

**Diploma in German Language**  
**List of Candidates for 2<sup>nd</sup> Counselling/Admission 2018-19**

<b>Sr.No</b>	<b>Applicant Name</b>	<b>Father's Name</b>	<b>D.O.B</b>	<b>Category</b>
1.	Richa	Ajay Kumar Singh	01-04-1996	AIC
2.	Mohd.Bilal	Mohd.Salman	08-06-1994	AIC
3.	Ankuj	Dharmvir	10-12-1996	SC
4.	Deepti Singh	Bijendra Singh	07-06-1986	SC
5.	Gulshan sagar	Sumeri	10-02-1989	SC
6.	Jaya rani	Trilok Chand	26-08-1996	Gen
7.	Kapil Sharma	Arvind Dev	14-12-1997	Gen
8.	Shivangi Kohli	Rajender Kohli	21-03-1989	Gen
9.	Mohit	Mukesh Sharma	15-04-2000	Gen
10.	Sagar	Kapil Dev	08-05-2000	Gen
11.	Krishan Kant Parashar	Pramod Kumar Parashar	01-08-1998	Gen
12.	Mahesh	Mahender	13-10-1995	Gen
13.	Mukul	Dayanand Chikkara	04-07-1993	Gen
14.	Anish Kumar	Dev Krishan	30-04-1990	Gen

**Admission will be as per merit in the category specified.**

**Date of Counselling/Admission: 26 September 2018**

**Reporting Time: 10:00 A.M**

**Venue for Counselling: Haryana Vishwakarma Skill University, Plot No. 147, Sector 44, Gurugram**



# **HARYANA VISHWAKARMA SKILL UNIVERSITY**

(State University enacted under Government of Haryana Act. 25, 2016)

## **Admission: 2018-19**

### **General Instructions for Counselling/ Admission - Diploma in German Language**

1. Candidates will be called for counselling in order of merit prepared on the basis of marks obtained in online entrance test and PI/GD subject to meeting all eligibility conditions as stipulated in the prospectus of 2018-19.
2. Candidate must be PHYSICALLY PRESENT during the scheduled date and time of counselling.
3. No claim for seat due to late reporting or absenteeism will be considered.
4. Candidates will have to appear for counselling/Admission as per his/her order of merit and date, time and venue uploaded on University website.
5. All admission will be provisional until final verification of all eligibility criteria is made.
6. The University may conduct another round of counselling/Admission in case any seat remains unfilled during first round of counselling.

**Instructions for the candidates to be admitted to Diploma in German Language.**

- (i) Candidates are required to bring the relevant original documents as given below and two sets of self-attested photocopies of documents/certificates/testimonials for verification at the time of counselling.
1. D.O.B (Date of Birth)
  2. DMC (10th, 12th/ITI/Diploma)
  3. Certificates (10th, 12th/ITI/Diploma)
  4. Domicile certificate (As per Annexure-I)
  5. Domicile certificate in case of J&K Migrants or Dudhola candidate
  6. Category certificate (As per Annexure-II, III)
  7. Income certificate (for BC: Non-Creamy layer as per Annexure IV)
  8. Medical certificate for Physically Dis-abled candidates (As per Annexure-V)
  9. Medical fitness certificate (as per Annexure-VI)
  10. Anti-ragging certificates (As per Annexure VII and VIII)
  11. Character certificate from the Head of Institution last attended
  12. Academic Year-Gap (If any) affidavit (As per Annexure IX)
  13. Migration certificate (If qualifying exam body is not Haryana)
  14. Bank Account Passbook Copy (Within 15 days of Admission)
  15. 10 recent coloured passport size photographs
  16. Aadhaar card (Desirable)
- (ii) Candidates will be required to deposit total **Rs. 6500/- (excluding hostel charges)** towards admission and semester fee at the time of counselling through DD in favour of **HARYANA VISHWAKARMA SKILL UNIVERSITY**, Payable at Gurugram at the time of counselling. (No other mode of payment would be accepted)

# Annexures

Annexure-I

## HARYANA RESIDENT CERTIFICATE (For Bonafide Residents of Haryana only)

Certified that Mr./Ms. \_\_\_\_\_ son/daughter of  
Sh. \_\_\_\_\_ R/O \_\_\_\_\_ (complete  
address) \_\_\_\_\_

since \_\_\_\_\_ and applicant for admission to various courses in  
Haryana Vishwakarma Skill University is a bonafide resident of Haryana State in terms of Chief  
Secretary to Govt. of Haryana letter No. 62/17/95-6 GS1 dated 3.10.96 and letter No.  
62/27/2003/6 GS1 dated 29.7.2003 under clause.

No. \_\_\_\_\_ (Signature of the attesting authority)

Date: \_\_\_\_\_ Name \_\_\_\_\_

Place: \_\_\_\_\_ Designation \_\_\_\_\_

(With legible office seal)

Note:

i) The candidates, who have passed their qualifying examinations from the Board of Haryana are not required to produce Certificate of Haryana Resident.

**Annexure-II**

**HARYANA GOVERNMENT**

**Certificate Sr.No.** \_\_\_\_\_ **/Year** \_\_\_\_\_ **Tehsil** \_\_\_\_\_.

**SCHEDULED CASTE CERTIFICATE**

Photo of  
applicant to be  
attested by the  
issuing  
authority

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter of  
Shri \_\_\_\_\_ resident of  
Village/Town \_\_\_\_\_ Tehsil \_\_\_\_\_ Distt. \_\_\_\_\_ of the  
State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ Caste/Tribe,  
which is recognised as a Schedule Caste/Schedule Tribe under the Constitution (Scheduled  
Caste) Order, 1950.

Signature with seal of issuing Authority

Full Name .....

Designation

Dated : \_\_\_\_\_

.....

Place : \_\_\_\_\_

Address with Telephone No. with code .....

**Issuing Authority:** Tehsildar-cum Executive Magistrate,  
Naib Tehsildar-cum Executive Magistrate,  
Head of Department in case of Govt. employees

**Annexure -III**

**BACKWARD CLASS CERTIFICATE (BLOCK 'A' or 'B')**

Photo of applicant to be attested by the issuing authority

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter of Shri \_\_\_\_\_ resident of Village/Town \_\_\_\_\_ Tehsil \_\_\_\_\_ Distt. \_\_\_\_\_ of the State/Union Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ Caste, which has been notified as Backward Class by the Haryana Government and is placed in Block \_\_\_\_\_ (mention Block 'A' or 'B').

This is to certify that he/she does not belong to the person/section (Creamy layer) as per State Govt. letter No.1170-SW(1)-95 dated 07.06.1995, No.22/36/2000-3GS-III dated 09.08.2000 & No.213-SW(1)-2010 dated 31.08.2010, Haryana Govt. instructions No.59 SW(1)-2013 dated 24.01.2013 and 808-SW(1) dated 17.08.2016.

This certificate is being issued to him/her on the basis of verification of Sarpanch/ Patwari/Kanungo.

Signature with seal of issuing Authority  
Full Name .....  
Designation .....  
Address with Telephone No. with code

.....  
Sr. No.:.....  
Place :.....  
Dated :.....

**Issuing Authority:** Tehsildar or Naib Tehsildar  
Head of Department in case of Govt. employees

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**AFFIDAVIT**

(By the Parents of the Backward Class Category Candidates)

I \_\_\_\_\_ Father/Mother  
of \_\_\_\_\_ Resident of \_\_\_\_\_  
\_\_\_\_\_ seeking admission to

\_\_\_\_\_ course in HVSU do hereby solemnly affirm & declare that I belong to \_\_\_\_\_ caste which is included in the list of Backward Classes Block 'A'/'B' / \_\_\_\_\_ approved by the Haryana Govt. I further declare and affirm that I and my wife/husband are not covered under the criteria fixed by Haryana Govt. vide letter No. 1170/SW(1)-95 dated 07.06.95, No.22/36/2000-3GS-III dated 09.08.2000, No.22/22/2004-3GSIII dated 22.01.2009. No.213-SW(1)-2010 dated 31.08.2010, Haryana Govt. instructions No.59 SW(1)-2013 dated 24.01.2013 and 808-SW(1) dated 17.08.2016 and for excluding socially advanced persons/sections (Creamy Layer) from Backward Classes Category.

I further undertake that in case the information contained in the above para is found false at any stage, the Competent Authority will be entitled to cancel the admission.

DEPONENT

Dated:.....

Place:.....

**VERIFICATION**

Verified that the above statement is true and correct to the best of my knowledge and belief and nothing has been concealed therein.

DEPONENT

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The affidavit should be of 2018.

**MEDICAL CERTIFICATE FOR DIFFERENTLY ABLED**  
**OFFICE OF THE CHIEF MEDICAL OFFICER \_\_\_\_\_**

No. \_\_\_\_\_

Dated \_\_\_\_\_

Certified that Sh./Km./Smt \_\_\_\_\_ son/daughter/wife of Sh. \_\_\_\_\_ resident of \_\_\_\_\_ District \_\_\_\_\_ appeared before the Medical Board for medical check up. On his/her Medical Examination, it is found that the nature of Differently Abled/ disability is \_\_\_\_\_% and (as applicable), is as under:

1. Blind or Low vision \_\_\_\_\_
2. Hearing impairment \_\_\_\_\_
3. Locomotor disability/cerebral palsy \_\_\_\_\_

Thus the candidate is Differently Abled as per standard norms of Haryana.

(Signature of the Applicant)

Chief Medical Officer

\_\_\_\_\_

Dated: \_\_\_\_\_

Haryana

Place: \_\_\_\_\_

\*The Differently Abled disability should not be less than 40% and should not interfere with the requirement of professional career such as Engineering/Architecture/Technician etc.

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(Office Stamp)



**CERTIFICATE OF MEDICAL FITNESS  
(TO BE DEPOSITED AT THE TIME OF JOINING)**

To be obtained from any Govt. / Registered Medical Practitioner having MBBS Degree. Please note that in no other form this certificate will be accepted. (Please refer to prescribed standards given overleaf)

Name \_\_\_\_\_ (In Block Letters)

Father's Name: Shri \_\_\_\_\_

Height: \_\_\_\_\_

Weight \_\_\_\_\_

Chest: \_\_\_\_\_

Heart and Lungs: \_\_\_\_\_

Vision: L : \_\_\_\_\_ R: \_\_\_\_\_

Colour Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

Hernia/Hydrocele/Piles: \_\_\_\_\_

Remarks: \_\_\_\_\_

I certify that I have carefully examined

Mr. / Ms. \_\_\_\_\_

Son/ daughter of Shri \_\_\_\_\_

who has signed in my presence.

He/ she has no mental and physical disease and is FIT.

Signature of the Candidate

Station: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Govt. / Registered  
Medical Practitioner having  
MBBS Degree with legible seal**

**SELF DECLARATION BY THE STUDENT**

(No affidavit required)

1. I, \_\_\_\_\_ (*full name of student with admission/registration/enrollment number*) S/o, D/o Mr./Mrs./Ms. \_\_\_\_\_ having been admitted to \_\_\_\_\_ (*name of the institution*), have carefully read "THE HARYANA PROHIBITION OF RAGGING IN EDUCATIONAL INSTITUTION ORDINANCE, 2012" and fully understood the provisions contained in the said Ordinance.
2. I have, in particular, perused clause 2(f) of the Ordinance and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 8 of the Ordinance and I am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that :
  - (a) I will not indulge in any behaviour or act that may be constituted as ragging under the Ordinance.
  - (b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under the Ordinance.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to Ordinance, without prejudice to any other criminal action that may be taken against me under any penal law or any, law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ 2018.

**Signature of the Student  
Name:**

**SELF DECLARATION BY PARENT/GUARDIAN**  
(No affidavit required)

1. I, Mr./Mrs./Ms \_\_\_\_\_ (*full name of parent/ guardian*) father/mother/guardian of, \_\_\_\_\_ (*full name of student with University Roll Number*), having been admitted to (*name of the institution*) have carefully read "THE HARYANA PROHIBITION OF RAGGING IN EDUCATIONAL INSTITUTION ORDINANCE, 2012" and fully understood the provisions contained in the said Ordinance.
2. I have, in particular, perused clause 2(f) of the Ordinance and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 8 of the Ordinance and I am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that :
  - (a) My ward will not indulge in any behaviour or act that may be constituted as ragging under the Ordinance.
  - (b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under the Ordinance.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to Ordinance without prejudice to any other criminal action that may be taken against my ward under any penal law or any, law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ 2018.

Signature of the Parent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone/Mobile No. \_\_\_\_\_

Email ID \_\_\_\_\_

**STUDY GAP AFFIDAVIT**

I \_\_\_\_\_

S/D/o \_\_\_\_\_

R/o \_\_\_\_\_

Do hereby solemnly and state as under:

1. That my above name and address is correct.
2. That I have passed \_\_\_\_\_ (Qualifying Examination) from \_\_\_\_\_ (Institution Name) in the year \_\_\_\_\_ with \_\_\_\_\_ %.
3. That there is gap of \_\_\_\_\_ year/s between passing of \_\_\_\_\_ (Qualifying Examination) and now seeking admission in the Haryana Vishwakarma Skill University, Haryana.
4. That during this gap period I was doing \_\_\_\_\_  
\_\_\_\_\_
5. That during this gap period, I was neither studying anywhere nor passed any other examination.
6. That I was not involved in any criminal offence whatsoever and I was not punished for any offence by any Court of law during that gap period.

**DEPONENT VERIFICATION**

That the above statement is true to the best of my knowledge and belief and nothing has been concealed there from.

**DEPONENT**