ANNEXURE I AFFIDAVIT BY THE STUDENT

I, (full name of student with Institute Roll Num	
s/o d/o Mr./Mrs./Ms	ving
	nave
received or downloaded 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	d the
provisions contained in the said Regulations.	
1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes raggin	_
2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware	
penal and administrative action that is liable to be taken against me in case I am found guilty of or ab	etting
ragging, actively or passively, or being part of a conspiracy to promote ragging.	
3) I hereby solemnly aver and undertake that	
a) I will not indulge in any behaviour 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 m	ay be
constituted as ragging under clause 3 of the Regulations.	
4) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1	
Regulations, without prejudice to any other criminal action that may be taken against me under any penal l	aw or
any law for the time being in force.	
5) I hereby declare that I have not been expelled or debarred from admission in any institution in the co	
on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further	ıffirm
that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.	
Along with the above mentioned points I do hereby declare that	
a) I will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined ac	tivity
while in and off the institution campus.	
b. I will be solely responsible for any kind of accident/mishap caused on account of the above ment	ioned
clause (6.a).	
Declared thisday of month ofyear.	
because thisadj or month oryear.	
Signature of deponent	t
Name:	
VEDICION	
VERIFICATION	. f.1
Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is	raise
and nothing has been concealed or misstated therein.	
Verified at(place) on this the(day) of(month),(year).	
vertice at (place) on this the (day) of (month), (jear).	
Signature of dep	onent
Solemnly affirmed and signed in my presence on this the(day) of(month),	
(year) after reading the contents of this affidavit.	

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.

OATH COMMISSIONER

ANNEXURE II AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms.	,, , , , , , , , , , , , , , , , , , , ,	(full
name of parent/guardian) father/mother/guardian of , (full name	of student with Univers	
been admitted to(name of		•
copy of the UGC Regulations on Curbing the Menace of R		
(hereinafter called the "Regulations"), carefully read and fully		
Regulations.	anderstood the provision	ons contained in the said
1) I have, in particular, perused clause 3 of the Regulation	e and am awara ac to who	at constitutes ragging
2) I have also, in particular, perused clause 7 and clause		
penal and administrative action that is liable to be taken again		sne is found guilty of or
abetting ragging, actively or passively, or being part of a conspi	racy to promote ragging.	
3) I hereby solemnly aver and undertake that		
a) My ward will not indulge in any behaviour or act that ma	y be constituted as raggi	ing under clause 3 of the
Regulations.		
b) My ward will not participate in or abet or propagate throug	h any act of commission	or omission that may be
constituted as ragging under clause 3 of the Regulations.		
4) I hereby affirm that, if found guilty of ragging, my wa		
of the Regulations, without prejudice to any other criminal act	ion that may be taken ag	gainst my ward under any
penal law or any law for the time being in force.		
5) I hereby declare that my ward has not been expelled on	debarred from admission	on in any institution in the
country on account of being found guilty of, abetting or being		
further affirm that, in case the declaration is found to be u		
cancelled.	,	J
6) Along with the above mentioned points I do hereby dec	lare that	
a) My ward will obey the code of conduct of the institu		any kind of in-disciplined
activity while in and off the institution campus.	te and do not madige in	any ame of in disciplined
b) My ward will be solely responsible for any kind of	accident/mishan caused	on account of the above
mentioned clause (6.a).	decident, mishap edused	on account of the above
Declared this day of month	of veer	
Decialed this day of month	JIycar.	
	-	Signature of deponent
	Name:	8
	Address:	
	Telephone/ Mobile No	· ·
VERIFICATION	_	
		out of the officerait is follow
Verified that the contents of this affidavit are true to the best of and nothing has been concealed or misstated therein.	my knowledge and no p	art of the arridavit is raise
Verified at (place) on this the (day) of (month), (year).		
		Signature of deponent
Solemnly affirmed and signed in my presence on this the	(day) of	
• • • •	(uay) 01	(month) ,
(year) after reading the contents of this affidavit.		

OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.



दिल्ली विश्वविद्यालय दक्षिण परिसर UNIVERSITY OF DELHI SOUTH CAMPUS विश्वविद्यालय प्रवेश आवेदन-पत्र

APPLICATION FOR ADMISSION TO THE UNIVERSITY

Recent selfattested photo of Student

(प्रार्थी स्वयं भरे-फार्म भरने से पहले पिछली तरफ टिप्पणी देखें) (To be filled in by the Applicant - before filling in the form see note on reverse)

	रूरा नाग (हिन्दी में)		7.0%											
	स्पष्ट अक्षरों में)	1	T				T	T			$\neg \Gamma$	Т	T	
,	Name (in English) (in block letters) छात्राएं कुमारी या श्रीमती जो भी हो लिखें	11/						14-	_	1		av b	1	
	जन्म तिथि (अंकों में)													
	Date of Birth (In figures)													-
-	प्रवेश वर्ष के प्रथम अक्टूबर को आयु Age on 1st October of the year in which t	he admiss	sion is	sought			Year			Mo	हीने) onths			iays.
	क्या प्रार्थी अनुसूचित जाति/अनुसूचित ज नहीं हो तो उसे काट दिया जाए)													
- 8	Whether belongs to Scheduled Caste/Sch out whichever is not applicable)			(1)										
	क्या प्रार्थी रहा सैनिकों की श्रेणी से सं कुछ लागू नहीं हो तो उसे काट दिया Whether belongs to the category of the I India? Yes/No. (Strike out whichever no	जाए) Defence F	'ersoni											
6.	पिता का नाम (स्पष्ट अक्षरों में)	П	Т		Т	Т	Т			Т	Т	Т	Г	П
	Father's Name (In block letters)	\bot	ш	_	8 9		_					_	_	
7.	माता का नाम (स्पष्ट अक्षरों में) Mother's Name (In block letters)	П					I	Γ		П		Ι	L	
8.	स्थाई पता Place of permanent residence	**************												
	स्थानीय पता Local Address													
10.	दूरमाव संख्या Tel. No			.मोबाइल	संख्या ।	Mobile	e No							*******
11.	इस विश्वविद्यालय में प्रवेश से पूर्व उत्तीर्ण पर	रीसा n this Un	iversit	y			•••••	••••••					•••••	
	विश्वविद्यालय/मण्डल University/Board													
	वर्ष अनुक्रमांक	प्राप्त	ांक			अधिक	तम अं	क			प्रति	शत		
	Year Roll No.	Marks o	btaine	ď		Max.	Mark	S			Perce	ntage	e	
12.	क्या इस विश्वविद्यालये द्वारा पहले भी न का उल्लेख करें Whether Enrolment number has already	been assi	gned b									*******		
										an	वेदक	के ह	रताह	ιτ
	तिथि								5		ture of			
	Date	पंजी	करण	का वि	वरण			4		-				
	. PA	RTICUL					N							
	(महा—विद्यालय (To be filled in	n by the C	ollege	/Depart	ment	/Instit	etion	Offic	e)					
	पाद्यक्रम	कक्षा				*****	5	विश वि	तेथि			•••••		*******
	Course	Class					onte o	of second	miss	non				
(i)	यदि नियत तिथि के चाद प्रवेश लिया If admitted after the prescribed date, th	e delay w	as con	doned	by the	Vice	Chan	cello						
	पत्र संख्या द्वाराVide letter No.							fd	थि ated					
en-		विवरण प्र	ार्था के	प्रलेख) इ.स.	रा प्रम	ाणित	ŧ1				1000		
(n)	Certified that the entries given above h	ave been	verifi	ed from	the C)rigin:	al doc	umei	its p	roduc	ed by	the a	pplic	ant.
	तिथि Date			_			pal/He	ead o	fthe	Dept	संस्था t./Insti	tutio	n/Co	
	Provisional Certificate No	. date		-		2-2-2			_		er Sta	_		7.
1	Migration Certificate					To	be fill	ed in	by t	he D	recto	's O	lice	100
	No dated is	sued for			Enn	olmen	t No							
1	Joining the University	EN IN			App	plicati	on ch	ecke	in a	II res	pects.	AL .	2-7	100
1	Section Officer	Dealing	Asstt.	30	Sec	tion C	officer			. 1	ssista	nt's S	igna	ture

- Note (1) प्रार्थी का नाम व जन्मतिथि जो यहाँ दी गई है वह मैट्रिकुलेशन अथवा सैकेण्डरी स्कूल परीक्षा प्रमाण पत्र अथवा तुल्यमान परीक्षा के समान होनी चाहिए। The name of the applicant and his/her date of birth given should correspond with those given in his/her Matriculation/Secondary School Examination or an equivalent Examination.
 - (2) प्रार्थी को सभी पूर्तियाँ स्वयं अपने स्पष्ट हस्तलेख में स्याही से भरनी चाहिए तथा किसी भी स्तम्भ को खाली नहीं छोड़ना चाहिए। The entries should be made by the applicant in his/her own handwriting in ink and legibly written and no column should be left blank.
 - (3) जिन छात्रों का नामांकन इस विश्वविद्यालय के किसी भी महाविद्यालय/विमाग/संस्था में नियमित छात्र के क्रप में हो चुका है या जिनका नामांकन पत्राचार एवं अनुवर्ती शिक्षा पाठ्यक्रम एक्सटर्नल कैंडीडेट सेल, नॉन-कॉलिजेट बुगेन्स एजुकेशन बोर्ड अधवा टीचर कंडीडेट्स के रूप में पहले किसी समय हो चुका है, उन्हें दोबारा यह नामांकन फार्म भरने की आवश्यकता नहीं है।

 Those Students who are enrolled in this University as regular students in any of the Colleges/Departments/
 Institutions or enrolled with the school of correspondence courses & continuing education, External Candidate Cell, Non-Collegiate Women's Education Board and the Teacher candidates at one time or the other need not fill in this form again.

(निदेशक कार्यालय द्वारा मरा जाए) (To be filed in by Director's Officer)

1.	स्थानान्तरित Migrated to		•••••••		महाविधालय/विश्वविद्यालय llege/University
2.	विश्वविद्यालय की दी गई परीक्षा	वर्ध	अनुक्रमांक	परिणाम	सहायक के हस्ताक्ष
	University Examination taken	Year	Roll No.	Result	Signature of the Assistant
(i)					
(ii)					
(iii)					
(iv)					
3.	छोड़ने की तिथि Date of Leaving			***************************************	***************************************
	Date of Leaving				
	अनुमाग अधिकारी (शैक्षणिक शाखा)				संबद्ध सहायक
	Section Officer (Acad. Br).				Dealing Assistant
	E 3				
					6
	नामांकन संख्या			तिथि को	पुनः आबंटित
	Enrolment No				ted