



# INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN

Kashmere Gate, Delhi – 110006

DEPARTMENT OF MANAGEMENT

Date: 18-07-2019

## List of Candidates called for Second Round of Counseling for Admissions to BBA Program (2019-20), IGDTUW

The following Candidates have been shortlisted for the Second Round of Counseling for Admission to BBA Program 2019-20 scheduled to be held on 25<sup>th</sup> July 2019 in the Seminar Hall, Administrative Block, IGDTUW.

### Note

Candidates are advised to read “Instructions to Candidates appearing for Second Counseling for BBA Program, 2019-20” very carefully which are given below the list of shortlisted candidates.

### Out Side Delhi Region

Region-Outside Delhi, Category- SC (SCGNO)

S. No	Application No.	Name of Applicant
1	19120000000157	SUJATA CHITTORIA
2	19120000000024	ADITI KUMAR

Region-Outside Delhi, Category-OBC (OBGNO)

S. No	Application No.	Name of Applicant
1.	19120000000250	AKSHITA PAL
2.	19120000000070	SNEHA PAL
3.	19120000000212	RIYA RAJESH
4.	19120000000288	KHUSHI SHARMA

## Outside Delhi General

S. No	Application No.	Name of Applicant	Category Name
1.	19120000000079	MEGHA GOYAL	GEN
2.	19120000000077	PAVIKA OJHA	GEN
3.	19120000000325	MUSKAN KHURANA	GEN
4.	19120000000207	SANCHITA SINGHAL	GEN
5.	19120000000214	VIMITA VARSHNEY	GEN
6.	19120000000004	PANYA SHARMA	GEN
7.	19120000000160	ARADHYA	GEN
8.	19120000000045	PAYAL PANCHAL	GEN
9.	19120000000250	AKSHITA PAL	OBC (NCL)
10.	19120000000150	AMISHA CHANDRA	GEN
11.	19120000000020	MANSHA SWARUP	GEN
12.	19120000000062	NIYATI RAJ	GEN
13.	19120000000242	ABHA GAUR	GEN
14.	19120000000096	KRITIKA SRIVASTAVA	GEN
15.	19120000000276	SAMRUDDHI AASHISH AWASTHI	GEN
16.	19120000000070	SNEHA PAL	OBC (NCL)
17.	19120000000044	GEETIKA RAWAT	GEN
18.	19120000000157	SUJATA CHITTORIA	SC
19.	19120000000310	AVNI BILLA	GEN
20.	19120000000009	YUKTI HANDA	GEN
21.	19120000000059	ANVVI GULATI	GEN
22.	19120000000212	RIYA RAJESH	OBC (NCL)
23.	19120000000260	CHAITANYA GAUTAM	GEN
24.	19120000000317	TANISHA THAPLIYAL	GEN
25.	19120000000024	ADITI KUMAR	SC
26.	19120000000039	TANYA PANDEY	GEN
27.	19120000000189	MUSKAN MATHUR	GEN
28.	19120000000047	SHRISHTI JHINKWAN	GEN

## Delhi Region

### Region-Delhi, Category-SC (SCGND)

S. No	Application No.	Name of Applicant
1.	19120000000274	ANISHA VERMA
2.	19120000000110	ANOUSHKA SINGH
3.	19120000000104	AANSHIKA AANSHIKA
4.	19120000000120	LIPIKA LIPIKA

5.	19120000000327	JANVI
6.	19120000000231	DAISY SUMAN
7.	19120000000224	NIKITA SONI
8.	19120000000306	HARSHITA PUNEET
9.	19120000000124	VAISHNAVI DOGRA
10.	19120000000102	NANCY RANA
11.	19120000000323	MAHIMA

**Region-Delhi, Category-ST (STGND)**

S. No	Application No.	Name of Applicant
1.	19120000000173	SHRUTI MS

**Region-Delhi, Category-OBC (OBGND)**

S. No	Application No.	Name of Applicant
1.	19120000000203	LAVANYA CHAUDHARY
2.	19120000000156	TAVLEEN KAUR
3.	19120000000303	SHREEJA YADAV
4.	19120000000297	MEHAK BAGHLA
5.	19120000000259	LOHITA YADAV
6.	19120000000319	LAKSHITTA VERMA
7.	19120000000087	SHALEENI RAJ
8.	19120000000109	SHWETA SHARMA

**Region-Delhi, Category-OBC, SubCategory-Defense (OBCWD)**

S. No	Application No.	Name of Applicant
1.	19120000000162	MEGHA YADAV

**Region-Delhi, Category-Kashmiri Migrant**

S. No	Application No.	Name of Applicant
1	19120000000091	RIYA TICKOO

**Region-Delhi, Category-EWS (EWGND)**

S. No	Application No.	Name of Applicant
1.	19120000000148	KHUSHI PANDEY

2.	19120000000283	NIDHI BHANDHARI
3.	19120000000254	PRIYA SINHA

### Delhi General

S. No	Application No.	Name of Candidate	Category Name
1.	19120000000017	KHYATI KALRA	GEN
2.	19120000000206	IRSHEEN BAVEJA	GEN
3.	19120000000192	ARUSHI	GEN
4.	19120000000203	LAVANYA CHAUDHARY	OBC (NCL)
5.	19120000000080	KANIKA BHALLA	GEN
6.	19120000000196	HARSHITA SHARMA	GEN
7.	19120000000234	ISHA MATHUR	GEN
8.	19120000000131	SRISHTI BAHL	GEN
9.	19120000000229	PANKHURI UPPAL	GEN
10.	19120000000267	MEGHA SHARMA	GEN
11.	19120000000135	NIKITA LALCHANDANI	GEN
12.	19120000000041	ANOUSHKA HOODA	GEN
13.	19120000000182	TUSHTI ADLAKHA	GEN
14.	19120000000174	DIVYA NARULA	GEN
15.	19120000000243	PRITIKA JAIN	GEN
16.	19120000000011	SONA MITTAL	GEN
17.	19120000000043	SAUMYA CHAWLA	GEN
18.	19120000000163	ISHITA BHATNAGAR	GEN
19.	19120000000326	HIMANSHI	GEN
20.	19120000000329	HIMANSHI JAIN	GEN
21.	19120000000063	DHRITI SOOD	GEN
22.	19120000000151	NEHA GUPTA	GEN
23.	19120000000311	KIRAN SANGWAN	GEN
24.	19120000000181	AADYA GROVER	GEN
25.	19120000000117	DIMPLE ARORA	GEN
26.	19120000000235	ANANYA KHOSLA	GEN
27.	19120000000270	KHUSHI NARANG	GEN
28.	19120000000191	RUCHIRA PARWANDA	GEN
29.	19120000000244	RISHIKA SHARMA	GEN
30.	19120000000155	DIKSHA BHATNAGAR	GEN
31.	19120000000307	PRACHI ARORA	GEN
32.	19120000000304	AKSHITA JAIN	GEN
33.	19120000000108	RIA MALIK	GEN
34.	19120000000165	PRACHI SINGHAL	GEN
35.	19120000000218	TANYA CHOPRA	GEN
36.	19120000000106	SRISHTI SEHGAL	GEN

37.	19120000000314	TUSHITA SINGH	GEN
38.	19120000000330	LAKSHITA KHURANA	GEN
39.	19120000000068	BHAVYA BHARGAVA	GEN
40.	19120000000133	PRIYAL GROVER	GEN
41.	19120000000029	PAKHI CHATURVEDI	GEN
42.	19120000000156	TAVLEEN KAUR	OBC (NCL)
43.	19120000000303	SHREEJA YADAV	OBC (NCL)
44.	19120000000035	NEERAJA GIRI	GEN
45.	19120000000119	KHUSHI BANSAL	GEN
46.	19120000000273	YASHIKA BANSAL	GEN
47.	19120000000054	RISHIKA SHARMA	GEN
48.	19120000000088	ARUNDHATI CHANDOLA	GEN
49.	19120000000112	SAKSHI WASAN	GEN
50.	19120000000037	GARIMA KALRA	GEN
51.	19120000000061	KIRTI DUA	GEN
52.	19120000000046	PULKITA VAID	GEN
53.	19120000000210	BHAWNA KAPOOR	GEN
54.	19120000000050	GUNJAN CHHABRA	GEN
55.	19120000000256	TANYA KAPOOR	GEN
56.	19120000000060	MUSKAN MALHOTRA	GEN
57.	19120000000071	DIVYANSHI TIWARI	GEN
58.	19120000000137	ISHA AGGARWAL	GEN
59.	19120000000145	SHREYA PANDEY	GEN
60.	19120000000065	VANSHIKA GUPTA	GEN
61.	19120000000132	KHUSHI KHUSHI	GEN
62.	19120000000069	SRISHTI LAL	GEN
63.	19120000000300	CHINSHA	GEN
64.	19120000000331	ASLESHA PAUL AHLUWALIA	GEN
65.	19120000000058	NANDIKA KATYAL	GEN
66.	19120000000264	FARI NAYYER	GEN
67.	19120000000278	NIMISHA MENDIRATTA	GEN
68.	19120000000274	ANISHA VERMA	SC
69.	19120000000290	SHRUTI BHATIA	GEN
70.	19120000000186	ANJALI WADHWA	GEN
71.	19120000000263	TRISHA KHATTAR	GEN
72.	19120000000110	ANOUSHKA SINGH	SC
73.	19120000000053	YUKTA MISHRA	GEN
74.	19120000000213	YUKTI KOTNALA	GEN
75.	19120000000247	GOPIKA G NAIR	GEN
76.	19120000000285	BHAVYA ARORA	GEN
77.	19120000000173	SHRUTI MS	ST
78.	19120000000249	NEHA KUMAR	GEN
79.	19120000000261	MANSI GUPTA	GEN
80.	19120000000082	NIDHI MODWEL	GEN

81.	19120000000095	KUMBICA MEHRA	GEN
82.	19120000000215	RENU	GEN
83.	19120000000036	VIDHI SINGH	GEN
84.	19120000000221	MUSKAN GARG	GEN
85.	19120000000139	SHREYA MAMGAIN	GEN
86.	19120000000138	MANSI NEGI	GEN
87.	19120000000199	NIDHI SINGH	GEN
88.	19120000000297	MEHAK BAGHLA	OBC (NCL)
89.	19120000000130	DEEPANSHI ARYA	GEN
90.	19120000000086	SNEHA KUMARI	GEN
91.	19120000000257	SOUMYA NEGI	GEN
92.	19120000000081	AARTI SINGH	GEN
93.	19120000000125	ISHIKA MALIK	GEN
94.	19120000000148	KHUSHI PANDEY	GEN (EWS)
95.	19120000000275	NIMISHA BAJAJ	GEN
96.	19120000000312	SHIVANI ARORA	GEN
97.	19120000000266	DEEPANSHI GUPTA	GEN
98.	19120000000184	MUSKAN KHURANA	GEN
99.	19120000000209	ANSHU PRIYA	GEN
100.	19120000000296	MUSKAN SINGH	GEN
101.	19120000000051	JAHNVI SHORI	GEN
102.	19120000000038	RIDDHI SURI	GEN
103.	19120000000111	SHRUTI AGGARWAL	GEN
104.	19120000000268	DISHA MENGHANI	GEN
105.	19120000000021	KAMAKSHI GOSWAMI	GEN
106.	19120000000146	AASHITA GANDHI	GEN
107.	19120000000302	PURNIMA KOHLI	GEN
108.	19120000000084	AVNI	GEN

## **Instructions to Candidates appearing for Second Counseling for BBA Program, 2019-20**

1. The above list of candidates called for Second Round of Counselling is a provisional merit list. The merit list has been prepared purely on the basis of the percentage in the best of four subjects (including English) submitted by the candidates in application form, therefore admissions will be offered strictly after document verification at the time of counseling and as per the Admission Policy given in the Admission Brochure 2019-20, IGDTUW .
2. Since more than one number of candidates have been called against one seat therefore to be called for counseling does not guarantee admission. IGDTUW will not accept any claim of any type from candidates who will not be offered admission.
3. In case of a tie in best of four aggregate (including English and excluding Vocational subjects), a candidate having higher marks in English will be given preference. If English marks are also equal, the date of birth will be considered and elder student will be given preference.
4. All candidates shortlisted for 2<sup>nd</sup> Counseling are required to report in the IGDTUW SEMINAR HALL on 25<sup>th</sup> of July as per the following schedule along with the list of documents mentioned below, failing which they will not be allowed to appear in the counselling.

**Schedule for Second Counseling for admission to BBA Program 2019-20 on 25<sup>th</sup> July 2019**

Category	Reporting Time
All SC, ST, OBC(NCL), EWS (Delhi/Outside Delhi)	9:30 am
Outside Delhi General, Serial No. 1-10	9:45 am
Outside Delhi General, Serial No. 11-28	10:00 am
Delhi General, Serial No. 1-51	10:30 am
Delhi General, Serial No. 52-108	11:00 am

5. If a shortlisted candidate does not attend the Second Counselling she will have no claim on the seat already allotted to the candidate in the Second round of Counselling. However, candidates can participate in the Spot Round as per availability of seats in order of merit.

## **Documents required at the time of 2<sup>nd</sup> Counseling for BBA Program 2019-20 Program:**

1. Candidates are required to fill in the Check List as given in Annexure "A" & attach it on top of their documents.
2. Two copies of the Printout of PDF of application form generated at the time of applying, duly signed by the candidate.
3. Two copies of the receipt of application fee of Rs. 1000/- paid by the candidate.
4. Two passport size photographs.
5. Fees in the form of **Demand Draft of Rs. 70,000 in favour of "REGISTRAR, IGDTUW STUDENT FEE S/B ACCOUNT" payable at Delhi/New Delhi.**

### **Important Note:**

**Additional Fee amount of Rs. 7,000/- (Security Deposit + One time Alumni Fee) shall be collected from the students during 2<sup>nd</sup> August to 9<sup>th</sup> August 2019 via Demand Draft of Rs. 7,000/- (Rupee Seven Thousand Only) in favour of "REGISTRAR, IGDTUW STUDENT FEE S/B ACCOUNT" payable at Delhi/New Delhi.**

6. Original and self-attested copy of class 10th certificate in support of Date of Birth.
7. Original and self-attested copy of Mark sheet and certificate of class 12<sup>th</sup> examination in support of verification of marks and Region.
8. A candidate, who has passed the 12<sup>th</sup> through Patrachar Vidyalaya, Delhi / National Institute of Open School Delhi (NIOS), the criterion for deciding the region shall be the location of her centre of examination. In other words, if the centre of examination is located in the N.C.T. of Delhi, the candidate shall be considered under the Delhi Region and if the centre of examination is located outside N.C.T. of Delhi, she shall be considered under the Outside Delhi Region. Such candidates must bring original and self-attested copy of the admit card.
9. Proof of CGPA/FGPA conversion to Percentage (if applicable).
10. EWS Certificate (if applicable) issued by Competent Authority (Annexure "E").
11. Medical Fitness Certificate in original (Annexure D).
12. Original and self-attested copy for the category certificate (as applicable) (i.e. SC, ST, OBC-NCL, CW, PD, EWS)
  - (i) **Scheduled Caste (SC)/Scheduled Tribe (ST) /Other Backward Class (OBC-NCL):**For admission to a seat reserved for **Scheduled Caste/Scheduled Tribe/Other Backward Class (NCL)**, candidate must produce a certificate, in original, issued from an approved district authority stating the Scheduled Caste/ Scheduled Tribe/ Other Backward Class (NCL), to which the candidate belongs. A list of approved authorities is given below:
    - a). District Magistrate / Additional Magistrate / Deputy Commissioner / Collector / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / City Magistrate (not below the rank of 1st Class Stipendiary



Magistrate), Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.

- b). Revenue Officer not below the rank of Tehsildar.
- c). Sub-Divisional Officer of the area where the candidates and/or her family normally resides
- d). Administrator/Secretary to Administration/Development Officer (Laccadive & Minicoy Islands).

**Note: -**

1. The candidate seeking admission under reserved categories has to mandatorily produce the caste/category certificate in her name at the time of counseling. The certificate in the name of either of the parents (Mother/Father) or any other family member is not acceptable and the candidate will not be entitled even for provisional admission.
2. The reservation certificate should be issued from the respective state/region in which the reservation is being claimed, e.g. in case, a candidate claims the seat reserved for the Delhi Region category, she has to bring SC / ST / OBC certificate issued by Govt. of NCT of Delhi and should have also passed her qualifying examination from a School / College / Institute located in National Capital Territory of Delhi.
3. OBC-NCL candidates are required to produce a caste certificate issued after March 31 2019 from the authorities as mentioned above. However, if the certificate is issued prior to March 31 2019, it must be accompanied with an additional certificate regarding the present non-creamy layer status of the candidate, issued by the same Competent Authority. This additional certificate must have reference of her already issued original caste certificate.
4. Students claiming OBC reservation under Delhi region will be admitted in this category on the submission of a certificate to this effect from the Competent Authority of the Government of NCT of Delhi. Certificate issued by Govt. of India or any state government will not be accepted under any circumstances. A certificate issued by a Competent Authority of Delhi to an individual on the basis of Caste Certificate of her parents from another state will be accepted for claiming a seat under OBC Category if and only if the caste is in the list of notified OBC list by Govt. of NCT of Delhi.

(ii) **Defence sub-category (CW):** For admission to a seat reserved for **Defence sub-category**, candidate must produce the following certificates (as applicable), in original and self-attested copy of:

- a). Entitlement card in original issued by the Record Officer of the Unit/Regiment of Armed Personnel of the Armed Forces in case of Armed Personnel or from the Home Ministry in case of Para-Military forces.

- b). Widows/ Wards of the officers and men of Armed forces including Para-Military personnel who died or disabled on duty (both attributable to military service) must produce a certificate to that effect from the following authorities.
- (i) Secretary, KendriyaSainik Board.
  - (ii) Secretary, Rajya/ZilaSainik Board.
  - (iii) Officer-in-Charge, Record Office.

In case of Para-Military forces appropriate documents/certificates issued by Competent Authority notified in this regard by the Para-Military forces headquarters must be produced. **A statement to the effect that “the death/physical disability (percentage to be mentioned) is attributed to military service” is required to be included in the certificate.**

- c). Medical records in original.
- d). Special Pension Order and Passbook indicating special pension.
- e). Gallantry award certificate.
- f). Original ex-servicemen Identity Card/Discharge Book/ Pension Payment Order.
- g). Dependency card issued by the Competent Authority in order to relate the relationship of the candidate with the Defence personnel/gallantry award recipient.
- h). Original Service Identity Card
- i). A certificate from the respective C.O. Unit in respect of serving personnel (Priority VII).

**Note:** -A statement to the effect that ‘the death/disability is attributed to military service’ is required to be included in the certificate for Priority III & IV.

THE FINAL PRIORITY WILL BE SUBJECT TO THE SCRUTINY BY PANEL OF DEFENCE EXPERTS AT THE TIME OF DOCUMENT VERIFICATION.

- (iii) **Differently Abled Persons (PD) sub-category:** For admission to seat reserved for Differently Abled Persons (PD) sub-category, the candidate must produce the following certificates in original and a self-attested copy:

- a). A certificate of physical disability issued by the Competent Authority as per the provision of the Persons with Disabilities Act 2016 in the prescribed format as given under the Act.
- b). The Candidate with benchmark disabilities shall produce the medical certificate issued by the Govt. Hospitals duly notified by the Govt. of NCT of Delhi/Other State government and further duly verified by the Chief Medical Officer of the concerned Government Hospital.

- c). A certificate duly recommended by Vocational Rehabilitation Centre for the handicapped, 9-11 Vikas Marg, Karkardooma, Delhi 110092.
- (iv) A certificate from the Competent Authority for getting admission against Kashmiri Migrant quota. Such a certificate should be issued by the concerned Deputy Commissioner of Delhi or the Competent Authority outside Delhi. Photo Identity Card/Ration Card of the migrant.

## Annexure- "A"

### CHECKLIST (Documents Required at the Time of Admission)

No.	Tick	Particulars
1.		Printout of PDF of application form generated at the time of applying
2.		Receipt of application fee of Rs. 1000/-
3.		Two passport size photographs
4.		Demand Draft of Rs. 70,000/- in favour of "REGISTRAR, IGDTUW STUDENT FEE S/B ACCOUNT" payable at Delhi/New Delhi.
5.		Original and self-attested copy of class 10th certificate
6.		Original and self-attested copy of Mark sheet of class 12th
7.		Original and self-attested copy of Certificate of class 12 <sup>th</sup> examination/Admit Card (if applicable).
8.		Original and self-attested copy for the category certificate (as applicable for SC/ST/OBC/KM- Annexure B/ CW-Annexure C/EWS- Annexure "E")
9.		Medical fitness certificate in original (Annexure D)

Applicant's Signatures

Member, Document Verification Team

**Annexure-“B”**

**Certificate for availing Admission against Kashmiri Migrant Quota**

**Kashmiri Migrant Quota  
(To be submitted at the Time of Admission)**

Certified that Shri/km/Smt. \_\_\_\_\_  
Son/daughter/wife Shri/\_\_\_\_\_ resident of  
\_\_\_\_\_ is registered as migrant from  
Jammu & Kashmir. The Registration number is \_\_\_\_\_  
dated \_\_\_\_\_.

It is also certified that Shri/Km/Smt \_\_\_\_\_ is registered in  
Delhi/..... as J & K Migrant on \_\_\_\_\_.

Name & Signature of  
Deputy Commissioner/Competent Authority  
(Office Stamp)

Place:.....

Date:.....

Note: No document other than this will be accepted by the University for claiming reservation against the Kashmiri Migrant Seat.

## Annexure "C"

### Certificate in Respect of Defence Category (CW)

#### CERTIFICATE FOR AVAILING ADMISSION AGAINST DEFENCE QUOTA OFFICE OF THE ZILA/RAJYA SAINIK BOARD

This is to certify that Master/Miss ..... son/daughter of  
..... resident of ....., the above  
named officer/JCO/OR pertains to the category marked below:- (Select one from below)

- a. Killed in Action on ..... During .....
- b. Disabled in Action on .....and boarded out from service  
on.....during.....
- c. Died in peace time on .....with death attributable to military  
service.
- d. Disabled in peace time and boarded out from service with disability attributable military  
service.
- e. Gallantry Award Winner (.....)
- f. Ex-Serviceman.
- g. Serving Soldier

(Category \_\_\_\_\_ above)

Mr./Miss .....son/daughter of the above named officer/JCO/OR is eligible  
for Admission in DTU, III-D, IGDTUW or NSUT against the Defence quota under priority  
His/Her Ex-Serviceman Widow Identify Card No. is DLH-01.....

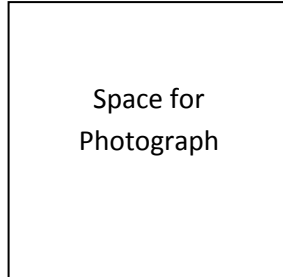
NO...../  
(Round stamp of office)

RSB SECRETARY  
(Zila/RajyaSainik Board)

**Annexure "D"**

**Medical Fitness Certificate**

(To be signed by a registered medical practitioner holding a Medical Degree)  
**(TO BE SUBMITTED AT THE TIME OF ADMISSION)**



I certify that I have carefully examined Mr. /Ms.\* \_\_\_\_\_ Son/daughter of Shri \_\_\_\_\_ 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.

Marks of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place:

Date:

Name & signature of the Medical Officer with seal  
and registration number

\*Strike whichever is not applicable

## Annexure "E" (Format for EWS Category)

7

Annexure-I

Government of .....  
(Name & Address of the authority issuing the certificate)

### INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

VALID FOR THE YEAR \_\_\_\_\_

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_ Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her family\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
  - II. Residential flat of 1000 sq. ft. and above;
  - III. Residential plot of 100 sq. yards and above in notified municipalities;
  - IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.
2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_

Recent Passport size  
attested photograph of  
the applicant

\*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\*Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

\*\*\*Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

*G. Shivaram*



**Annexure “F”**

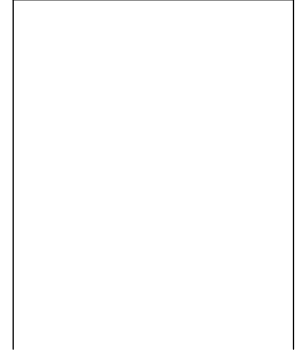
**CERTIFICATE FOR DIFFERENTLY ABLED PERSON (PD)**

**To be issued by Medical Board from Government Hospital**

1. Name of the candidate: Mr./Ms. \_\_\_\_\_

2. Father’s Name: \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_



Percentage loss of earning capacity (in words):

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- 4. Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: \_\_\_\_\_
- 5. Name of the disease causing handicap: \_\_\_\_\_
- 6. Whether handicap is temporary or permanent: \_\_\_\_\_
- 7. Whether handicap is progressive or non-progressive : \_\_\_\_\_
- 8. The candidate is FIT / UNFIT to pursue the engineering studies.
- 9. (\*Strike out whichever is not applicable)

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Doctor

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Doctor

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Chief Medical Officer

(Orthopaedic Specialist)

Date:

Seal of Office

**NOTE:**

- 1. The medical board must have three members.
  
- 2. Candidate having temporary or progressive handicap will not be considered against these seats.

## Annexure "G"

Form -I

### Disability Certificate

(In case of amputation or complete permanent paralysis of limbs and in cases of blindness)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested  
Photograph  
(Showing face only)  
of the person with

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_  
\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_

Date of birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, Male/female

\_\_\_\_\_ Registration No. \_\_\_\_\_ permanent resident of House

No.- \_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ Post Office

\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Whose photograph is affixed above, and I am satisfied that:

1. He/she is a case of:

a. Locomotor disability

b. Blindness

(Please tick as applicable)

2. The diagnosis in his/her case is \_\_\_\_\_

3. He/ She has \_\_\_\_\_% (in figure) \_\_\_\_\_ percent (in words) permanent physical impairment/blindness in relation to his/her \_\_\_\_\_ (part of body) as per guidelines (to be specified).

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authoritised Signatory of notified Medical Authority)

Signature/Thumb  
impression of the  
person in whose  
favour disability  
certificate is  
issued.

## Annexure “H”

Form II

Disability Certificate

(In cases of multiple disabilities)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested Photograph  
(Showing face only)  
of the person with  
disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_ Date of Birth  
(DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_ Registration No.

\_\_\_\_\_ permanent resident of House No. \_\_\_\_\_

Ward/Village/Street \_\_\_\_\_ Post office \_\_\_\_\_ District

\_\_\_\_\_ State \_\_\_\_\_ whose photograph is affixed above, and  
are satisfied that:

1. He/she is a Case of **Multiple Disability**: His/her extent of permanent impairment/disability has been evaluated as per guidelines as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S.NO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1.	Locomotor disability	@		
2.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	£		
5.	Mental retardation	X		
6.	Mental-illness	X		

@- e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes

£- e.g. Left/Right/both ears

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_ percent

In words: \_\_\_\_\_ percent

3. The above condition is progressive/ non-Progressive/likely to improve/not likely to improve.

4. Reassessment of disability is

a. not necessary

b. Is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_.

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Authority:

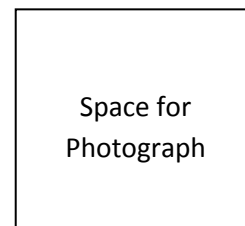
Name and Seal of Member	Name of Seal of Member	Name and seal of the Chairperson

Signature/ Thumb impression of the person in whose favour disability Certificate is issued.

## Annexure "I"

### Suitability Certificate for Availing Admission against Differently Abled Person (PD)

(To be submitted at the Time of counseling/Admission)



Certified that Shri / Km / Smt.\* \_\_\_\_\_

Son/daughter/wife of Shri/Smt. \_\_\_\_\_ is physically

Handicapped due to \_\_\_\_\_ and he/she is fit for  
undergoing the course(s) \_\_\_\_\_ at III-D,  
IGDTUW, NSUT or DTU.

Name & Signature of

The Officer In-charge Vocational Rehabilitation Centre for Physically  
Handicapped 9, 10, 11

Karkardooma, Vikas Marg, delhi-110092.

## Annexure “J”

### Disability Certificate

(In cases other those mentioned in Forms I and II)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested Photograph  
(Showing face only)  
of the person with  
disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_ Date of Birth  
(DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_ Registration No.  
\_\_\_\_\_ Permanent resident of House No. \_\_\_\_\_

Ward/Village/Street \_\_\_\_\_ Post office \_\_\_\_\_ District  
\_\_\_\_\_ State \_\_\_\_\_ whose photograph is affixed above and am  
satisfied that he/she is a case of disability.

1. His/her extent of physical impairment/disability has been evaluated as per guidelines as per guidelines (to be specified) and is shown against the relevant disability in the table below:

S.NO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1.	Locomotor disability	@		
2.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	£		
5.	Mental retardation	X		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable)

@- e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes

£- e.g. Left/Right/both ears

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is:

a. Not necessary

b. Is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore

this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_

4. The applicant has submitted the following document as proof of residence:

Nature of the Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)  
(Name and Seal)

Countersigned

(Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)

Signature/Thumb impression of the person in whose favour disability certificate is issued.
--

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District  
Note: The principal rules were published in the Gazette of India notification number S.O. 908(E), dated the 31<sup>st</sup> December, 1996.

### **Withdrawal Policy for Admission, IGDTUW (2019-20):**

As per the Admission calendar for BBA Admisssion-2019-20, the formally-notified Last date of Admission for BBA program is 31-07-2019. If a student chooses to withdraw her admission to BBA program 2019-20, IGDTUW shall follow the following five-tier system for the refund of Fees\* remitted by them-

<b>S.No.</b>	<b>Percentage of Refund of Fees</b>	<b>Point of Time when Notice of withdrawal of Admission is received in the University</b>
1.	100%	15 days or more <b>before 31-07-2019</b>
2.	90%	Less than 15 days <b>before 31-07-2019</b>
3.	80%	15 days or less <b>after31-07-2019</b>
4.	50%	30 days or less but more than 15 days <b>after 31-07-2019</b>
5.	00%	More than 30 days <b>after 31-07-2019</b>

\*In case of S.No. (1) in the table above, the university shall deduct an amount not more than 5% of the Fee paid by the student, subject to a maximum of Rs 5000/- as processing charges from the refundable amount.





**ANNEXURE "K"**  
**INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN**  
**Kashmere Gate, Delhi – 110006**

**FORM FOR WITHDRAWAL OF ADMISSION**

- 1). Program \_\_\_\_\_
- 2). Name of Student \_\_\_\_\_
- 3). Parent /Guardian's Nam \_\_\_\_\_
- 4). Address \_\_\_\_\_
- 5).Telephone \_\_\_\_\_
- 6). Mobile \_\_\_\_\_
- 7). Email address \_\_\_\_\_
- 8). Admission Number \_\_\_\_\_
- 9). Bank Details
  - Name & Relationship of the concerned in favour of whom bank transfer is to be made \_\_\_\_\_
  - Bank Detail of above concerned to be furnished in the given format:

Name of the Bank	Address of the Bank	Complete Bank Account No.	IFSC CODE OF THE BANK

**UNDERTAKING**

We understand and know the withdrawal policy for admission of the University & agree to abide by the same and we further understand that the refund would be made in due course of time through bank transfer only asper above request. We also confirm that the account details provided by us under the S. No. 8 & 9 are correct and IGDTUW will not be liable for any wrong transfer of amount on account of incorrect bank information provided by us.

(Signature of Parent/Guardian)

Date:

(Signature of Student)

Date:

**Compulsory Encl.:**

1. Admission Slip issued at the time of Admission/Counselling in ORIGINAL
2. Cancelled Cheque of CBS Bank branch, showing the detail of full bank A/cNo.;IFSCcode; beneficiary name etc. must be attached by the concerned student along with the Withdrawal Form.

**Note:**

Refund amount will directly be transferred in the bank account submitted by the student through electronic mode (ECS/RTGS/ NEFT). Therefore, student must ensure to provide correct details under S.No. 8 & 9 and the required enclosures. University will not be liable for any wrong transfer of amount on account of incorrect bank information provided by the student.