

# **Directorate of International Affairs**

GGS Indraprastha University Sector 16-C, Dwarka, New Delhi 110 078

Phone: 011-25302126 & 25302127 Email: international@ipu.ac.in

**Ref**: GGSIPU/DIA/2023/211 **Dated**: 18.05.2023

### **ADMISSION NOTICE 2023-24 FOR INTERNATIONAL STUDENTS**

This is for the information of all the candidates seeking admission under Foreign National / PIO Category in the various programmes of the University for the Academic Session 2023-24.

### **Instructions**

- 1. The Admission Brochure for the Academic Session 2023-24 for international candidates has been released and available on the University Website. The candidates are advised to go through the Admission Brochure carefully before filling the application form.
- 2. The list of programmes offered to the International Candidates is available in the Admission Brochure of International Students.
- 3. The Eligibility Criteria for various programmes is mentioned in the Admission Brochures 2023-24 available at <a href="http://www.ipu.ac.in/cet2023bchrmain.php">http://www.ipu.ac.in/cet2023bchrmain.php</a>
- 4. The candidates are required to take a print out of the Application Form and Medical Certificate available at the end of the Admission Brochure. Copy of the Application form and Medical Form is also attached herewith.
- 5. The duly filled in Application form and Medical Certificate completed in all respects along with the documents listed in the Application Form be submitted physically or by speed post / courier to the Directorate of International Affairs, Room No. 306, D-Block, Guru Gobind Singh Indraprastha University, Sector 16-C, Dwarka, New Delhi 110078 (India). Scanned copy of the duly filled in form along with enclosures should also be mailed to international@ipu.ac.in
- 6. All the candidates seeking admission under foreign category are informed that the admissions shall be strictly made on merit basis on the marks secured in the qualifying examination.

(Prof. Vijita Singh Aggarwal)
Director, International Affairs

### 11. APPLICATION FORM



# Directorate of International Affairs Guru Gobind Singh Indraprastha University Sector 16-C, Dwarka, New Delhi 110078 [Website: www.ipu.ac.in]

#### Photo Passport Size

APPENDIX-I

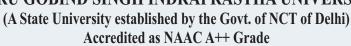
### **Application Form (2023-24)**

[Foreign Students / Foreign Nationals / Persons of Indian Origin]

| 1.     | Name of the ProgrammeSchool/College/Institute  |  |  |
|--------|--|--|--|
| 2.     | Name of the Candidate(Mr/Ms)   |  |  |
| 3.     | Nationality  |  |  |
| 4.     | Passport No Date of Issue  |  |  |
| 5.     | Father's Name  |  |  |
| 6.     | Date of Birth (DD/MM/YY)Age ason1-8-2023 YearsMonthsdays   |  |  |
| 7.     | Address (From Where Citizenship Hold).   |  |  |
|        | (Attach Address Proof (Any document from Embassy / Foreign Ministry / Govt. Authority)   |  |  |
| 8.     | Address (In India) Mandatory   |  |  |
| 9.     | Telephone No. with ISD Code  |  |  |
| 10.    | Email  |  |  |
| 11.    | Visible Mark of Identification   |  |  |
| 12.    | Whether Passed or Appearing in the Qualifying Exam (Passed / Appearing) Passing Year   |  |  |
| 13.    | Aggregate percentage of all subjects in 12 <sup>th</sup> Class) Examination.   |  |  |
| 14     | Passed in English in 12 <sup>th</sup> Class ( <b>Yes / No</b> )  |  |  |
| 16.    | PCB Percentage in 12 <sup>th</sup> Class   |  |  |
| 18.    | Passed Graduation in the yearName of Degree% in Graduation   |  |  |
| 19.    | Passed Post-Graduation in the year Percentage of marks in Post-Graduation  |  |  |
| 20.    | TOEFL SCORE / IELTS BAND   |  |  |
| 21.    | Scholarship (If getting, specify)  |  |  |
|        | Comments required to be submitted alongwith Application Form  Copy of Proof of date of birth (Valid Passport / Certificate from Embassy / Document from School, Board /University).  Copy of Passing Certificate and detailed mark sheets of the qualifying examination issued by the Board/University. If the marks are in grading system, obtain a "Percentage Certificate" from the concerned Board /University.  Original Conduct and Character Certificate from where the qualifying examination has been passed or from concerned Embassy or Foreign Ministry. |  |  |
|        | Copy of Proof of English proficiency   |  |  |
|        | OVE DOCUMENTS MUST BE ATTESTED BY THE GAZETTED OFFICER / CONCERNED EMBASSY / FOREIGN ISTRY   |  |  |
|        | Original Certificate of Medical Fitness to be signed by a Registered Medical Practitioner holding a degree not lower than MBBS in the format   |  |  |
|        | as given in Appendix II (Refer Admission Brochure). Copy of Student Visa & Passport duly attested by the concerned Embassy or Foreign Ministry.  |  |  |
| furnis | emply 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 is found to be incorrect or untrue, I shall be liable to criminial prosecution and also for gomy claim to these at in the college. Further, That idature for examination/ selection and admission to the course is liable to be cancelled. I agree to abide by the rules & regulations of the university.   |  |  |
| Date   |  |  |  |
|        | ness Name & Sign: e & Signature of Parent(s)/Guardians(s) Signature of Candidate with date   |  |  |
|        | 51ghatare of Canadame with date  |  |  |



## GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY





# MEDICAL CERTIFICATE\*\* (FOR THE ACADEMIC SESSION 2023-24)

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         | d physical health and is free from any            |
| physical defects which may interfere with his/her studies including the active outdoor duties required. | uired of a professional. Visible Mark of          |
| Identification:   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Signature of the Candidate  | _   |
|   |   |
|   |   |
| Place:  |   |
| Date:   |   |
|   | N 9. C: C41 -                                     |
| ,   | Name & Signature of the                           |
| N   | Medical Officer with Seal and Registration Number |
|   | registration runnoer                              |
| * Strike whichever is not applicable.   |   |

\*\*To be signed by a registered Medical Practitioner holding a Medical degree