IMPORTANT INSTRUCTIONS FOR MCA ADMISSIONS 2023-24 COUNSELING

- The venue for the document verification is: SEMINAR HALL, 1st FLOOR ADMINISTRATIVE BLOCK, Indira Gandhi Delhi Technical University for Women, Kashmere Gate, Delhi-110006
- 2. Candidates are required to produce all the original certificates and testimonials in support of their candidature at the time of document verification. Two sets of self-attested photocopies of all the certificates along with 4 passport size photographs are also required at the time of document verification.
- 3. Following is the list of essential documents required for the counselling:
 - a) 10th Class Certificate (for Date of Birth Proof)
 - b) 12th Class Certificate
 - c) 12th Class Marksheet
 - d) Consolidated Marksheet for Graduation degree and mark sheets of all years/semesters for Graduation degree.
 - e) Graduation Degree/Provisional Certificate.
 - f) Consolidated Mark sheet for Post Graduation Degree and mark sheets of all years/semesters for Post Graduation degree (if applicable).
 - g) Caste Certificate for SC/ST/OBC-NCL/KM/PWD/CW/EWS if applicable. Candidates belonging to OBC-NCL and EWS will be required to submit the certificates issued on or later than 1st April 2023.
 - h) ID Proof/ Aadhar Card/ Driving Licence/ Voter ID/ PAN Card
 - i) Proof of CGPA/CPI conversion to percentage
 - j) Medical Fitness Certificate (Annexure "H" as per the admission brochure).
 - k) Candidates who are appearing in their final semester/ final year examination (i.e. their qualifying degree result is awaited), have to fill the undertaking from Annexure "E" given in the admission brochure.
 - 1) An affidavit in case of change of name (if applicable).
 - m) 4 passport size latest coloured photographs.
- 4. Candidate will be eligible for final seat allotment subject to the following conditions:
- i) Verification of all the documents at the time of counseling and fulfilling of the eligibility criteria.
- ii) Availability of seat in the required field.
- 5. Admission may be cancelled even after seat allotment and submission of fee if any data/document provided by the applicant is found to be incorrect.
- 6. Please visit the University website <u>www.igdtuw.ac.in</u> regularly for updates, and keep checking emails from <u>mcaadmissions@igdtuw.ac.in</u>.
- 7. To be called for Counseling does not guarantee admission. The admission will be done strictly as per guidelines given in the IGDTUW Admission Brochure 2023-24 norms of university.
- 8. If the candidate does not report at the scheduled reporting time, her name will be deleted from the merit list and she will not be entitled for admission in MCA program.
- 9. If a shortlisted candidate does not attend the first Counselling she will have no claim on the seat already allotted to the candidate in the first round of Counselling.

"KINDLY FOLLOW COVID APPROPRIATE BEHAVIOUR"

INSTRUCTIONS FOR APPLICANTS WHOSE FINAL RESULT OF QUALIFYING DEGREE IS AWAITED

Candidates, whose final result is awaited, need to submit their final result in university on or before 30/09/2023, failing which their admission shall stand cancelled and the fees shall be forfeited by the university.

<u>CHECKLIST</u> (Documents Required at the Time of Admission)

S.No.	Tick	Particulars
1		Printout of PDF of application form generated at the time of applying
2		Receipt of application Fee of Rs. 1000/-
3		Four passport size colored photographs
4		Original and self-attested copy of Identity Proof
5		Fees in the form of Demand Draft of Rs. 1,22,000/- (this includes Rs. 5000 as security
		deposit (refundable) and one time Alumni fee of Rs. 2000) in favour of "REGISTRAR,
		IGDTUW STUDENT FEE S/B ACCOUNT " payable at Delhi/New Delhi.
6		Original and self-attested copy of Class 10 th Certificate
7		Original and self-attested copy of Class 12 th Marksheet and Certificate
8		Original and self-attested copy of mark sheets of all years/semesters and consolidated
		marksheet of Qualifying degree
9		Graduation Degree/Provisional Certificate
10		Proof of CGPA /SGPA conversion to Percentage (if applicable).
11		Original and self-attested copy for the category certificate (as applicable for SC/ST/OBC-
		NCL/KM/PWD/CW/EWS).
		Candidates belonging to OBC-NCL and EWS will be required to submit the certificates
		issued on or later than 1 st April 2023.
12		Medical Fitness Certificate (Annexure "H" as per the admission brochure)
13		An affidavit in case of change of name (if applicable)
14		Admit Card of IGDTUW MCA CET Entrance Examination

Applicant's Signature

FORMATS OF DIFFERENT CERTIFICATES

(Annexure - 'A' to Annexure - 'J')

Annexure "A"

Certificate in Respect of Kashmiri Migrant (KM)

CERTIFICATE FOR AVAILING ADMISSION AGAINST KASHMIRI MIGRANT QUOTA

Certified that Km/Smt								
daughter/wife of Shri/								
resident of	is							
registered as migrant from Jammu & Kashmir. The Registration number	r is							
dated								
It is also certified that Km/Smt	_is registered							
in Delhi/	as J & K							
Migrant on								

Name & Signature of Deputy Commissioner/Competent Authority

(Office Stamp)

Place:_____

Date_____

Note: No document other than this will be accepted by the University for claiming reservation against the Kashmiri Migrant Seat.

Annexure "B"

Certificate in Respect of Defence Category (CW)

CERTIFICATE FOR AVAILING ADMISSION AGAINST DEFENCE QUOTA OFFICE OF THE ZILA/RAJYA SAINIK BOARD

This	is to certify that Miss
daug	hter
resid	ent of
	bove named officer/JCO/OR pertains to the category marked below:-
(Sele	ct one from below)
a.	Killed in Action
	onduring
b.	Disabled in Action on and boarded out from
	service on
	duringDied in peace time on
	with death attributable to military service.
с.	Disabled in peace time and boarded out from service with disability attributable
	military service.
d.	Gallantry Award Winner ()
e.	Ex-Serviceman.
f.	Serving Soldier
(Ca	tegoryabove)
Μ	iss daughter of the above named
o	ficer/JCO/OR is eligible for Admission against the Defense quota under priority
	er Ex-Serviceman Widow Identify Card No. is DLH-
0	l
N	O RSB SECRETARY
(F	cound stamp of office) (Zila/Rajya Sainik Board)
	70

Annexure "C"

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No		Da	te			_
VALID FOR	THE YEAR					
1. This is to certify that Shri/S	Smt./Kumari _			S0	n/daugl	nter/wife
of	permanent	reside	ent of			/
Village/Street				Post		Office
Distr	ict		in	the State	/Union	Territory
Pin Code whose photograph	n is attested	below	belongs	to Econo	omically	Weaker
Sections, since the gross ann	ual income of	his/her	family is	below Rs	. 8 lakh	(Rupees
Eight Lakh only) for the finan	cial year					
His/her family does not own o	or possess any	y of the	following	j assets:		
 Residential flat of 1000 s 5 acres of agricultural lat Residential plot of 100 s Residential plot of 200 s municipalities. Shri/Smt./Kumari 	nd and above; q. yards and ab q. yards and ab	oove in n oove in. a	areas othe	er than the	notified	
caste which is not recognized	as a Schedul	ed Cast	e, Schedu	uled Tribe	and Otl	ner
Backward Classes (Central Lis	st)					
Signature with seal of Office_				Rec	ent Pa	ssport
Name					ze atte	
Designation				1.		of the
Note 1: Income covered all s business, profession, etc. Note 2: The term "Family" for person, who seeks benefit of of 18 years as also his/her sp Note 3: The property held by places/cities have been clubb determine EWS status.	or this purpose reservation, h ouse and chile y a "Family" ir	e includ nis/her p dren be n differe	e the barents a low the a ent locatio	nd sibling: ge of 18 yons or diffe	/ears erent	the age

Annexure "D" CERTIFICATE FOR PERSON WITH DISABILITY

To be issued by Medical Board from Government Hospital

Name of the candidate: Ms	Recent
Father's Name:	Passport size attested
Permanent Address:	photograph of the applicant
Percentage loss of earning capacity (in words):	

Whether the candidate is otherwise able to carry on the studies and perform the duties

of an engineer/architect satisfactorily: _____

Name of the disease-causing handicap: _____

Whether handicap is temporary or permanent: _____

Whether handicap is progressive or non-progressive:

The candidate is FIT / UNFIT to pursue further studies.

Principal Medical Officer

Date:_____

Seal of Office

Government of			
(Name & Address o	f the authority	issuing t	he certificate)

NOTE:

Candidate having temporary or progressive handicap will not be considered against these seats.

Annexure "E"

CERTIFICATE FOR APPEARING IN FINAL SEMESTER/YEAR EXAMINATION

(R In	equired from car connectio	ndidates who are to on with	yet to appea the		applicatio		ition) of
Ms				for	admission	to P	G/Ph.D.
prog	rammes at Indir	a Gandhi Delhi T	echnical Uni	versity fo	or Women,	Delhi,	Hereby
certif	y that she is a l	bonafide student	of our instit	ution. Sl	ne is yet to	compl	lete the
requi	rements of quali	fying examination	including Th	eory, pra	ictical proje	ct exan	nination
and	back paper	(s)/supplementar	y(ies) for	B.E/B.T	ech/B.Arch	/M.Sc.	/Others
		which is	s to be sch	eduled la	ater (Strike	out th	ne non-
Appli	cable ones and	write in the blan	k space if t	he degre	e is not m	ention	ed).The
perce	entage of aggreg	jate marks/CGPA	obtained by	her up t	o pre-final	year/se	emester
is		Her conduct a	and characte	er during	her stay at	the Un	niversity
has t	een " GOOD"						
Plac	e :						
Date		S	Signature if Registrar,			-	-
UND	ERTAKING BY	THE CANDIDAT	E REGIST	ERED W	ITHOUT P	RODU	CTION
OF P	ROOF OF PASS	SING THE QULII	YING EXA	MINATI	ON/APPE/	RED]	IN THE
BAC	KPAPER(S) /Sl	JPPLEMENTART	(IES) TILL	DATE O	F REGIST	RATIO	N
Ι							

daughter/ware	d of	Ms							hereby	/ give	an
undertaking	that	Ι	have	appeared	in	all	the	exa	mination	includ	ling
practical(s)/pr	oject/	back	papers/	supplemen	itary(ies)	before	the	date of r	registra	tion
and only the r	esult i	is aw	aited w	hich is likely	to b	e de	clared b	ру			,
Place:											
Date:								Sig	nature o	of Stud	ent
				Name	of St	ude	nt:				
				Addres	ss:						
				Con	tact	no:_					
					73-						

Annexure "F" SELF-DECLARATION/UNDERTAKING BY STUDENT

(Required from candidates who are have not submitted latest OBC-NCL caste certificate)

I, Ms			D/	o:			
Application	Reference	e No_				Mobile	No:
		applied	1	for	PG/Ph.[Э.	Course
					_		for
Session		Year		of	Indira	Gandhi 1	Technical
University for	Women,	Kashmere	Gate, D	elhi-110006	do her	eby under	take the
following:							
4 T. Isaaala		Heat Hea			la lla A	un l'an bland	F C

- I, hereby, declare that, the entries made by me in the Application Form for availing reservation in OBC-NCL category are complete and true to the best of my knowledge and based on records.
- 2. I, hereby, undertake to present the original documents immediately upon demand by the concerned authorities of the University.
- 3. I acknowledge that, the Indira Gandhi Technical University for Women has the authority for taking punitive actions against me for violation and/or non-compliance of the same.
- 4. I, further declare that, my admission may be cancelled, at any stage, if I am found ineligible and/or the information provided by me are found to be incorrect.

Place:_____ Date:_____

Signature of Student

DECLARATION BY PARENT/ GUARDIAN

I______(Mother / Father / Guardian)

hereby fully endorse the above undertaking/declaration given by my child/ward. And I will endeavour to induce my child/ward to do her best to observe the above stated undertaking in words and spirit.

Place:_____

Date:_____

Signature of Mother / Father / Local Guardian

Annexure "G" SELF-DECLARATION/UNDERTAKING BY STUDENT

(Required from candidates who are have not submitted any of the Essential document(s)

I, N	/ls.		D/o:	
)		
for	PG/Ph.D.	Course		for
Session	n	Year	of Indira Gandhi	Technical University
for Wo	omen, Kashmere	Gate, Delhi-110006	do hereby state that I ha	ven't submitted the

following essential document(s) needed to be uploaded on IGDTUW Admission Portal (Place

a tick mark on the items you haven't submitted) :

\checkmark	Name of the Essential Document
	Date of Birth Certificate or the High School (class X) Certificate with Date of Birth
	Class XII or equivalent marksheet.
	Consolidated Marksheet (for Graduation Degree) (scanned both sides) OR Marksheets of all the years/semesters for Graduation Degree, for result awaited candidates (scanned both sides)
	Consolidated Marksheet for Post-Graduation Degree (If applicable)(scanned both sides) OR Marksheets of all the years/semesters for Post-Graduation Degree (If applicable), for result awaited candidates (scanned both sides)
	GATE score card / JRF / NET CERTIFICATE (if applicable)
	Certificate/s for Reserved Category as applicable for SC / ST/ OBC-NCL / KM / PD / CW / EWS. (If applicable) Candidates belonging to OBC-Non-Creamy Layer & EWS will be required to submit the Certificate issued on or later than 1st April 2023.
	ID. proof Aadhar Card/Driving License/Voter ID/Pan Card
	Work Experience Certificate for Part-Time Applicants (Only for Ph.D. Applicants)
	No Objection Certificate (NOC) from the current employer (Only for Part-Time Ph.D Applicants)
	CoA (Council of Architecture) registration certificate of CoA Approved program (in case of B.Arch.) Temporary Registration number from COA. (Only for M. Plan.)
	NIMCET scorecard (if applicable) only for MCA Applicants (scanned on both sides)
	Proof of CGPA conversion to Percentage(if applicable)
	Medical Fitness Certificate
	PDFs of published conference/ Journal papers (Only for Direct Ph.D. Applicants)

Place:	

Date:____

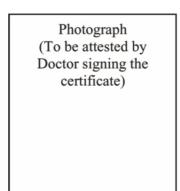
Signature of Student

Annexure "H"

Medical Fitness Certificate

(To be signed by a registered medical practitioner holding a Medical Degree)

The certificate must be from the Medical Officer or any rank above it from any Central/State Government Hospital/Dispensary/Medical College must be brought by the candidate at the time of admission/as mentioned in IGDTUW Admission 2021-22 instructions.



I certify that I have carefully examined Ms.

daughter of Shri

whose

signature is given below. Based on the examination, I certify that 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.

Marks of Identification _____

Signature of the Candidate _____

Place: Date:

Name & signature of the Medical Officer with seal and registration number

ANNEXURE "I"

FORMAT FOR EMPLOYER'S NO OBJECTION CERTIFICATE

(To be issued on the Letter Head of the current Employer)

This	is		to	certify	that	Ms.				
D/O					_working					as
							_ in	the	department	of
								from		
					to				is	an
employ	yee	of	our	Departm	ent/Organ	nization.	Her to	otal we	ork experienc	e is
				Y	ears and			Mo	nths. We hav	e no
objecti	on t	o he	er joi	ning in Pl	h.D (Part-	Time) D	egree P	rogram	at IGDTUW.	She
will be	reli	eve	d fro	m her dut	ies as per	the requ	irement	s of her	Degree Progr	am.

Signature (Head of Institution)

ANNEXURE "J"

FORM FOR WITHDRAWAL OF ADMISSION

1) Branch & Department									
2) Name of the Candidate									
3) Parent's/ Guardian Name									
4) Communication Address									
5) TelephoneMobile									
6) Email Address									
8) Category / Sub Category									
Bank Account Details									
Name of the Bank Account Holder									
in favour of whom Bank Transfer is to be made)									

Relastionship of the Bank Account Holder with the Candidate

Ban Details of above person to be furnished in the given format :

Name of the Bank	Address of the Bank	Complete Bank Account No.	IFSC CODE of the Bank

UNDERTAKING

We understand and know the refund rules of the University and agree to abide by the same and we further understand that the refund would be made indue course of time through bank transfer only as per above request.

(Signature of Parents/Guardian)
Date :

(Signature of Student)