



CENTRE FOR DISASTER MANAGEMENT STUDIES
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR 16 C, DWARKA, NEW DELHI-110078

Email: director.cdms@ipu.ac.in; 011-25302782-83 (Office), +91-9810479919 (Mobile)

GGSIU/CDMS/2021/5470

Date : 25.11.2021

NOTICE

Schedule for 2nd Spot Counseling (Online) and document submission (through Google form) for MBA (Disaster Management) Weekend Programme (CET Code 186) during Session 2021-22

Counseling	Date	Time	S. No. of Candidates
2 nd Spot Counseling	26/11/2021	11.00 AM onwards	All Eligible Candidates

Information & Documents required to be get prepared/ submitted, if yet not submitted:
<https://forms.gle/RkPfdssA8sw7d11w7>

1. Admission Verification Form
2. Admission Fee of Rs. 82000/-. The Fee of Rs. 82000/- includes Rs. 75000/- Tuition fee (Annual) for first year + Rs. 5000/- Security Deposit (One Time - Refundable after completion of course) + Rs. 1000/- Alumni Fees (One Time - Non Refundable) + Rs. 1000/- Counselling Participation Fee (One Time - Non Refundable). To be deposited in University's bank account online as and when admission is confirmed during counseling:

Name of Account Holder : Registrar, Guru Gobind Singh Indraprastha University
Bank Name : Indian Bank
Banker's Branch Address : GGSIPU, Dwarka, Sector 16-C, Delhi – 110 078
Banker NEFT Code : IDIB000G082
Bank Account No. : 927860555
MICR Code : 110019071

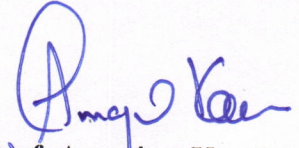
After depositing the fee, the applicant(s) is supposed to submit the fee receipt at the email of Director, CDMS, failing which the admission may be cancelled and seat may be allotted to next candidate in merit.

3. Provisional Certificate/ Degree/ Marksheet
4. NOC from present employer and Professional Experience Certificate
5. Character Certificate
6. Reservation Certificate: Candidates wish to claim seat in Reserve Category may please refer in the Chapter 6: Reservation Policy of the Admission Brochure 2021-22.
7. Medical Certificate: Certificate of medical fitness, signed by a Registered Medical Practitioner holding a medical degree (Format attached).


Prof. Amarjeet Kaur
Director CDMS
Centre for Disaster Management Studies
Guru Gobind Singh Indraprastha University
Sector 16C, Dwarka, New Delhi-110078

- Note:** 1. List of shortlisted applicants for Spot Counselling is enclosed.
2. For seeking admission in MBA (Disaster Management) Weekend programme, eligibility criteria mentioned in Admission Brochure 2021-22 may be referred, available at www.ipu.ac.in.

For any query, please contact, Office of Director CDMS, GGSIPU



(Prof. Amarjeet Kaur)

Director CDMS

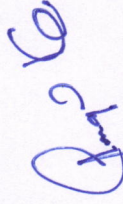
Copy for information and necessary arrangement to

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

Prof. Amarjeet Kaur
Director CDMS
Centre for Disaster Management Studies
Guru Gobind Singh Indraprastha University
Sector-16C, Dwarka, New Delhi-110078

MBA (Disaster Management) Nov. 2021

S. No.	ApplicationNumber	Name	Gender	Region	Category
1	186216000218	KALYANI	Female	Outside Delhi	General
2	186216000222	DIKSHA	Female	Delhi (NCT)	General
3	186216000229	DR SANJEEV KUMAR	Male	Delhi (NCT)	General
4	186216000250	CHANDRA PRAKASH	Male	Delhi (NCT)	General
5	186216000255	INDU SHEKHAR MISHRA	Male	Outside Delhi	General



Prof. Amarjeet Kaur
Director CDMS

Centre for Disaster Management Studies
Guru Gobind Singh Indraprastha University
Sector-16C, Dwarka, New Delhi-110078



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. _____

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

S.No.	Name of Programme	CET Code	ELIGIBILITY CRITERIA & ADMISSION CRITERIA
5	MBA(Disaster Management) - MBADM	186	<p>Eligibility Criteria:</p> <ol style="list-style-type: none"> 1. Graduate or equivalent in any subject with minimum 50 % marks in aggregate. 2. At least one year post – qualification executive / professional experience. <p>Admission Criteria:</p> <ol style="list-style-type: none"> 1. Percentage of marks secured in the qualifying examination on a 100 point scale. 2. One mark each for an additional year of relevant experience put up to a maximum of 15 additional marks. 3. Personal Interview marks on a 25 point scale. <p>The final merit list shall be prepared on the basis of marks earned by each candidate from out of 140 comprising percentage of marks obtained in eligibility qualification, experience and marks obtained in Personal Interview and shall be declared by the Director, Centre for Disaster Management Studies (CDMS) on the University website http://www.ipu.ac.in.</p>

NOTE:

1. No CET shall be conducted for these programme / programme groups.
2. Admission of students passing out of GGSIPU: The CPI awarded by the University to be treated as equivalent to percentage. The CGPA awarded by the University shall be considered equivalent to the percentage value of CGPA x 10.





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