

UNIVERSITY SCHOOL OF FIRE & INDUSTRIAL SAFETY

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

SECTOR 16 C, DWARKA, NEW DELHI-110078

Email: dean.usfis@ipu.ac.in

GGSIPIU/USFIS/2024/32

Date: 8th July 2024

NOTIFICATION

Schedule for Interview for MBA (Fire & Industrial Safety)
Weekend program (CET Code 185) during Academic Session 2024-25

Dates	Time
10 th July 2024	12 PM onwards (as per the list attached)

Interview link: <https://meet.google.com/xzc-ahsd-ufj>


Information & Documents required to be submitted at the time of Counselling:

1. Admission Verification Form (Format attached but to be submitted at the time of Counselling for seat allotment, if shortlisted, while verification of Original Documents)
2. Provisional Certificate/ Degree/ Marksheet
3. NOC from present employer and Professional Experience Certificate
4. Character Certificate
5. Reservation Certificate: Candidates wish to claim seat in Reserve Category may please refer to the Admission Brochure 2024-25.
6. Medical Certificate: Certificate of medical fitness, signed by a Registered Medical Practitioner holding a medical degree (Format attached).

Note:

1. Detailed list of shortlisted applicants for interview is enclosed.
2. The original documents (Except Medical Certificate and Character Certificate) shall be returned to the candidates after verification and the candidates shall be required to submit self attested photocopy of such documents at the time of Counselling for seat allotment, if shortlisted,
3. For seeking admission in PGD (Fire & Life Safety Audit) Part Time Programme, Eligibility Criteria mentioned in Admission Brochure 2024-25 may be referred, available at www.ipu.ac.in.

For any query, please contact, Office of the undersigned.


(Prof. Gagan Deep Sharma)
Project Incharge, USFIS



UNIVERSITY SCHOOL OF FIRE & INDUSTRIAL SAFETY
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR 16 C, DWARKA, NEW DELHI-110078

Email: dean.usfis@ipu.ac.in

List of shortlisted candidates

S. No	Application Number	Name	Father's Name	Region	Category
1	185241000008	Avesh Chauhan	Yogeshwer Chauhan	Delhi (NCT)	General
2	185241000009	Rohit Tiwari	Umashankar Tiwari	Delhi (NCT)	General
3	185241000012	Veer Bahadur Singh	Akhilesh pratap singh	Delhi (NCT)	Schedule Caste (SC)
4	185241000021	Abhishek Sharma	G P Sharma	Outside Delhi	Other Backward Class (OBC)
5	185241000030	Ajay Kumar	Kalika Prasad	Delhi (NCT)	Other Backward Class (OBC)



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
(A State University established by the Govt. of NCT of Delhi)



**ADMISSION VERIFICATION FORM FOR THE
ACADEMIC SESSION 2024-25**

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)
 NLT/CET/CUET Application No. _____ Category (SC/ST/OBC/Defence/PWD/Kashmiri Migrant/Army)
 NLT /CET /CUET Rank _____ Programme _____

1. School / College location of qualifying examination _____ (Delhi / Outside Delhi)
2. Date of Birth _____ Age as on 1-8-2024: 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) CAT/CMAT/CET Score/Rank _____
(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