



Guru Gobind Singh Indraprastha University
Sector 16-C, Dwarka, New Delhi-110078, Website: www.ipu.ac.in

EXAMINATION DIVISION

A.D. Lamba
Deputy Registrar

Ph.: 011-25302261

E-mail: examconduct2@gmail.com

Ref. No.: GGSIPU/Exam/IC-II/

Dated: 21.03.2017

NOTICE

Sub.: Schedule for collection & submission of Registration Chart(s) for BBA (General, B&I, CAM, T&TM, & MOM), BHMCT, MCA, MCA (Dual Degree), MCA (Lateral Entry), BCA, B.Ed. (Special Education), BJMC, B. Com. (Hons.), and B. Ed. Programmes of all the Affiliated Institutes/Colleges for End Term May-June, 2017 Examination.

All the Affiliated Institutes/Colleges conducting **BBA (General, B&I, CAM, T&TM, & MOM), BHMCT, MCA, MCA (Dual Degree), MCA (Lateral Entry), BCA, BJMC, B.Ed. (Special Education), B.Com. (Hons.), and B.Ed. Programmes** are hereby informed that the Registration Charts (RCs) for the End Term May-June, 2017 Examination (Regular & Reappear) have been processed. All Affiliated Institutes/Colleges are hereby directed to collect the RCs from Conduct Branch-II, Examination Division, Sector 16-C, Dwarka, New Delhi-110078 on **22.03.2017 (Wednesday) at 11:00 AM onwards**. These RCs duly checked & signed by the Students and verified by the Principal / Director of the respective Institutes/ Colleges are to be submitted back along with reappear fees to the Conduct Branch-II, Examination Division, Dwarka Campus by **31.03.2017 (Friday) by 03:00 PM positively**. All are requested to kindly go through the Covering Letter/Instructions attached with the RCs. The Cover page of RCs duly signed and stamped by Directors/Principals is required to be submitted while returning the filled in RCs.

Director/Principal should ensure that no ineligible students be allowed for sign the Registration Charts under any circumstances.

All the Affiliated Institutes/Colleges are also requested to submit a single Bank Draft/Demand Draft. In case of more than one DD, the same should be provided in the format given below in Soft and Hard Copy:

S. No.	Name	Code	Enl. No.	Semester	Batch	Name of Bank	DD No.	MICR Code	Date	Amount
--------	------	------	----------	----------	-------	--------------	--------	-----------	------	--------

(A.D. Lamba)

Copy to:

1. Finance Officer-II, GGSIPU.
2. PS to COE for kind information of Controller of Examinations (Operations) please.