



Guru Gobind Singh Indraprastha University
Sector 16 C, Dwarka, New Delhi - 110078

Photograph
duly attested by
the officer who
has certified
this certificate

MEDICAL CERTIFICATE**
(FOR THE ACADEMIC SESSION 2020-21)
(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

Maharaja Surajmal Institute of Technology
C-4, Janak Puri, New Delhi-110058

(Affiliated to Guru Gobind Singh Indraprastha University, New Delhi)

**UNDERTAKING BY THE CANDIDATES
ADMITTED IN ACADEMIC SESSION 2020-21**

I hereby undertake that I shall pay the enhanced fee in case any revision takes place as notified by the Govt. of NCT of Delhi/Guru Gobind Singh Indraprastha University, New Delhi.

Signature of the candidate with Date _____

Name of Candidate: _____

Enrollment No. : _____

Contact No.: _____

Address.: _____

Email. ID: _____

Undertaking for Gap Year Students

I, _____ S/o Mr _____,
CET Roll No. _____, admitted to B.Tech. _____ (branch)
at Maharaja Surajmal Institute of Technology during
Academic Year 2019-20 by GGSIP University.

I, hereby declare that I have gap of _____ year/s because

_____ (reason) and am not studying in any other
course at present.

I affirm that the above mentioned statement is true and
correct to the best of my knowledge and belief.

(Sign & Name of Student)

Dated _____

Place _____