class Exam)

S. No.	Subjects	Marks	School Attended	Board
1.				
2.				
3.				
4.				
5.			Total Marks	_____
6.			Percentage in best four (%)	_____

**III ADDRESS FOR CORRESPONDENCE:** \_\_\_\_\_

PIN: \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_

PIN: \_\_\_\_\_

**Address where the student will stay while studying in VIPS (Provide details, if not staying with parents)** \_\_\_\_\_



## Vivekananda Institute of Professional Studies – Technical Campus

### IV PARTICULARS OF PARENTS:

#### Father

Name \_\_\_\_\_

Residential Address \_\_\_\_\_

State \_\_\_\_\_ Pin code \_\_\_\_\_

Phone No. (Landline) \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail ID : \_\_\_\_\_

Occupation \_\_\_\_\_

Affix recent  
coloured  
photograph of  
father of the  
student

In case doing Business or engaged in any Profession specify the nature \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

If employed, provide details

Name of the Office/Deptt. \_\_\_\_\_

Address \_\_\_\_\_

Designation \_\_\_\_\_

Office Phone No. \_\_\_\_\_

#### Mother

Name \_\_\_\_\_

Residential Address \_\_\_\_\_

State \_\_\_\_\_ PIN \_\_\_\_\_

Phone No. (L/Line) \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail ID : \_\_\_\_\_

Occupation \_\_\_\_\_

Affix recent  
coloured  
photograph of  
mother of the  
student

In case doing Business or engaged in any Profession specify the nature \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_



## Vivekananda Institute of Professional Studies – Technical Campus

If employed, provide details

Name of the Office/Deptt. \_\_\_\_\_

Address \_\_\_\_\_

Designation \_\_\_\_\_

Office Phone No. \_\_\_\_\_

**Signature of the Student**

### UNDERTAKING

1. I do solemnly affirm that the above information given by me is true and correct.
2. I affirm that I will not engage or involve myself in any act of indiscipline during the period of my study in the above programme.
3. I am aware of the fact that in case my attendance falls below 75% in any subject in any semester, I shall not be allowed to appear in the End-Term Examination of that semester in the relevant subject.
4. In case there is change in any of the particulars given above, I will immediately inform the Institute in writing about the same.

Date \_\_\_\_\_

Place \_\_\_\_\_

**Signature of the Student**

**Signature of the Parent**

**Form received by:**

Name of the Faculty Members:

Signature of the faculty members:

Date:


**Vivekananda Institute of Professional Studies – Technical Campus**
**IDENTITY CARD FORM**

(To be filled in duplicate)

(FILL IN CAPITAL LETTERS)

1. NAME OF THE STUDENT \_\_\_\_\_ CLAT/CET RANK: \_\_\_\_\_
  2. FATHER'S NAME \_\_\_\_\_
  3. PROGRAMME \_\_\_\_\_
  4. BATCH \_\_\_\_\_
  5. UNIVERSITY ENROLLMENT NO. \_\_\_\_\_
  6. DATE OF BIRTH \_\_\_\_\_
  7. POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
- Affix Latest  
Passport Size  
Photograph
- PINCODE \_\_\_\_\_
8. PHONE NO. (LANDLINE) \_\_\_\_\_ MOBILE: \_\_\_\_\_

SIGNATURE OF THE STUDENT


**Vivekananda Institute of Professional Studies – Technical Campus**
**IDENTITY CARD FORM**

(FILL IN CAPITAL LETTERS)

1. NAME OF THE STUDENT \_\_\_\_\_ CLAT/CET RANK: \_\_\_\_\_
2. FATHER'S NAME \_\_\_\_\_
3. PROGRAMME \_\_\_\_\_ BATCH: \_\_\_\_\_
4. UNIVERSITY ENROLLMENT NO. \_\_\_\_\_
5. PHONE NO. (LANDLINE) \_\_\_\_\_ MOBILE: \_\_\_\_\_

SIGNATURE OF THE STUDENT



**Vivekananda Institute of Professional Studies - Technical Campus**

## **PLEDGE**

**I hereby solemnly pledge** that I shall devote myself to my studies, educational programmes and other extra curricular activities as may be organized by the authorities of the Institute during my stay here and shall appear in all the tests / examinations in accordance with the rules and regulations made in this behalf from time to time.

I clearly understand that in case I am found directly or indirectly taking part in any movement or agitation prejudicial to the interest of the Institute or induce/abet directly or indirectly any other student to do so, or participate in any other act / activities which, in the opinion of the relevant authorities of the Institute, amounts to violation of the Code of Conduct for the students of Vivekananda Institute of Professional Studies, I may be fined or rusticated and my name may be removed from the rolls of the Institute.

Date: \_\_\_\_\_

Signature of the Student: \_\_\_\_\_

Name \_\_\_\_\_

Programme \_\_\_\_\_

University Enrolment No. \_\_\_\_\_



**UNDERTAKING- 1**  
*(BY THE STUDENT ONLY)*

I \_\_\_\_\_ (Name of the student)

S/o / D/o \_\_\_\_\_ (Name of the Parent)

Bearing University Enrollment No. \_\_\_\_\_

pursuing \_\_\_\_\_ (Programme Name), Batch \_\_\_\_\_

hereby undertake that I shall not **engage/involve in ragging of any kind** whatsoever in or around the Institute or anywhere against any other student of the Institute. I fully understand that in case I am found engaged/involved in ragging of any kind whatsoever, **strict action including rustication from the Institute may be taken against me.**

**I further undertake** that I will attend **minimum 75% of the classes** every semester in each subject and **keep my parents informed about my attendance status from time to time.** I understand that in case I fail to attend 75% of classes every semester in each subject, **I will be detained** from appearing in the Internal / End Term Examination of the relevant semester.

Date: \_\_\_\_\_

Signature of the Student: \_\_\_\_\_

Name \_\_\_\_\_

Programme \_\_\_\_\_ Batch \_\_\_\_\_

University Enrolment No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Counter Signature of the Parent \_\_\_\_\_



**UNDERTAKING- 2**  
*(BY THE STUDENT ONLY)*

I \_\_\_\_\_ (Name of Student),  
 S/o/ D/o \_\_\_\_\_ (Name of the Parent),  
 University Enrollment No. \_\_\_\_\_ pursuing \_\_\_\_\_  
 Programme, Batch \_\_\_\_\_ hereby undertakes that I am not employed and  
 will not join any Employment or Job during my study in the Institute. I fully understand that  
 in case I am found employed anywhere, strict action may be taken against me.

Date \_\_\_\_\_

Signature of the Student \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mobile No. \_\_\_\_\_

Counter Signature of the Parent \_\_\_\_\_



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

**ADMISSION VERIFICATION FORM FOR THE  
ACADEMIC SESSION 2021-22  
(FOR ENGINEERING, B. ARCH & PROFESSIONAL PROGRAMMES)**

Photograph  
duly attested by  
the officer who  
has certified  
this certificate

Name of Candidate: (Mr./Miss/Mrs.) \_\_\_\_\_

Father's/ Guardian's Name: (Mr./ Shri) \_\_\_\_\_

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/Defence/PWD/Kashmiri Migrant) \_\_\_\_\_

CET/ National Level Test Rank \_\_\_\_\_ Programme \_\_\_\_\_

1. School / College location of qualifying examination \_\_\_\_\_ (Delhi / Outside Delhi)

2. Date of Birth \_\_\_\_\_ Age as on 1-8-2021: 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 12<sup>th</sup> Class (Yes/No) \_\_\_\_\_

6. PCM/PCBM Percentage in 12<sup>th</sup> Class \_\_\_\_\_

7. Percentage in qualifying degree as per the eligibility condition specified in PART A of the Admission Brochure:  
\_\_\_\_\_

8. Passed in Maths / Computer Science / Computer Applications in 12<sup>th</sup> 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 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 \_\_\_\_\_

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**





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

**Appendix 5**

**UNDERTAKING FROM RESULT AWAITED CANDIDATES FOR  
SEEKING PROVISIONAL ADMISSION FOR ACADEMIC SESSION 2021-22**

I/My Ward \_\_\_\_\_ (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/My ward have/has appeared in the 12<sup>th</sup> class/final semester/final year (name of the qualifying degree) e.g. B.A., B.Sc. etc.,) \_\_\_\_\_ Examination, 2021 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 31<sup>st</sup> October, 2021;
- 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 12<sup>th</sup> 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 31<sup>st</sup> October, 2021; 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 \_\_\_\_\_, 2021  
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.
- ii) Submission of false Undertaking is punishable offence. If it is found at any stage that false Undertaking was submitted, admission shall be cancelled and legal proceedings shall be initiated, for which candidate/parent/guardian shall be responsible.



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

Photograph  
duly attested by  
the officer who  
has certified  
this certificate

**MEDICAL CERTIFICATE\*\***  
**(FOR THE ACADEMIC SESSION 2021-22)**  
**(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*



**Appendix 13**

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

**UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING**

I, \_\_\_\_\_ S/D of Mr./ Mrs. /Ms. \_\_\_\_\_, having been admitted to Programme/Stream \_\_\_\_\_, at (Institute/College) \_\_\_\_\_ have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the “Regulations”) carefully read and fully understood the provisions contained in the said Regulations.

- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
  - a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
  - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_ day of \_\_\_\_\_ month of \_\_\_ year.

\_\_\_\_\_  
Signature of deponent  
Name:  
Address:  
Telephone/Mobile No.

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ on this the \_\_\_ of \_\_\_\_\_.

\_\_\_\_\_  
Signature of deponent



**Appendix 14**

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

**UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING**

I, Mr./Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/guardian of, (full name of student with admission/registration/enrolment number), having been admitted to \_\_\_\_\_ (name of the institution), have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behave our or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this \_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

\_\_\_\_\_  
Signature of deponent

Name:

Address:

Telephone/Mobile No.:

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ on this the \_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of deponent