



# UNIVERSITY SCHOOL OF FIRE & INDUSTRIAL SAFETY

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

SECTOR 16 C, DWARKA, NEW DELHI-110078

Email: [dean.usfis@ipu.ac.in](mailto:dean.usfis@ipu.ac.in)

GGSSIPU/USFIS/2024/

Date: 18<sup>th</sup> July 2024

## NOTICE

**Schedule for 3<sup>rd</sup> 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
3 <sup>rd</sup> Counseling	25 <sup>th</sup> July 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](mailto:dean.usfis@ipu.ac.in) by 5 PM on 25<sup>th</sup> July 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](http://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**

<b>Sr. No.</b>	<b>Name</b>
1	ARYAN CHOUDHARY
2	VINOD KUMAR DWIVEDI
3	RAUNAK TANDON
4	ANIRUDH AGGARWAL
5	RITESH PATIDAR
6	ANUSHKA BHARDWAJ
7	KULDEEP PAL
8	HARISH S
9	AMAN BHATT
10	SHUBH RASTOGI
11	BHANU SHARMA
12	CHANDESH PATWARI
13	ADITYA RAJ
14	SANIA
15	VIDISHA JAIN
16	BADGUJAR CHARANJEET MOHANSINGH
17	SARFARAZ
18	PRIYARANJAN
19	TRIPTI
20	TANYA RAI
21	SAARTHAK KANWAR
22	SUKHPREET KAUR
23	TANISHA TANWAR
24	PUNEET KHURANA
25	AYESHA KHAN
26	NAVNEET KADYAN
27	AAYUSHI SHARMA
28	AMIT SINGH
29	OMKAR KUMAR
30	TUSHAR JHAKRA
31	VAIBHAV
32	YAMAN KALAWAT
33	SANDEEP KUMAR RANA
34	HIMANSHU SINGH
35	ROHIT TIWARI
36	AJAY KUMAR GUPTA

37	PARMOD SHARMA
38	VISHAL HARIT
39	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 12<sup>th</sup> Class (Yes/No) \_\_\_\_\_
6. PCM/PCBM Percentage in 12<sup>th</sup> 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 12<sup>th</sup> 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**

## Appendix 5



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