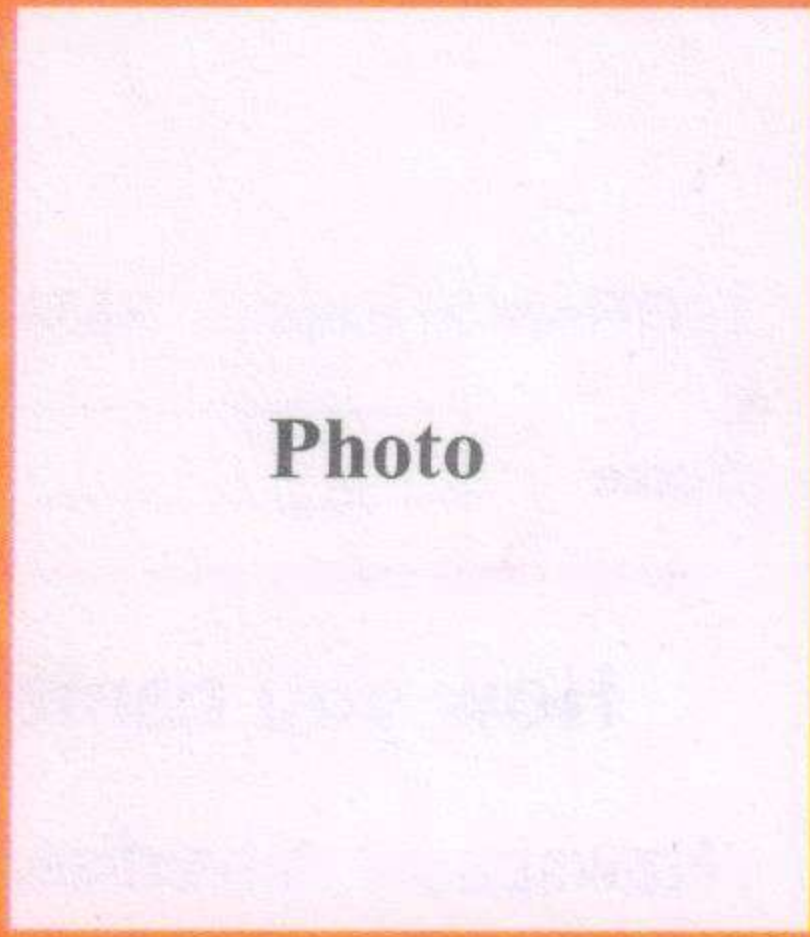




GANGA INSTITUTE OF ARCHITECTURE & TOWN PLANNING

(A UNIT OF GANGA GROUP OF INSTITUTIONS)

Bahadurgarh- Jhajjar Road, Kablana, Jhajjar (Delhi-NCR)
 Approved by COA, New Delhi and Affiliated to MDU, Rohtak & HSBTE, Panchkula
 Contact: 9654292905, 8684000898/902 | Website: www.architectureganga.com



PROGRAMME

SPECIALIZATION

Candidate's Signature

Photo & Sign No. (To be filled by office)

CANDIDATE'S PERSONAL DETAILS

Candidate's Name Blood Group

Gender Category Date of Birth

Nationality Marital Status

Permanent Address

District State Country

Pin Code Mobile No. Family ID (Optional)

Aadhaar No. E-mail ID

Correspondance Address

District State Country

Pin Code Local Guardian Name Mobile No.

PARENTS DETAILS

FATHER

MOTHER

Name Name

Contact No. Contact No.

Father's Profession Parental Annual Income from all sources (Rs.)

EDUCATIONAL QUALIFICATION

Exam Passed	School/College	Board/University	School Area (Rural/Urban)	School/College Type (Govt./Pvt./Open)	Roll no. & Regn. No.	Year of Passing	Subjects	Marks Obtained Total marks	% Marks/CGPA
10 th					Roll No. <input type="text"/> Regn. No. <input type="text"/>				
12 th					Roll No. <input type="text"/> Regn. No. <input type="text"/>				
Diploma					Roll No. <input type="text"/> Regn. No. <input type="text"/>				
Graduation					Roll No. <input type="text"/> Regn. No. <input type="text"/>				
Post Graduation					Roll No. <input type="text"/> Regn. No. <input type="text"/>				

ENTRANCE EXAM DETAILS

ENTRANCE Exam NATA JEE OTHERS

Score Rank Obtained/Scholarship

How you came to know about the Ganga Institute of Architecture & Town Planning ? Please Tick:

Newspaper Advertisement	<input type="checkbox"/>	Education Fair	<input type="checkbox"/>	GGI Alumni	<input type="checkbox"/>
GIATP / GGI Website	<input type="checkbox"/>	Education Portals	<input type="checkbox"/>	Any Other (Please Specify)	<input type="text"/>
Friends & Family	<input type="checkbox"/>	Social Media	<input type="checkbox"/>		

ACHIEVEMENTS/HOBBIES

1. Co-curricular Activities:

2. Sports & Games Activities:

3. Achievements:

DOCUMENTS TO BE ENCLOSED

- | | |
|--|--|
| 1. Two sets of Self Attested copies of the Grand Total Certificate/ Marksheets of X th , XII th Standard, Diploma, Graduation, Post Graduation | 5. Medical Fitness Certificate (Original) |
| 2. Migration Certificate (Original) | 6. SC/ST/OBC/ Minority Certificate (If Applicable) |
| 3. Aadhaar Card | 7. Colour Photographs: 6 nos. |
| 4. Proof of Permanent Address | 8. Family ID (Parivar Pehchan Patra) |
| Extra Documents required from Foreign Candidates | |
| 9. Equivalence Certificate from Association of Indian Universities (Original) | 10. VISA (with College Name) |
| | 11. Passport |

Do you need Hostel Accomodation Yes No Do you need College Transport Yes No

DECLARATION

I hereby solemnly affirm that the information furnished by me in this form is true & correct and nothing has been concealed, if it is found, that any information therein in fraudulent and / or incorrect in material particulars. I understand that my admission is liable to be cancelled at any stage and legal action can be taken against me.

2. I undertake to pay the fees as prescribed in full at the time of admission and shall pay further fees if required as per rules of the University/Institute. I have noted that tuition fees and other fees are not refundable after the last date of admission. I will abide by the rules of the Institute as laid down by the Management from time to time. Also I will not indulge myself in any unlawful activity including ragging during my stay in the Institute.

Yours Faithfully

Date: _____ Name: _____

(Signature of Candidate)

I have fully read information furnished by my ward and affirm that it is true and nothing has been concealed. I assure that my ward will abide by the rules and regulations of the University and the Institute and will attend the classes regularly. I am aware that if he/she fails to fulfill the minimum requisite conditions regarding attendance. He/She can be disqualified from appearing in the examination without prior information.

To be filled by Office

(Signature of Father / Guardian)

Admission Quota <small>(Counselling/ Mgmt/ KM/EWS/TFW Leftover unfilled/PMSSS/Others)</small>	<input type="text"/>	Fee Amount	<input type="text"/>
Admission Category <small>(HOGC/ ROHC/ AIC/ Others)</small>	<input type="text"/>	Date of Admission	<input type="text"/>
ESM Category (Yes/No)	<input type="text"/>	College Roll No.	<input type="text"/>
Documents Verified by <small>(Name of Faculty)</small>	<input type="text"/>	HSTES Roll No.	<input type="text"/>
Fee Receipt No.	<input type="text"/>	Student ID No. <small>(University)</small>	<input type="text"/>
		Registration No. <small>(Board/University)</small>	<input type="text"/>

Signature of
Coordinator
(HSTES)

Signature of
Coordinator
(Board/University)