



UNIVERSITY SCHOOL OF FIRE & INDUSTRIAL SAFETY

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

SECTOR 16 C, DWARKA, NEW DELHI-110078

Email: dean.usfis@ipu.ac.in

GGSSIPU/USFIS/2024/27

Date : 24th June 2024

NOTICE

Schedule for 2nd Counseling (Online) and document submission (through electronic system) for MBA (Fire & Industrial Safety) Weekend program (CET Code 185) during Session 2024-25

Counseling	Date	Time	S. No. of Candidates
2 nd Counseling	27 th June 2024	5:00 PM	All Eligible Candidates as per <i>list attached</i>

The candidates need to email the below-mentioned documents to dean.usfis@ipu.ac.in by 5 PM on 27th June 2024.

1. Admission Verification Form (*Format attached*)
2. Provisional Certificate/ Degree/ Marksheet
3. NoC from present employer and Professional Experience Certificate
4. Character Certificate
5. Reservation Certificate: Candidates who wish to claim the seat in Reserve Category may please refer in Chapter 6: Reservation Policy of 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. Allotment of seats will be done in order of merit/ rank as per seat intake of the MBA (Fire & Industrial Safety) Weekend program_Counseling/ admission for the seats shall be stopped as and when seats are filled up.

2. For seeking admission in the MBA (Fire & Industrial Safety) Weekend program, eligibility criteria mentioned in Admission Brochure 2024-25 may be referred to, available at www.ipu.ac.in.

For any query, please contact the undersigned.


(Prof. Gagan Deep Sharma)
Project Incharge, USFIS

Copy for information and necessary arrangements to

1. Controller of Finance, GGSIP University
2. Incharge (Admission), GGSIP University



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List of shortlisted candidates

S. No	Name
1	Tushar Jhakra
2	Vaibhav
3	Yaman Kalawat
4	Sandeep Kumar Rana
5	Himanshu Singh
6	Avesh Chauhan
7	Ajay Kumar Gupta
8	Parmod Sharma
9	Abhishek Sharma
10	Vishal Harit
11	Manvander Poonia



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. _____



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Accredited as NAAC A++ Grade



MEDICAL CERTIFICATE**
(FOR THE ACADEMIC SESSION 2024-25)
(TO BE SUBMITTED AT THE TIME OF COUNSELLING/ADMISSION)

Photograph
duly attested by
the officer who
has certified
this certificate

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.
