



CENTRE FOR DISASTER MANAGEMENT STUDIES
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR 16 C, DWARKA, NEW DELHI-110078

GGSIU/CDMS/2020/4429

Date : 24.08.2020

NOTIFICATION

Schedule for Personal Interview and Document Verification of Candidates applied for
Post Graduate Diploma: Fire and Life Safety Audit for Session 2020-21

TEST CODE - 173

Venue of Counselling : - Centre for Disaster Management Studies,
Room No. 106, 107, E- Block,
Guru Gobind Singh Indraprastha University,
Sector- 16 C, Dwarka, New Delhi -110078

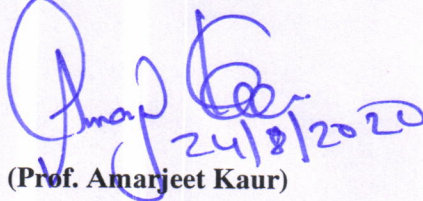
Dates	Time	S. No. of Candidates
01/09/2020	10.00 AM onwards	1-25
02/09/2020	10.00 AM onwards	26 – onwards

Documents required at the time of Verification:-

1. Admission Verification Form (Format attached)
2. Provisional Certificate/ Degree/ Marksheet (Xerox copy and original for verification)
3. NOC from present employer and Professional Experience Certificate (Xerox Copy and Original for Verification)
4. Reservation Certificate
 - A. The Reserve Category (SC/ ST) candidates has to bring SC/ ST certificate issued from respective State/ Region to claim seat and for relaxation of marks in the qualifying examination, if any, as per reservation policy of the University;
 - B. The provision for reservation in OBC category is not applicable for Post Graduation/ Master Level Programmes. However, the OBC category candidates may claim seat in General Category, as per their respective regions.
 - C. For clarification on reservation policy, candidates may please refer in the Chapter VI: Reservation Policy respective of Part A, Admission Brochure 2020-21.
5. Medical Certificate: Certificate of medical fitness, signed by a Registered Medical Practitioner holding a medical degree in the format as given in Appendix – 6 (Original) of Admission Brochure Part B – 2020-21 (attached).

- Note: 1. Detailed list of shortlisted applicants for interview is enclosed.
2. The original documents (Except Medical Certificate) shall be returned to the candidates after verification and the candidates shall be required to submit self attested photocopy of such documents.
 3. For seeking admission in Post Graduate Diploma: Fire & Life Safety Audit programme, eligibility criteria mentioned in Admission Brochure 2020-21 may be referred.
 4. If any student wishes to appear for online interview instead of personal appearance as per schedule given above due to any type of unavoidable circumstances, he/ she may contact Director, CDMS.

For any query, please contact, Office of Director CDMS, GGSIPU
Contact Number: 011-25302782-83 (Office), +91-9810479919 (Mobile)
Email: director.cdms@ipu.ac.in, amarjeet_ip@yahoo.com


(Prof. Amarjeet Kaur)
Director CDMS

S. No.	Applicant Name	Fathers Name	Mothers Name	Applicant DOB (dd/ MMM/yyyy)	Gender	Category
PGDFLSA/ 01	SUNIL KUMAR SINGH BHADAURIA	SHIVNANDAN SINGH BHADAURIA	NIRMALA BHADAURIA	07/Jul/1980	Male	UR
PGDFLSA/ 02	ATASHBAJIWALA SAMIRAHMED IMTIYAZ	IMTIYAZAHMED ATASHBAJIWALA	MEHMUDABANU	02/Apr/1988	Male	UR
PGDFLSA/ 03	ZILE SINGH LAKRA	JAI NARAIN LAKRA	PREM KUMARI	29/Nov/1974	Male	UR
PGDFLSA/ 04	PIYUSH SHAMI	D K SHAMI	SHARDA SHAMI	29/Jan/1993	Male	UR
PGDFLSA/ 05	RAHUL DAHIYA	SATISH KUMAR	BIMLA DEVI	24/May/1998	Male	UR
PGDFLSA/ 06	PRATYUSH NIRBAN	YESHVEER SINGH	ANITA YADAV	04/Mar/1999	Male	OBC(NCL)
PGDFLSA/ 07	ASHISH	NARESH	ANITA	04/Sep/1998	Male	UR
PGDFLSA/ 08	DEVENDRA KUMAR SHAMI	SH KARANSINGH	SMT RAMDEVI	10/Apr/1962	Male	UR
PGDFLSA/ 09	AMIT KUMAR BHARDWAJ	SUDAMA SHARMA	KAMLESH SHARMA	29/Mar/1987	Male	UR
PGDFLSA/ 10	CHAUDHARI NALINKUMAR REVABHAI	REVABHAI	DAHIBEN	13/Jun/1985	Male	OBC(NCL)
PGDFLSA/ 11	CHANDRA SHEKHAR	V B YADAV	KAMLA YADAV	20/Sep/1996	Male	OBC(NCL)
PGDFLSA/ 12	ARUN KADIAN	VIRENDER KUMAR	RENU	04/Apr/1996	Male	UR
PGDFLSA/ 13	LALIT GABHANE	LATE SHRI. R. G. GABHANE	LATE SMT. SUNANDA GABHANE	07/Jun/1964	Male	UR

S. No.	Applicant Name	Fathers Name	Mothers Name	Applicant DOB (dd/ MMM/yyyy)	Gender	Category
PGDFLSA/ 14	RAKESH KUMAR MEENA	JAGDISH PRASAD MEENA	MANNI DEVI	09/Jun/1984	Male	ST
PGDFLSA/ 15	SHIVAM CHAUHAN	BIJENDER CHAUHAN	RAJESH DEVI	31/Oct/1995	Male	UR
PGDFLSA/ 16	DHOTRE NANDU CHAUDAPPA	CHAUDAPPA DHOTRE	SUNDRABAI DHOTRE	02/May/1972	Male	SC
PGDFLSA/ 17	PARMOD SHARMA	BALJIT SHARMA	KRISHNA SHARMA	18/Jul/1981	Male	UR
PGDFLSA/ 18	LOVESH SHAMI	DEVENDRA KUMAR SHAMI	SHARDA SHAMI	16/Mar/1994	Male	UR
PGDFLSA/ 19	SANTOKH SINGH	CHHAJJU RAM	RUKMAN	05/Feb/1956	Male	SC
PGDFLSA/ 20	ASHISH	NARESH KUMAR	ANITA	04/Sep/1998	Male	UR
PGDFLSA/ 21	SHIV PRATAP SINGH	UJAGAR SINGH	LEELAWATI	01/Jan/1976	Male	UR
PGDFLSA/ 22	MAYANKA DADU	LOKESH DADOO	RITU DADOO	15/Dec/1995	Male	UR
PGDFLSA/ 23	ANKIT RAI	DEEPAK RAI	ANEETA RAI	01/Dec/1993	Male	UR
PGDFLSA/ 24	NAVNEET KADYAN	SATYAPAL SINGH KADYAN	INDU KADYAN	23/Oct/1990	Male	UR
PGDFLSA/ 25	AKASH CHAUDHARY	UMESH CHAUDHARY	SAROJ CHAUDHARY	08/Feb/1992	Male	UR
PGDFLSA/ 26	SONIA SHARMA	RAJ KUMAR SHARMA	GAYATRI DEVI	03/May/1987	Female	UR

S. No.	Applicant Name	Fathers Name	Mothers Name	Applicant DOB (dd/ MMM/yyyy)	Gender	Category
PGDFLSA/ 27	SHAIKH MAHABOOB ALI IMAM	IMAM	MARIYAM	25/Sep/1990	Male	UR
PGDFLSA/ 28	PRABODH PANDEY	S N PANDEY	SAROJ PANDEY	10/Sep/1984	Male	UR
PGDFLSA/ 29	HARISH DIWAKAR	S L DIWAKAR	R B DIWAKAR	02/Jul/1977	Male	UR
PGDFLSA/ 30	MUNISH KUMAR	DHARAM PAL	BIMLA DEVI	23/Sep/1984	Male	UR
PGDFLSA/ 31	TARUN KUMAR KHATKAR	SH HAWA SINGH KHATKAR	SMT NORANGI DEVI	04/Aug/1982	Male	UR
PGDFLSA/ 32	BRAJESH CHANDRA MISHRA	LATE SRI RAM CHANDRA MISHRA	LATE SMT. SAVITRI MISHRA	02/Jul/1973	Male	UR
PGDFLSA/ 33	KRISHAN MURARI GOYAL	KEDAR MAL GOYAL	NIRMALA GOYAL	26/Jun/1979	Male	UR
PGDFLSA/ 34	LOKENDRA SINGH BHADAURIA	HARINDRA SINGH BHADAURIA	NIRMALA DEVI	13/Jan/1984	Male	UR
PGDFLSA/ 35	SAHIL CHAUDHARY	HARBANS LAL	ANUPAMA KUMARI	05/Jun/1996	Male	OBC(NCL)
PGDFLSA/ 36	SAKSHAM SARTHAK TANWAR	ASHOK KUMAR TANWAR	MAMTA TANWAR	27/Dec/1995	Male	OBC(NCL)
PGDFLSA/ 37	GHANSHYAM DUBEY	PRABHU NATH DUBEY	GYANTI DEVI	09/Sep/1997	Male	UR
PGDFLSA/ 38	RANVIR SINGH	SOHANPAL	KAMLESH	03/May/1992	Male	UR
PGDFLSA/ 39	SHANID ANSARI	SHAHID ANSARI	NAGMA BEGUM	15/Sep/1996	Male	OBC(NCL)

S. No.	Applicant Name	Fathers Name	Mothers Name	Applicant DOB (dd/ MMM/yyyy)	Gender	Category
PGDFLSA/ 40	VARUN BHARDWAJ	VIJAY PAL BHARDWAJ	ANITA SHARMA	30/May/1991	Male	UR
PGDFLSA/ 41	SWASTIK BIPIN JADEJA	BIPIN	MANJUSHREE	29/Oct/1985	Male	UR
PGDFLSA/ 42	YASHANK MANN	JAGDISH MANN	MANJU MANN	16/Dec/1990	Male	UR
PGDFLSA/ 43	DEEPANSHU MEHLAWAT	MUKESH MEHLAWAT	BABITA DEVI	04/Jun/1995	Male	UR
PGDFLSA/ 44	RAJAT SHARMA	AJAY SHARMA	MANJULA SHARMA	12/Sep/1991	Male	UR
PGDFLSA/ 45	RAHUL SHARMA	P K SHARMA	PREETI RANI	27/Jun/1993	Male	UR
PGDFLSA/ 46	SUSHANT KUMAR	RAKESH KUMAR	MURTI DEVI	20/Jan/1993	Male	UR
PGDFLSA/ 47	ASHISH DALAL	BIJENDER SINGH	BABITA	31/Dec/1996	Male	UR
PGDFLSA/ 48	ANKUR SAINI	ASHOK SAINI	ANITA SAINI	12/Jan/1992	Male	UR
PGDFLSA/ 49	OM BIPIN JADEJA	BIPIN	MANJUSHRI	28/Jul/1984	Male	UR
PGDFLSA/ 50	AJAY KUMAR SHARMA	ANAND PRAKASH SHARMA	BIMLA SHARMA	06/Mar/1956	Male	UR



Guru Gobind Singh Indraprastha University
Sector 16 C, Dwarka, New Delhi - 110078

**ADMISSION VERIFICATION FORM FOR THE
ACADEMIC SESSION 2020-21
(FOR ENGINEERING, B. ARCH & PROFESSIONAL PROGRAMMES)**

Photograph
duly attested by
the officer who
has certified
this certificate

Name of Candidate: (Mr/Miss/Mrs) _____
Address: _____

PIN Code _____ Tele. No. (with STD code) _____ Mobile No. _____

Email: _____

Minority Community (If applicable) _____ (Sikh / Muslim / Jain / Christian) CET Roll No. _____
Category (SC / ST / OBC / Def / PH / Kashmiri Migrant) _____ CET Rank _____

1. School / College location of qualifying examination _____ (Delhi / Outside Delhi)

2. Date of Birth _____ Age as on 1-8-2020: 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 _____

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 / PH / Defence / Kashmiri Migrants / Minority Community (Attach photocopy) :

10. Character Certificate (Attach photocopy) _____

11. Medical Certificate (Attach Original) _____

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) NATA/GATE Score _____

(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. _____



Guru Gobind Singh Indraprastha University
Sector 16 C, Dwarka, New Delhi - 110078

Photograph
duly attested by
the officer who
has certified
this certificate

MEDICAL CERTIFICATE**
(FOR THE ACADEMIC SESSION 2020-21)
(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.

Note : Use photocopy of this Form