



**CENTRE OF EXCELLENCE IN DISASTER MANAGEMENT
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR 16 C, DWARKA, NEW DELHI-110078**

(A State University Established by the Government of NCT of Delhi)

Email: director.cdms@ipu.ac.in; 011-25302782-83 (Office), +91 9810479919 (Mobile)



GGSIU/CEDM/2024/ 408

Date: 23/08.07.2024

NOTICE

Schedule for Online 2nd Counselling followed by Spot Round w.r.t. document submission (through Google form) for MBA (Disaster Management) Weekend Programme (CET Code 186) during Session 2024-25

Dates	Time	S. No. of Candidates
25/07/2024 (2 nd Counselling)	10.00 AM to 12.00 PM	S. No. 1 onwards
25/07/2024 (Spot Round)	12.00 PM onwards	S. No. 1 onwards

Information & Documents required to be get prepared/ submitted, if yet not submitted:

<https://forms.gle/cKvJskUsFCvKCh226>

1. Admission Verification Form
2. Fee of Rs. 97000/- (Including Counselling Participation Fee of Rs. 1000/-) (Detailed Fee Structure enclosed):

Name of Account Holder : Registrar, Guru Gobind Singh Indraprastha University
Bank Name : Indian Bank
Banker's Branch Address : GGSIPU, Dwarka, Sector 16-C, Delhi – 110 078
Banker NEFT Code : IDIB000G082
Bank Account No. : 927860555
MICR Code : 110019071

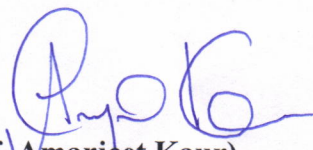
After depositing the fee, the applicant will be supposed to submit the fee receipt at the email of Director, CEDM, failing which the admission may be cancelled and seat may be allotted to next candidate in merit.

3. Provisional Certificate/ Degree/ Marksheet
4. NOC from present employer and Professional Experience Certificate
5. Character Certificate
6. Reservation Certificate: Candidates wish to claim seat in Reserve Category may please refer in the Chapter 6: Reservation Policy of the Admission Brochure 2024-25.
7. Medical Certificate: Certificate of medical fitness, signed by a Registered Medical Practitioner holding a medical degree (Format attached).

Note

1. Merit list along with seat Matrix of shortlisted applicants for Counselling is enclosed.
2. Allotment of seats will be done in order of merit/ rank as per seat intake/ seat matrix of MBA (Disaster Management) Weekend Programme. Counselling/ admission for the seats reserved for any region/ category shall be stopped as and when seats in such category/ region are filled up.
3. For seeking admission in MBA (Disaster Management) Weekend programme, eligibility criteria mentioned in Admission Brochure 2024-25 may be referred, available at **www.ipu.ac.in**.

For any query, please contact, Office of Director CEDM, GGSIPU


(Prof. Amarjeet Kaur)
Director CEDM

Copy for information and necessary arrangement to

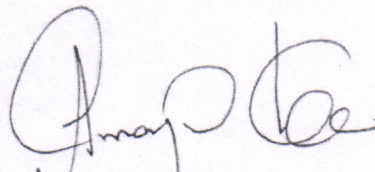
1. Controller of Finance, GGSIP University
2. Director - Incharge (Academic) , GGSIP University

**Merit List for admission in MBA (Disaster Manatgement) Weekend Programme - CET Code 186 for Academic Session 2024-25 after
interview on 12.06.2024 & 08.07.2024**

M. No.	Application Number	Name	Fathers Name	Mothers Name	Category	Region
1	186241000224	Trisha Routh	Mr. Bapi Routh	Mrs. Memon Routh	General	Outside Delhi
2	186241000027	Pawan Kumar	Sh. Mani Ram	Mrs. Savitri Devi	Already admitted in 1st Counselling	
3	186241000010	Sandeep Kumar Rana	Late Shri A. S. Rana	Mrs. Omkali	Already admitted in 1st Counselling	
4	186241000016	Sanjeev Kumar Shahi	Mr Sarveshwar Prasad Shahi	Mrs. Sushila Shahi	Already admitted in 1st Counselling	
5	186241000036	Ankita Snehil	Mr. Ajay Kumar	Mrs. Sarita Singh	General	Delhi (NCT)
6	186241000013	Mayank Mishra	Mr. Dinesh Kumar Mishra	Mrs. Sangita Mishra	Already admitted in 1st Counselling	
7	186241000029	Amit Kumar	Mr. Om Prakash	Mrs. Usha Rani	Schedule Caste (SC)	Delhi (NCT)
8	186241000020	Kartik Rohtela	Mr. Tej Prakash	Mrs. Tara Wati	General	Delhi (NCT)
9	186241000043	Gaurav Dahiya	Mr. Rajender Dahiya	Mrs. Renuka Dahiya	Already admitted in 1st Counselling	
10	186241000008	Jeswin Joy	Mr. Joy T. James	Mrs. Annie Joy	Already admitted in 1st Counselling	
11	186241000015	Amit Khanna	Mr. K L Khanna	Mrs. Raj Khanna	General	Delhi (NCT)
12	186241000160	Sahil Goyal	Mr. V. K. Goyal	Mrs. Veena Goyal	General	Delhi (NCT)
* Subject to Verification of Documents						



S. No.	PROGRAMME NAME	CET Code	Admission Through	ELIGIBILITY CRITERIA & ADMISSION CRITERIA
	MBA(Disaster Management) – MBA-DM	186	No CET	<p>Eligibility Criteria:</p> <ol style="list-style-type: none"> 1. Graduate or Equivalent in any subject with minimum 50% Marks in Aggregate. 2. At Least one year Professional Experience <p>Admission Criteria:</p> <ol style="list-style-type: none"> 1. Percentage of marks secured in the qualifying examination on a 100 point scale. 2. One marks each for an additional year of relevant experience put up to a maximum of 15 additional marks. 3. Personal Interview marks on a 25 point scale. 4. The final merit list shall be prepared on the basis of marks earned by the each candidate out of 140 comprising percentage of marks obtained in eligibility qualification, experience and marks obtained in personal interview.


 (Prof. Amarjeet Kaur)
 Director CEDM

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

F. No. IPU-7/ACADEMIC/Fee Structure/USS/2024-25/ 455

Dated: - 21/06/2024

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NOTIFICATION

The Competent Authority of GGSIP University has approved the following fee structure for MBA (Disaster Management) Weekend Programme (of 2 Years Duration) offered at CEDM for Academic Session 2024-25:

Fee Structure for MBA (Disaster Management) Weekend Programme (of Two years Duration) at CEDM		
Particular	Fee in A.Y. 2024-25	Fee in A.Y. 2025-26
Tuition Fee University (Per Annum)	60500	66550
University Charges (Per Annum)	20000	20000
Examination Fee per student (Per Annum)	3000	3000
Innovation & Incubation Fee (Per Annum)	500	500
Development and Infrastructural Charges (Per Annum)	10000	10000
Alumni Contribution Fund (One Time Payment)	2000	0
Total	96000	100050

This is for information of all stakeholders/concerned.

(Prof. Udayan Ghose)
Director In-charge (Academic)

Copy to: -

1. Dean, CEDM, GGSIP University.
2. Controller of Finance, GGSIP University – for information please.
3. AR to VC Sectt. – for kind information of Hon'ble Vice-Chancellor, GGSIP University.
4. AR to Registrar – for kind information of Registrar, GGSIP University.
5. UITS, GGSIP University to upload on the University website.
6. Guard File.

(Dr. Vijay Kumar)
Deputy Registrar (Academic)

GGSIPU/CDMS/2024
Diary No. 278
Date 24/06/2024



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
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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 _____

University Enrolment No. _____

Note: Use Photocopy of this form

- ii) Submission of false Undertaking is punishable offence. If it is found at any stage that false Undertaking was submitted, admission shall be cancelled and legal proceedings shall be initiated, for which candidate/parent/guardian shall be responsible.

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.

Note : Use photocopy of this Form

Seat Matrix MBA (DM) for A.S. 2024-25

USS	Program Name	Intake	Total Intake after increasing 25% to cater 10% EWS	DGEN	DGEN PH	DGEN DEF	DSC	DSC PH	DSC DEF	DST	DST PH	DST DEF	DEWS	ODGEN	ODGEN PH	ODGEN DEF	ODSC	ODSC PH	ODSC DEF	ODST	ODST PH	ODST DEF	ODEWS
CEDM	MBA (DM)	60	75	40	2	2	8	1	1	5	0	0	5	7	0	0	2	0	0	1	0	0	1

Suman
24/6/24