

Guru Gobind Singh Indraprastha University Sector 16-C, Dwarka, New Delhi-110078, Website: <u>www.ipu.ac.in</u>

EXAMINATION DIVISION

A.D. Lamba Deputy Registrar *Ph.:* 011-25302261 *E-mail:* <u>examconduct2@gmail.com</u>

Ref. No.: GGSIPU/Exam/IC-II/

Dated: 18.10.2016

NOTICE

Sub.: <u>Schedule for collection & submission of Registration Chart(s) for BBA</u> (General, B&I, CAM, T&TM, & MOM), BHMCT, MCA, MCA (Dual Degree), MCA (Lateral Entry), BCA, B. Com. (Hons.), and B. Ed. Programmes of all the Affiliated Institutes/Colleges for End Term November-December, 2016 Examination.

All the Affiliated Institutes/Colleges conducting **BBA** (General, B&I, CAM, T&TM, & MOM), BHMCT, MCA, MCA (Dual Degree), MCA (Lateral Entry), BCA, B. Com. (Hons.), and B. Ed. Programmes Programmes are hereby informed that the Registration Charts (RCs) for the End Term November-December, 2016 Examination (Regular & Reappear) have been processed. All Affiliated Institutes/Colleges are hereby directed to collect the RCs from Conduct Branch-II, Examination Division, Sector 16-C, Dwarka, New Delhi-110078 on **19.10.2016 (Wednesday) at 11:00 AM onwards.** These RCs duly checked & signed by the Students and verified by the Principal / Director of the respective Institutes/ Colleges are to be submitted back along with reappear fees to the Conduct Branch-II, Examination Division, Dwarka Campus by **27.10.2016 (Thursday) by 03:00 PM positively.** All are requested to kindly go through the Covering Letter/Instructions attached with the RCs. The Cover page of RCs duly signed and stamped by Directors/Principals is required to be submitted while returning the filled in RCs.

Director/Principal should ensure that no ineligible students be allowed for sign the Registration Charts under any circumstances.

All the Affiliated Institutes/Colleges are also requested to submit a single Bank Draft/Demand Draft. In case of more than one DD, the same should be provided in the format given below in Soft and Hard Copy:

S. No. Name Code Enl. No. Semester Batch Name of Bank DD No. MICR Code Date Amount

(A.D. Lamba)

Copy to:

1. Finance Officer-II, GGSIPU.

2. PS to COE for kind information of Controller of Examinations (Operations) please.