



# INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN

Kashmere Gate, Delhi – 110006

DEPARTMENT OF MANAGEMENT

## **Admissions to BBA Program (2019-20)** **First Round of Counselling**

### **Instructions to Candidates appearing for First Counseling for BBA Program, 2019-20**

1. The list of candidates called for First Round of Counselling is a provisional merit list of candidates who have applied for admission to BBA Program for the session 2019-20. The merit list has been prepared purely on the basis of the percentage in the best of four subjects (including English) submitted by the candidates in application form, therefore admissions will be offered strictly after document verification at the time of counselling.
2. In case of a tie in best of four aggregate (including English), a candidate having higher marks in English will be given preference. If English marks are also equal, the date of birth will be considered and elder student will be given preference.
3. **All candidates shortlisted for 1<sup>st</sup> Counseling are required to report in the IGDTUW AUDITORIUM on 12<sup>th</sup> of July as per the following schedule along with the list of documents mentioned below, failing which they will not be allowed to appear in the counselling.**

#### **Schedule for 1<sup>st</sup> Counselling for admission to BBA Program 2019-20 on 12<sup>th</sup> July 2019**

| <b>Category</b>                  | <b>Reporting Time</b> |
|----------------------------------|-----------------------|
| Outside Delhi SC, ST, OBC(NCL)   | 9:30 am               |
| Outside Delhi General            | 10:00 am              |
| Delhi SC, ST, OBC(NCL)           | 10:30 am              |
| Delhi EWS, Delhi Defence, KM, PD | 12:30 noon            |
| Delhi General                    | 01:30 pm              |

4. If any candidate fails to produce any relevant document at the time of counselling mentioned in the given list, she will have no claim on admission to BBA Program 2019-20. The caste certificate and other supporting documents must be in the format as mentioned.

5. To be called for Counseling does not guarantee admission. The admission will be done strictly as per guidelines given in the IGDTUW Admission Brochure 2019-20.
6. 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 BBA program.
7. 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. However, candidates can participate in the subsequent rounds of counselling as per availability of seats in order of merit.

### **Documents required at the time of 1<sup>st</sup> Counseling for BBA Program 2019-20 Program:**

1. Candidates are required to fill in the Check List as given in Annexure "A" & attach it on top of their documents.
2. Two copies of the Printout of PDF of application form generated at the time of applying, duly signed by the candidate.
3. Two copies of the receipt of application fee of Rs. 1000/- paid by the candidate.
4. Two passport size photographs.
5. Fees in the form of **Demand Draft of Rs. 70,000 in favour of "REGISTRAR, IGDTUW STUDENT FEE S/B ACCOUNT" payable at Delhi/New Delhi.**
6. Original and self-attested copy of class 10th certificate in support of Date of Birth.
7. Original and self-attested copy of Mark sheet and certificate of class 12<sup>th</sup> examination in support of verification of marks and Region.
8. A candidate, who has passed the 12<sup>th</sup> through Patrachar Vidyalaya, Delhi / National Institute of Open School Delhi (NIOS), the criterion for deciding the region shall be the location of her centre of examination. In other words, if the centre of examination is located in the N.C.T. of Delhi, the candidate shall be considered under the Delhi Region and if the centre of examination is located outside N.C.T. of Delhi, she shall be considered under the Outside Delhi Region. Such candidates must bring original and self-attested copy of the admit card.
9. Proof of CGPA/FGPA conversion to Percentage (if applicable).
10. EWS Certificate (if applicable) issued by Competent Authority (Annexure "E").
11. Medical Fitness Certificate in original (Annexure D).
12. Original and self-attested copy for the category certificate (as applicable) (i.e. SC, ST, OBC-NCL, CW, PD, EWS)
  - (i) **Scheduled Caste (SC)/Scheduled Tribe (ST) /Other Backward Class (OBC-NCL):** For admission to a seat reserved for **Scheduled Caste/Scheduled Tribe/Other Backward Class (NCL)**, candidate must produce a certificate, in original, issued from an approved district authority stating the Scheduled Caste/ Scheduled Tribe/ Other Backward Class (NCL), to which the candidate belongs. A list of approved authorities is given below:

- a). District Magistrate / Additional Magistrate / Deputy Commissioner / Collector / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / City Magistrate (not below the rank of 1st Class Stipendiary Magistrate), Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
- b). Revenue Officer not below the rank of Tehsildar.
- c). Sub-Divisional Officer of the area where the candidates and/or her family normally resides
- d). Administrator/Secretary to Administration/Development Officer (Laccadive & Minicoy Islands).

**Note: -**

1. The candidate seeking admission under reserved categories has to mandatorily produce the caste/category certificate in her name at the time of counseling. The certificate in the name of either of the parents (Mother/Father) or any other family member is not acceptable and the candidate will not be entitled even for provisional admission.
2. The reservation certificate should be issued from the respective state/region in which the reservation is being claimed, e.g. in case, a candidate claims the seat reserved for the Delhi Region category, she has to bring SC / ST / OBC certificate issued by Govt. of NCT of Delhi and should have also passed her qualifying examination from a School / College / Institute located in National Capital Territory of Delhi.
3. OBC-NCL candidates are required to produce a caste certificate issued after March 31 2019 from the authorities as mentioned above. However, if the certificate is issued prior to March 31 2019, it must be accompanied with an additional certificate regarding the present non-creamy layer status of the candidate, issued by the same Competent Authority. This additional certificate must have reference of her already issued original caste certificate.
4. Students claiming OBC reservation under Delhi region will be admitted in this category on the submission of a certificate to this effect from the Competent Authority of the Government of NCT of Delhi. Certificate issued by Govt. of India or any state government will not be accepted under any circumstances. A certificate issued by a Competent Authority of Delhi to an individual on the basis of Caste Certificate of her parents from another state will be accepted for claiming a seat under OBC Category if and only if the caste is in the list of notified OBC list by Govt. of NCT of Delhi.

- (ii) **Defence sub-category (CW):** For admission to a seat reserved for **Defence sub-category**, candidate must produce the following certificates (as applicable), in original and self-attested copy of:

- a). Entitlement card in original issued by the Record Officer of the Unit/Regiment of Armed Personnel of the Armed Forces in case of Armed Personnel or from the Home Ministry in case of Para-Military forces.
- b). Widows/ Wards of the officers and men of Armed forces including Para-Military personnel who died or disabled on duty (both attributable to military service) must produce a certificate to that effect from the following authorities.
  - (i) Secretary, Kendriya Sainik Board.
  - (ii) Secretary, Rajya/ZilaSainik Board.
  - (iii) Officer-in-Charge, Record Office.

In case of Para-Military forces appropriate documents/certificates issued by Competent Authority notified in this regard by the Para-Military forces headquarters must be produced. **A statement to the effect that “the death/physical disability (percentage to be mentioned) is attributed to military service” is required to be included in the certificate.**

- c). Medical records in original.
- d). Special Pension Order and Passbook indicating special pension.
- e). Gallantry award certificate.
- f). Original ex-servicemen Identity Card/Discharge Book/ Pension Payment Order.
- g). Dependency card issued by the Competent Authority in order to relate the relationship of the candidate with the Defence personnel/gallantry award recipient.
- h). Original Service Identity Card
- i). A certificate from the respective C.O. Unit in respect of serving personnel (Priority VII).

**Note:** - A statement to the effect that ‘the death/disability is attributed to military service’ is required to be included in the certificate for Priority III & IV.

THE FINAL PRIORITY WILL BE SUBJECT TO THE SCRUTINY BY PANEL OF DEFENCE EXPERTS AT THE TIME OF DOCUMENT VERIFICATION.

(iii) **Differently Abled Persons (PD) sub-category:** For admission to seat reserved for Differently Abled Persons (PD) sub-category, the candidate must produce the following certificates in original and a self-attested copy:

- a). A certificate of physical disability issued by the Competent Authority as per the provision of the Persons with Disabilities Act 2016 in the prescribed format as given under the Act.
- b). The Candidate with benchmark disabilities shall produce the medical certificate

issued by the Govt. Hospitals duly notified by the Govt. of NCT of Delhi/Other State government and further duly verified by the Chief Medical Officer of the concerned Government Hospital.

- c). A certificate duly recommended by Vocational Rehabilitation Centre for the handicapped, 9-11 Vikas Marg, Karkardooma, Delhi 110092.
- (iv) A certificate from the Competent Authority for getting admission against Kashmiri Migrant quota. Such a certificate should be issued by the concerned Deputy Commissioner of Delhi or the Competent Authority outside Delhi. Photo Identity Card/Ration Card of the migrant.

## Annexure- "A"

### CHECKLIST (Documents Required at the Time of Admission)

| 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.  |      | Two passport size photographs  |
| 4.  |      | Demand Draft of Rs. 70,000/- in favour of "REGISTRAR, IGDTUW STUDENT FEE S/B ACCOUNT" payable at Delhi/New Delhi.                          |
| 5.  |      | Original and self-attested copy of class 10th certificate  |
| 6.  |      | Original and self-attested copy of Mark sheet of class 12th  |
| 7.  |      | Original and self-attested copy of Certificate of class 12 <sup>th</sup> examination/Admit Card (if applicable).                           |
| 8.  |      | Original and self-attested copy for the category certificate (as applicable for SC/ST/OBC/KM- Annexure B/ CW-Annexure C/EWS- Annexure "E") |
| 9.  |      | Medical fitness certificate in original (Annexure D)   |

Applicant's Signatures

Member, Document Verification Team

**Annexure- "B"**

**Certificate for availing Admission against Kashmiri Migrant Quota**

**Kashmiri Migrant Quota  
(To be submitted at the Time of Admission)**

Certified that Shri/km/Smt. \_\_\_\_\_  
Son/daughter/wife Shri/\_\_\_\_\_ resident of  
\_\_\_\_\_ is registered as migrant from  
Jammu & Kashmir. The Registration number is \_\_\_\_\_  
dated \_\_\_\_\_.

It is also certified that Shri/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 "C"

### 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 Master/Miss ..... son/daughter of  
..... resident of ....., the above  
named officer/JCO/OR pertains to the category marked below:- (Select one from below)

- a. Killed in Action on ..... During .....
- b. Disabled in Action on .....and boarded out from service  
on.....during.....
- c. Died in peace time on .....with death attributable to military  
service.
- d. Disabled in peace time and boarded out from service with disability attributable military  
service.
- e. Gallantry Award Winner (.....)
- f. Ex-Serviceman.
- g. Serving Soldier

(Category \_\_\_\_\_ above)

Mr./Miss .....son/daughter of the above named officer/JCO/OR is eligible  
for Admission in DTU, III-D, IGDTUW or NSUT against the Defence quota under priority  
His/Her Ex-Serviceman Widow Identify Card No. is DLH-01.....

NO...../  
(Round stamp of office)

RSB SECRETARY  
(Zila/Rajya Sainik Board)

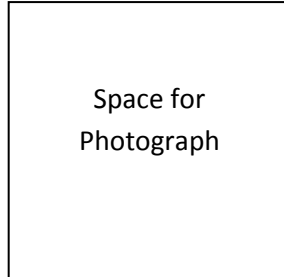


**Annexure "D"**

**Medical Fitness Certificate**

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

**(TO BE SUBMITTED AT THE TIME OF ADMISSION)**



I certify that I have carefully examined Mr. /Ms.\* \_\_\_\_\_ Son/daughter of Shri \_\_\_\_\_ 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.

Marks of Identification \_\_\_\_\_

Signature of the Candidate \_\_\_\_\_

Place:

Date:

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

\*Strike whichever is not applicable

# Annexure "E"

## Format for EWS Category

Government of .....

(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

**VALID FOR THE YEAR** \_\_\_\_\_

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_ Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/her 'family\*\* is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_. His/her family does not own or possess any of the following assets\*\*\* :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_

Recent Passport size  
attested photograph of  
the applicant

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**\*Note1:** Income covered all sources i.e. salary, agriculture, business, profession, etc.

**\*\*Note 2:**The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

**\*\*\*Note 3:** The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

*G. Prasad*

## Annexure “F”

### CERTIFICATE FOR DIFFERENTLY ABLED PERSON (PD)

To be issued by Medical Board from Government Hospital

1. Name of the candidate: Mr./Ms. \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_

Percentage loss of earning capacity (in words):

- 
4. Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: \_\_\_\_\_
  5. Name of the disease causing handicap: \_\_\_\_\_
  6. Whether handicap is temporary or permanent: \_\_\_\_\_
  7. Whether handicap is progressive or non-progressive : \_\_\_\_\_
  8. The candidate is FIT / UNFIT to pursue the engineering studies.
  9. (\*Strike out whichever is not applicable)

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Chief Medical Officer

(Orthopaedic Specialist)

Date:

Seal of Office

#### NOTE:

1. The medical board must have three members.
2. Candidate having temporary or progressive handicap will not be considered against these seats.

## Annexure “G”

Form –I

### Disability Certificate

(In case of amputation or complete permanent paralysis of limbs and in cases of blindness)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested  
Photograph  
(Showing face only)  
of the person with

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_

Date of birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, Male/female

\_\_\_\_\_ Registration No. \_\_\_\_\_ permanent resident of House

No.- \_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ Post Office

\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Whose photograph is affixed above, and I am satisfied that:

1. He/she is a case of:

a. Locomotor disability

b. Blindness

(Please tick as applicable)

2. The diagnosis in his/her case is \_\_\_\_\_

3. He/ She has \_\_\_\_\_% (in figure) \_\_\_\_\_ percent (in words) permanent physical impairment/blindness in relation to his/her \_\_\_\_\_ (part of body) as per guidelines (to be specified).

4. The applicant has submitted the following document as proof of residence:-

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
|                    |               |  |

(Signature and Seal of Authoritsed Signatory of notified Medical Authority)

Signature/Thumb  
impression of the  
person in whose  
favour disability  
certificate is  
issued.

## Annexure “H”

Form II

Disability Certificate

(In cases of multiple disabilities)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested Photograph  
(Showing face only)  
of the person with  
disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_ Date of Birth  
(DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_ Registration No.

\_\_\_\_\_ permanent resident of House No. \_\_\_\_\_

Ward/Village/Street \_\_\_\_\_ Post office \_\_\_\_\_ District

\_\_\_\_\_ State \_\_\_\_\_ whose photograph is affixed above, and  
are satisfied that:

1. He/she is a Case of **Multiple Disability**: His/her extent of permanent impairment/disability has been evaluated as per guidelines as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

| S.NO. | Disability           | Affected Part of Body | Diagnosis | Permanent physical impairment/ mental disability (in %) |
|-------|----------------------|-----------------------|-----------|---|
| 1.    | Locomotor disability | @                     |           |   |
| 2.    | Low vision           | #                     |           |   |
| 3.    | Blindness            | Both Eyes             |           |   |
| 4.    | Hearing impairment   | £                     |           |   |
| 5.    | Mental retardation   | X                     |           |   |
| 6.    | Mental-illness       | X                     |           |   |

@- e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes

£- e.g. Left/Right/both ears

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_ percent

In words: \_\_\_\_\_ percent

3. The above condition is progressive/ non-Progressive/likely to improve/not likely to improve.

4. Reassessment of disability is

a. not necessary

b. Is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_.

5. The applicant has submitted the following document as proof of residence:

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
|                    |               |  |

6. Signature and seal of the Authority:

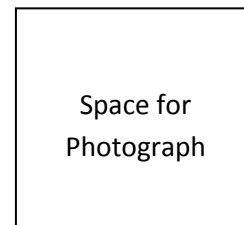
| Name and Seal of Member | Name of Seal of Member | Name and seal of the Chairperson |
|-------------------------|------------------------|----------------------------------|
|                         |                        |                                  |

Signature/ Thumb impression of the person in whose favour disability Certificate is issued.

## Annexure "I"

### Suitability Certificate for Availing Admission against Differently Abled Person (PD)

(To be submitted at the Time of counseling/Admission)



Certified that Shri / Km / Smt.\* \_\_\_\_\_

Son/daughter/wife of Shri/Smt. \_\_\_\_\_ is physically

Handicapped due to \_\_\_\_\_ and he/she is fit for  
undergoing the course(s) \_\_\_\_\_ at III-D,  
IGDTUW, NSUT or DTU.

Name & Signature of  
The Officer In-charge Vocational Rehabilitation Centre for  
Physically Handicapped 9, 10, 11  
Karkardooma, Vikas Marg, delhi-110092.

## Annexure “J”

### Disability Certificate

(In cases other those mentioned in Forms I and II)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

Recent PP size  
Attested Photograph  
(Showing face only)  
of the person with  
disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_ Date of Birth  
(DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_ Registration No.

\_\_\_\_\_ Permanent resident of House No.

\_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ Post office

\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_ whose  
photograph is affixed above and am satisfied that he/she is a case of disability.

1. His/her extent of physical impairment/disability has been evaluated as per guidelines as per guidelines (to be specified) and is shown against the relevant disability in the table below:

| S.NO. | Disability           | Affected Part of Body | Diagnosis | Permanent physical impairment/ mental disability (in %) |
|-------|----------------------|-----------------------|-----------|---|
| 1.    | Locomotor disability | @                     |           |   |
| 2.    | Low vision           | #                     |           |   |
| 3.    | Blindness            | Both Eyes             |           |   |
| 4.    | Hearing impairment   | £                     |           |   |
| 5.    | Mental retardation   | X                     |           |   |
| 6.    | Mental-illness       | X                     |           |   |

(Please strike out the disabilities which are not applicable)

**@- e.g. Left/Right/both arms/legs**

**# - e.g. Single eye/both eyes**

**£- e.g. Left/Right/both ears**

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is:

a. Not necessary

b. Is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore



this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_

4. The applicant has submitted the following document as proof of residence:

| Nature of the Document | Date of Issue | Details of authority issuing certificate |
|------------------------|---------------|--|
|                        |               |  |

(Authorised Signatory of notified Medical Authority)  
(Name and Seal)

Countersigned  
(Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)

|  |
|--|
| Signature/Thumb impression of the person in whose favour disability certificate is issued. |
|--|

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District  
Note: The principal rules were published in the Gazette of India notification number S.O. 908(E), dated the 31<sup>st</sup> December, 1996.

### **Withdrawal Policy for Admission, IGDTUW (2019-20):**

As per the Admission calendar for BBA Admisssion-2019-20, the formally-notified Last date of Admission for BBA program is 31-07-2019. If a student chooses to withdraw her admission to BBA program 2019-20, IGDTUW shall follow the following five-tier system for the refund of Fees\* remitted by them-

| <b>S.No.</b> | <b>Percentage of Refund of Fees</b> | <b>Point of Time when Notice of withdrawal of Admission is received in the University</b> |
|--------------|-------------------------------------|---|
| 1.           | 100%                                | 15 days or more <b>before 31-07-2019</b>  |
| 2.           | 90%                                 | Less than 15 days <b>before 31-07-2019</b>  |
| 3.           | 80%                                 | 15 days or less <b>after 31-07-2019</b>   |
| 4.           | 50%                                 | 30 days or less but more than 15 days <b>after 31-07-2019</b>                             |
| 5.           | 00%                                 | More than 30 days <b>after 31-07-2019</b>   |

\*In case of S.No. (1) in the table above, the university shall deduct an amount not more than 5% of the Fee paid by the student, subject to a maximum of Rs 5000/- as processing charges from the refundable amount.



**ANNEXURE "K"**  
**INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN**  
**Kashmere Gate, Delhi – 110006**

**FORM FOR WITHDRAWAL OF ADMISSION**

- 1). Program \_\_\_\_\_
- 2). Name of Student \_\_\_\_\_
- 3). Parent /Guardian's Nam \_\_\_\_\_
- 4). Address \_\_\_\_\_
- 5).Telephone \_\_\_\_\_
- 6). Mobile \_\_\_\_\_
- 7). Email address \_\_\_\_\_
- 8). Admission Number \_\_\_\_\_
- 9). Bank Details
  - Name & Relationship of the concerned in favour of whom bank transfer is to be made \_\_\_\_\_
  - Bank Detail of above concerned 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 withdrawal policy for admission of the University & agree to abide by the same and we further understand that the refund would be made in due course of time through bank transfer only as per above request. We also confirm that the account details provided by us under the S. No. 8 & 9 are correct and IGDTUW will not be liable for any wrong transfer of amount on account of incorrect bank information provided by us.

(Signature of Parent/Guardian)

Date:

(Signature of Student)

Date:

**Compulsory Encl.:**

1. Admission Slip issued at the time of Admission/Counselling in ORIGINAL
2. Cancelled Cheque of CBS Bank branch, showing the detail of full bank A/cNo.; IFSCcode; beneficiary name etc. must be attached by the concerned student along with the Withdrawal Form.

**Note:**

Refund amount will directly be transferred in the bank account submitted by the student through electronic mode (ECS/RTGS/ NEFT). Therefore, student must ensure to provide correct details under S. No. 8 & 9 and the required enclosures. University will not be liable for any wrong transfer of amount on account of incorrect bank information provided by the student.