GGSIPU/USFIS/2025/   Date: 17ᵗʰ July 2025

NOTICE

Schedule for document submission (through electronic system) for Post Graduate Diploma in Fire & Life Safety Audit (programme code 173) during Session 2025-26

Last Date to submit documents	Time	S. No. of Candidates
21ˢᵗ July 2025	5:00 PM	All Candidates as per the *list attached*

The candidates need to upload the below-mentioned documents to the Google form link https://forms.gle/LxHGbxDVejHNVRPx6 by 5 PM on 21ˢᵗ July 2025.

1. Admission Verification Form *(Format attached)*
2. Provisional Certificate/ Degree/ Marksheet
3. NoC from present employer and Professional Experience Certificate, if applicable
4. Character Certificate
5. Reservation Certificate: Candidates wish to claim seat in Reserve Category may please refer in the Chapter 6: Reservation Policy of the Admission Brochure 2025-26.
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 Post Graduate Diploma in Fire & Life Safety Audit (programme code 173). Counselling/ admission for the seats shall be stopped as and when seats are filled up.

2. For seeking admission in PGD (Fire & Life Safety Audit) Programme, eligibility criteria mentioned in Admission Brochure 2025-26 may be referred, available at **www.ipu.ac.in**.
For any query, please contact the undersigned.

(Prof. Gagan Deep Sharma)
Project Incharge, USFIS

Copy for information and necessary arrangement to
1. Controller of Finance, GGSIP University
2. Incharge (Admission), GGSIP University

List of candidates

S.no	Name	Application no
	PGDFLSA 2025-26	
1	Jithu Mathew	173251000001
2	Harshit Gaur	173251000002
3	Sachin	173251000004
4	Vishal	173251000003
5	Sukhdev Singh	173251000005
6	Vivek Saini	173251000008
7	Satpal	173251000007
8	Satbir Singh Dahiya	173251000011
9	Pawan Singh	173251000012
10	Jaskaran Singh	173251000014
11	Bimlesh Kumar	173251000018
12	Rupesh Abhishek	173251000019
13	Chander Mohan Sachdeva	173251000020
14	Mohit Pahal	173251000015
15	Adarsh Kumar	173251000017
16	Bhati Digvijay Singh	173251000079
17	Insan Kameel Pk	173251000025
18	Avirup Mukherjee	173251000040
19	Tarun Kumar Arora	173251000036
20	Varun Arora	173251000028
21	Abhoy Das	173251000074
22	Gaurav Yadav	173251000087
23	Chaitanya Gautam	173251000089
24	Lalit Bhardwaj	173251000086
25	Supratik Narawara	173251000116
26	Manushka Manu	173251000115
27	Palak Sabharwal	173251000147
28	Pradeep Dahiya	173251000149
29	Vansh Paruthi	173251000159
30	Yakshit Bansal	173251000085
31	Anvi Dagur	173251000056
32	Satbir Singh Dahiya	173251000049
33	Aayushi Sisodiya	173251000071
34	Bhoomi Gupta	173251000066

35	Nikhil Baswal	173251000067
36	Harsh Jain	173251000107
37	Ankit Tyagi	173251000154
38	Soham	173251000163
39	Rakesh	173251000168
40	Sagar Kumar Jha	173251000171
41	Pradeep	173251000176

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)

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.

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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 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) 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 _____