

Ref: GGSIPU/USLLS/2025/ 4977

Date: 13.08.2025

NOTICE FOR PHYSICAL REPORTING AT USLLS FOR LLM (REGULAR) PROG.
ACADEMIC YEAR 2025-26.

(BALLB & BBALLB)

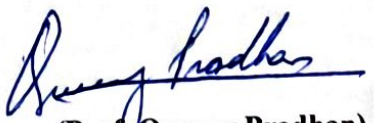
This is in continuation to the University Notice No: GGSIPU/Academic/2025-26/1112 dated 08.08.2025. In this regard, the Candidates who have been allotted seat in **BA LL.B & BBA LL.B** programme, offered at University School of Law and Legal Studies are to report physically from 21st to 22nd August, 2025 between 10.00 A.M. to 4.00 P.M C- Block, GGSIP University, Sector- 16-C, Dwarka, New Delhi- 110078

DATE & DAY	TIMINGS	PROGRAMME & VENUE
21-08-2025 (THURSDAY)	10.00 A.M. TO 4. P.M	<u>BALLB</u> ROOM NO- 413 C- BLOCK, UNIVERSITY SCHOOL OF LAW & LEGAL STUDIES , GGSIPU, DWARKA
		<u>BBALLB</u> ROOM NO- 413 C- BLOCK, UNIVERSITY SCHOOL OF LAW & LEGAL STUDIES , GGSIPU, DWARKA
22-08-2025 (FRIDAY)	10.00 A.M. TO 4.00 P.M	<u>BALLB</u> ROOM NO- 413 C- BLOCK, UNIVERSITY SCHOOL OF LAW & LEGAL STUDIES , GGSIPU, DWARKA
		<u>BBALLB</u> ROOM NO- 413 C- BLOCK, UNIVERSITY SCHOOL OF LAW & LEGAL STUDIES , GGSIPU, DWARKA



The candidates should report on the given date and time with the following documents:

1. Balance fees of Rs 71,500/- to be paid in the form of Demand Draft on the name Registrar, GGSIPU payable at New Delhi or through online mode during the time of reporting.
2. Six passport size photographs of student & One passport size photographs of parents.
3. Online Registration form 2025.
4. Proof of payment of Part Academic Fee payment receipt of Rs. 96,000/.
5. CET Rank Card/ Merit Order and CET Admit Card 2025.
6. Seat Allotment Letter.
7. NLT Score/ Rank Card and NLT Admit Card 2025.
8. Proof of date of birth (Secondary School Mark- sheet & Certificate) (Original and Photocopy).
9. Mark- sheets/ Certificates of qualifying examination.
10. The candidate will be required to bring the Original certificates/ 10th & 12th Mark- sheets in original along with photocopy of certificates. (self attested photocopy)
11. For Distance/ Open Learning Cases: In case of students who have passed the qualifying examination through distance/ open education system of any recognized University/Board/ Institution, the necessary documentary evidence related to location of his/ her study centre i.e study centre proof, certificate from the University imparting open/ distance education certifying the location of the study centre to be submitted.
12. Copy of online Reserved Categories verification slip.
13. Reserved Category Certificate: All reservation category candidates who are seeking admission in reserved category in SC/ST/DEF/PWD must bring their reservation certificate in original along with the self attested photocopy of the certificate for claiming seat against the reserved category. The defense category candidates, in addition to all the documents shall also bring appendix 1 duly completed as detailed above para.
14. Conduct and Character certificate in original from head of the institution from where the qualifying examination has been passed or from Gazetted officer in original not more than 6 months old.
15. Medical Certificate in original.
16. Photo copy of Aadhar Card
17. Printout Verification form (Appendix-6), Anti- Ragging form (Appendix- 7 &8), Personal Details form (All forms attached enclosed).


(Prof. Queeny Pradhan)
Dean, USLSN

University School of Law And Legal Studies
Guru Gobind Singh Indraprastha University
Sector-16C, Dwarka, New Delhi-110078

Copy to:

1. Head UITS, please upload the notice on University Website.
2. Notice Board
3. Guard file



Appendix 6

**ADMISSION VERIFICATION FORM FOR THE
ACADEMIC SESSION 2025-26**

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 1-8-2025: 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



Guru Gobind Singh Indraprastha University
"A State University Established by the Govt. of NCT of Delhi"
Accredited as NAAC A++ Grade



Appendix 11(A)

PREFERENCE SHEET FOR THE ACADEMIC SESSION 2025-26

Name of the Programme: _____

Name: Mr/Ms/Mrs. _____

Address: _____

_____ PIN: _____

Telephone No. (with STD Code): _____ Mob: _____

E-mail Address: _____ NLT/CET/CUET Application No.. _____

Category: _____ Region _____

Give preference in order of your Priority:

S. No.	Name of the College/Institute	Programme/Branch
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____

Date : _____

(Signature of the Candidate)

(Counter Signature of Parent/Guardian)

Note : The preference sheet is valid only for one particular counselling not for all round of counselling & waiting list. The Candidate will fill up separate preference sheet in separate counselling.



Appendix 7

UNDERTAKING BY THE STUDENT WITH RESPECT TO ANTI RAGGING

- 1) I, _____ S/D of Mr./ Mrs. /Ms. _____, having been admitted to Programme/Stream _____ at (Institute/College) _____ have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
- a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
- Declared this ____ day of _____ month of ____ year.

Signature of deponent

Name:

Address:

Telephone/Mobile No.

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on this the ____ of ____.

Signature of deponent



Appendix 8

UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING

I, Mr./Mrs./Ms. _____ (full name of parent/guardian)
father/mother/guardian of, (full name of student with admission/registration/enrolment number), having been admitted
to _____ (name of the institution), have received a copy of the UGC

Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the
"Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

3) I have also, in particular, perused clause 5 and clause 6.1 of the Regulations and am fully aware of the penal and
administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging,
actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly aver and undertake that

a) My ward will not indulge in any behave our or act that may be constituted as ragging under clause 3 of the
Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may
be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or
any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on
account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in
case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this ____ day of _____ month of ____ year.

Signature of deponent

Name:

Address:

Telephone/Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and
nothing has been concealed or misstated therein.

Verified at _____ on this the ____ of _____, _____.

Signature of deponent



Appendix 5

MEDICAL CERTIFICATE
(FOR THE ACADEMIC SESSION 2025-26)
(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

PERSONAL DETAILS FORM ACADEMIC SESSION 2025-2026

FATHER PHOTO PASTE	MOTHER PHOTO PASTE	STUDENT PHOTO PASTE
--------------------	--------------------	---------------------

1. University Enrollment No _____

2. Name of the Student (IN CAPTIAL LETTER) _____

3. Students Phone No _____

4. Students Email ID (IN CAPTIAL LETTER) _____

5. Date of Birth
(As per matriculation
Certificate)

DD (Day)

MM (Month)

YYYY (Year)

6. Gender (Male / Female) _____

7. Father's Name (IN CAPTIAL LETTER) _____

8. Occupation with Official Address _____

Contact No (Office) _____ Mobile No _____

9. Father's Email ID (IN CAPTIAL LETTER) _____

10. Mother's Name (IN CAPTIAL LETTER) _____

11. Occupation with Official Address _____

Contact No (Office) _____

Mobile No _____

Mother's Email ID (IN CAPTIAL LETTER) _____

12. Present Address _____

13. Permanent Address _____

14. Admission Category _____
(ODG/DG/ODSC/DSC/ODST/DST/PH.DEFENCE/J&K)

15. Percentage of Marks at 10+2 level _____

16. Disability if any (Certificate enclosed) _____

17. Aadhar No. & Copy Enclosed _____

I hereby declare that all the information is given by me true and correct to the best of my knowledge and belief.

Mother's Signature & Date	Father's Signature & Date	Student's Signature & Date