



UNIVERSITY SCHOOL OF MASS COMMUNICATION  
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
SECTOR-16C, DWARKA, NEW DELHI – 110 078

GGSIU/USMC/PHD/Admissions/2021/

Dated: 17.12.2021

**Subject: List of provisionally selected candidates in Ph. D. programme for the Academic Session 2021 – 2022 in University School of Mass Communication.**

The following is the list of selected candidates for Ph. D. programme in University School of Mass Communication:

S. No.	Roll No.	Name of the Applicant	Full Time / Part Time	Category	Proposed Supervisor
1.	112613600002	Aman Dubey	Full Time	UR	Dr. Sarvesh D. Tripathi
2.	112613600025	Tarun Joshi	Full Time	UR	Dr. Sweta Singh
3.	112613300009	Ravi Sehrawat	Full Time	UR	Dr. Sachin Bharti
4.	112611500018	Shikha Shalini	Full Time	UR	Dr. Sweta Singh
5.	112613300016	Dishha Medhavi	Full Time	SC	Dr. Kulveen Trehan

The above candidates are required to report on or before 5.00 p.m. till 24<sup>th</sup> December 2021 for document submission. The candidates are required to bring along with them 02 sets of the following documents:

1. Fee Receipt of Rs.10,000/- in the form of Bank Challan, deposited in the Indian Bank, GGS IP University Branch.
2. Duly filled in Ph. D. registration (Copy attached).
3. 04 Passport size photographs.
4. All self attested documents as required documents in the Check list Attached.

(Prof. Queeny Pradhan)  
Dean, USMC

**Copy to:**

1. Director, Research & Consultancy, GGS IP University
2. Controller of Examinations, GGS IP University
3. Controller of Finance, GGS IP University
4. Incharge, UITS with the request to upload the same on the University Website
5. Manager, Indian Bank, GGS IP University, Sector 16/C, Dwarka, New Delhi – 78
6. Office Copy



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

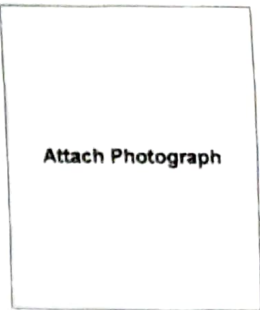
Sec-16-C, Dwarka Campus, Delhi-110 078

Website: <http://ipu.ac.in>

## OFFICE OF THE DIRECTOR (RESEARCH & CONSULTANCY)

### APPLICATION FORM FOR REGISTRATION IN THE Ph.D. PROGRAMME

- 1 Academic Session: \_\_\_\_\_
- 2 Full Time:  Part Time:
- 3 Roll No. (For Office use only): \_\_\_\_\_
- 4 Name of the Research Scholar (In Capital Letters): \_\_\_\_\_
- 5 Discipline: \_\_\_\_\_
- 6 Name of the School: \_\_\_\_\_
- 7 Name of the Supervisor: \_\_\_\_\_
- 8 Address for Correspondence : \_\_\_\_\_
- 9 E Mail Id: \_\_\_\_\_
- 10 Contact No. \_\_\_\_\_
- 11 Father's/ Husband's Name: \_\_\_\_\_
- 12 Mother's Name: \_\_\_\_\_



Attach Photograph

13 Date of Birth: 

Day	
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Month	
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Year			
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14 Category: Gen/ O.B.C:  SC:  ST:  PWD:  Male/ Female:

15 Details of the Academic Qualifications & Experience:

(a) Academic Qualifications (Attach Documentary Evidence(s):

S. No.	Examination	School/ College/ University	Subjects	Year of Passing	%age of marks secured/ CGPA
1	Secondary				
2	Sr. Secondary				
3	Graduation				
4	Post Graduation				
5	M.Phil				
6	Others				

(b) Certificate for Qualifying  
NET(JRF)/GATE/UGC-CSIR  
(NET/JRF)/DBT (JRF)/ICMR  
(JRF) (Yes/No):

With Details: \_\_\_\_\_

(c) Details of the Teaching/ Research Experience (Attach Documentary Evidence (s))

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

### UNDERTAKING

I undertake that all the course work prescribed by the University for Ph.D. Programme shall be successfully completed by me, I shall complete the minimum residency period as required by University. I shall abide by all the rules and regulations of the University as in force from time to time.

\_\_\_\_\_  
Signature of the Research Scholar with Date

### RECOMMENDATION OF THE DEAN

Recommended/ Not Recommended for  
Registration into the Ph.D Programme

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of the Proposed Supervisor with Date

\_\_\_\_\_  
Signature of the Dean with Date

\_\_\_\_\_  
Signature of the DRC with Date

### FEE STRUCTURE FOR PRELIMINARY REGISTRATION

- 1 Preliminary Registration fees (This include the fee of the first year) (₹) 10,000/-
- 2 Fee receipt No. with Date: \_\_\_\_\_

## CHECK LIST

- |    |  |                      |
|----|--|----------------------|
| 1  | Document(s) for Date of Birth/ Secondary School Certificate/ Marksheet.                          | <input type="text"/> |
| 2  | Sr. Secondary School Certificate.  | <input type="text"/> |
| 3  | Sr. Secondary Marks Sheet.   | <input type="text"/> |
| 4  | Graduation Marks Sheet.  | <input type="text"/> |
| 5  | Graduation Degree.   | <input type="text"/> |
| 6  | Post Graduation Marks Sheet.   | <input type="text"/> |
| 7  | Post Graduation Degree.  | <input type="text"/> |
| 8  | M.Phil degree / Marksheet  | <input type="text"/> |
| 9  | Certificate for Category.  | <input type="text"/> |
| 10 | Certificate for Qualifying NET(JRF)/GATE/UGC-CSIR (NET/JRF)/DBT (JRF)/ICMR (JRF)                 | <input type="text"/> |
| 11 | If approved for Part Time, copy of N.O.C from concerned Department.(in case of regular employee) | <input type="text"/> |
| 12 | Other Document(s)  | <input type="text"/> |

\_\_\_\_\_  
(Signature of the Scholar with Date)

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

\_\_\_\_\_  
(Signature of the Verifying Officer with Date)



**Guru Gobind Singh Indraprastha University**  
**Sector 16-C, Dwarka, New Delhi-110078**  
**Academic Coordination Branch**

**FORM FOR ISSUE OF STUDENT IDENTITY CARD**

**(Important : see notes below)**

Name \_\_\_\_\_  
(Block letters)  
Father/Husband's Name \_\_\_\_\_  
(Block letters)  
Mother's Name \_\_\_\_\_  
(Block letters)  
School and Course \_\_\_\_\_  
Enrolment No \_\_\_\_\_  
Semester \_\_\_\_\_  
(Give year, if annual pattern)  
Type of Course (Regular/Weekend) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
(DD/MM/YYYY)  
Blood Group \_\_\_\_\_  
Name of Person & Phone No. to be  
contacted in case of emergency \_\_\_\_\_  
Mark of Identification \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Phone No \_\_\_\_\_ Mobile \_\_\_\_\_ Res: \_\_\_\_\_  
Valid upto \_\_\_\_\_  
(for regular duration of course) 31<sup>st</sup> July \_\_\_\_\_ (Year)

Paste here recent  
passport size photograph  
(to be scanned for I.D  
Card)

Paste here recent  
passport size photograph  
(same as above duly  
attested by Dean)

**UNDERTAKING**

I solemnly affirm that the information furnished above is true and correct in all respects. I have not concealed any Information. I realise that if any information furnished here is found to be incorrect / untrue, I shall be liable to action by the University. I agree to abide by the rules and regulation of University. I understand that, if I am found indulging in any act of misbehavior / indiscipline, disciplinary action will be taken against me.

\_\_\_\_\_  
**Counter signature of Dean/Nominee**  
**(with date and Seal)**

\_\_\_\_\_  
**Signature of Student**  
**(with date)**

**Notes: -**

- 1. Filled- in form is to be submitted at the office of respective Dean.**
- 2. The form must be duly signed and stamped by the respective Dean/ Nominee at the space given above.**  
**(The form will not be accepted without the signature and stamp of Dean/ Nominee).**
- 3. The Form must be filled up in legible handwriting as per instructions above.**
- 4. All the Columns are compulsory.**