

Vivekananda Institute of Professional Studies – Technical Campus

REGISTRATION FORM (For PG 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/NIMCET/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 2nd 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

Standard	Subjects and % of Marks Subject-wise	School/ College	Board/ University
10th			
12th			
Graduation			

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 _____

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 _____

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

Address _____

Phone No. _____

Affix recent
coloured
photograph of
father of the
student

Affix recent
coloured
photograph of
mother of the
student



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 member:

Signature of the Faculty member:

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 12th Class (Yes/No) _____

6. PCM/PCBM Percentage in 12th 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 12th 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 12th 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 31st 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 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, 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



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 behavior 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