



**CENTRE OF EXCELLENCE IN DISASTER MANAGEMENT**  
**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY**  
**SECTOR 16 C, DWARKA, NEW DELHI-110078**  
**www.ipu.ac.in; 011-25302782-83**



GGSIPIU/CEDM/2022/ 5923

Date: 12.12.2022

**Subject : List of Selected candidates for admission into Ph.D. program in the discipline of Disaster Management at Centre of Excellence in Disaster Management (CEDM) during Academic Session 2022-23**

This is in continuation to the Notice with even number dated 01.11.2022 vide which Merit list of the applicants applied for admission in Ph.D. at CEDM was notified on the basis of PET qualifying marks and marks of Interview conducted with different criteria as per Ordinance 12 of the University Act. Accordingly following candidates have been selected in order of merit:

S. No.	Roll No.	Application No	Applicant Name	Allotted Supervisor
1	193940200004	402220000014	Atul Garg (PT)	Prof. Amarjeet Kaur
2	193840200004	402220000015	Rajesh Kumar (PT)	Prof. Amarjeet Kaur
3	111840200001	402220000037	Pawan Kumar (PT)	Prof. Amarjeet Kaur
4	111940200001	402220000036	Sumesh Kumar (PT)	Prof. Amarjeet Kaur
5	193940200005	402220000010	Sidharth Verma (FT)	Dr. Durgesh Tripathi
6	193840200002	402220000026	Fatima Amin (PT)	Dr. Deeksha Katyal

\*FT – Full Time

PT – Part Time

The afore said candidates are required to report with the fee slip in the office of Director, CEDM, Guru Gobind Singh Indraprastha University, Sector 16-C, Dwarka, New Delhi – 110 078, latest by 15.12.2022 (Thursday) during 11.00 AM to 03.00 PM for the submission of following document:

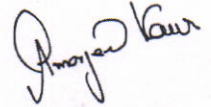
1. Photocopy of Bank challan of Rs. 57,000/- after submission of fee in Indian Bank situated at University Campus.
2. Two sets of duly filled Registration Form (Attached)
3. Two sets of all educational qualification documents/ certificates (Self attested copy of marksheets and degree/ provisional certificate of Master's degree, Bachelor degree, 12<sup>th</sup>, 10 etc.)
4. Self attested copies of other relevant documents under which any exemption/ relaxation has been claimed (NET (JRF)/ GATE etc.)
5. Category Certificate (SC/ ST/ PwD/ EWS)
6. No Objection Certificate from employer, if employed (for Part Time)
7. Two sets of Identity card/ Membership Form and Internet Access Login Faculty forms dully filled by the candidate (attached).
8. Six Passport Size Photo

The candidates are required to contact their allotted supervisors before visiting the University as the signatures of Supervisors will be required in the attached formats including check lists.

For any query, please contact, Office of Director CEDM, GGSIPU

Contact Number: 011-25302782-83 (Office), +91-9810479919 (Mobile)

Email: [director.cdms@ipu.ac.in](mailto:director.cdms@ipu.ac.in), [amarjeet\\_ip@yahoo.com](mailto:amarjeet_ip@yahoo.com)



(Scanned Signature)

**(Prof. Amarjeet Kaur)**  
**Director CEDM**

Copy to:-

1. Director (RDC) for information.
2. Director (Academic Affairs) for information
3. All Supervisors and selected candidates through email.
4. AR to Hon'ble Vice Chancellor for kind information of Hon'ble Vice Chancellor
5. Head UITs, Server Room for Uploading on the University Website.



**Guru Gobind Singh Indraprastha University**  
Dwarka, Sector-16/C, Delhi-110078 Website:<http://ipu.ac.in>  
(Centre of Excellence in Disaster Management)

GGSIU/CEDM/2022/5873

Dated: 01<sup>st</sup> November, 2022

**Notice**

As per the consent available, six slots are vacant for admission in Ph.D. (Disaster Management) and includes (i) Four slots in the name of Prof. Amarjeet Kaur, Professor USEM & Director CEDM/ Project Incharge, USF&IS; (ii) one slot in the name of Dr. Durgesh Tripathi, Associate Professor USMC; and (iii) one slot in the name of Dr. Deeksha Katyal, Associate Professor, USEM. The merit list of the applicants applied for admission in Ph.D. at CEDM has been prepared on the basis of PET qualifying marks and marks of interview conducted with different criteria as per Ordinance 12 of the University Act, as below:

S. No. in Merit	Application No.	Name of Applicant
1	402220000014	Atul Garg
2	402220000015	Rajesh Kumar
3	402220000037	Pawan Kumar
4	402220000036	Sumesh Kumar
5	402220000010	Sidharth Verma
6	402220000026	Fatima Amin
7	402220000047	Rajat Sharma
8	402220000007	Rajaneesh Kumar Chouhan
9	402220000016	Ankita Mishra
10	402220000043	RishabhShokeen
11	402220000039	Pawan Kumar
12	402220000042	Sandeep
13	402220000022	Raman Garg
14	402220000011	Ashutosh Rajpoot
15	402220000004	Awdhesh Kumar
16	402220000009	Muzamil Hassan Lone
17	402220000006	Manish Kumar

The applicants in the merit list are requested to provide their preference of supervisor in the area of their proposed research at [director.cdms@ipu.ac.in](mailto:director.cdms@ipu.ac.in) before 07<sup>th</sup> November, 2022. The vacant slot will be filled/ allotted from the preference received in order of merit after due approval of the competent authority of the University.

(Prof. Amarjeet Kaur)  
Director, CEDM

**DONATE BLOOD –SAVE LIVES**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Website: [www.ipu.ac.in](http://www.ipu.ac.in)

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आजादी का  
अमृत महोत्सव

OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)

Ph: 011-25302123 & email Id: [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

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

1 Academic Session: \_\_\_\_\_

2 Full Time:  Part Time:

3 Enrollment No. (For Office use only): \_\_\_\_\_

4 Name of the Research Scholar (In Capital Letters): \_\_\_\_\_

5 Discipline: \_\_\_\_\_

6 Name of the School/Centre: \_\_\_\_\_

7 Name of the Supervisor and Co-Supervisor (if any) \_\_\_\_\_

8 Address for Correspondence : \_\_\_\_\_

9 E-Mail Id: \_\_\_\_\_

10 Contact No. \_\_\_\_\_

11 Father's/ Husband's Name: \_\_\_\_\_

12 Mother's Name: \_\_\_\_\_

13 Date of Birth: Day   Month   Year

Attach  
Photograph

14 Category:

Gen/OBC	EWS:	SC	ST	PWD	Male/ Female/ Transgender:

15 Details of the Academic Qualifications & Experience:

(a) Academic Qualifications (Attach self-verified copy of the 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) Qualified NET(JRF)/GATE/UGC–CSIR (NET/JRF)/DBT (JRF)/ICMR (JRF)/Others Yes/No  
 Details: \_\_\_\_\_  
 (Attach certificate, if applicable)

(c) Details of the Teaching/ Research Experience if any (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 / DIRECTOR

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

Name of the Ph.D Supervisor allotted : \_\_\_\_\_

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

### FEE STRUCTURE FOR REGISTRATION

1 Registration fees (₹) 57,000/-

2 Mode / Proof of submission of fee with details: \_\_\_\_\_

## CHECK LIST (Admission)

- |    |  |   |
|----|--|---|
| 1  | Document(s) for Date of Birth/ Secondary School Certificate/ Marksheet                           | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 2  | Sr. Secondary School Certificate   | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 3  | Sr. Secondary Marks Sheet  | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 4  | Graduation Marks Sheet   | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 5  | Graduation Degree  | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 6  | Post Graduation Marks Sheet  | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 7  | Post Graduation Degree   | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 8  | M.Phil degree / Marksheet  | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 9  | Certificate for Category   | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 10 | Certificate for Qualifying NET(JRF)/GATE/UGC-CSIR (NET/JRF)/DBT (JRF)/ICMR (JRF)                 | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 11 | If approved for Part Time, copy of N.O.C from concerned Department.(in case of regular employee) | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 12 | Any other Document(s)  | <input style="width: 100%; height: 20px;" type="checkbox"/> |

\_\_\_\_\_  
(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)	_____	Paste here recent passport size photograph (to be scanned for I.D Card)
Father/Husband's Name (Block letters)	_____	
Mother's Name (Block letters)	_____	
School and Course	_____	Paste here recent passport size photograph (same as above duly attested by Dean)
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)	

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.



**Guru Gobind Singh Indraprastha University**  
Sector-16 C, Dwarka, New Delhi-110078  
University Information Resource Centre

*Identity Card/Membership Form for Students*

Latest  
stamp size  
photo

Name (Block Letters) \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Blood Group \_\_\_\_\_  
Enrolment No. \_\_\_\_\_  
School & Course \_\_\_\_\_  
Date of Admission \_\_\_\_\_  
Duration of Course \_\_\_\_\_  
Correspondence Address \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
Phone No. \_\_\_\_\_  
E-Mail \_\_\_\_\_

**UNDERTAKING**

I have read the UIRC rules and agree to abide by them and also agree with records maintained by the UIRC, in respect of issue & return of documents & other related matters. I undertake the following.

1. To pay any dues when demanded by the UIRC as per its rules.
2. That after writing examination of final semester, I will return all the books to UIRC otherwise University reserves the right to withhold my result.
3. To obtain "No Dues/ Clearance Certificate" from UIRC at the time of leaving the University.

Date:

Signature of Applicant

Signature of Dean (with Stamp)

For UIRC Use

Mr./Ms. \_\_\_\_\_ has been enrolled as member of the UIRC. His/ her membership No. is \_\_\_\_\_

Librarian

Note: - All Columns are compulsory, submit two photographs (one attach, one paste)





GURU GOBIND SINGH  
INDRAPRASTHA  
UNIVERSITY

University IT Services Cell

Form No: UITS/FG6

Guru Gobind Singh Indraprastha University

Sector-16 C, Dwarka, Delhi - 110078

**INTERNET ACCESS LOGIN FACILITY / CHANGE PASSWORD FORM**

Department / School Name

.....

Employee / Student Name

.....

Employee Code / Enrolment  
Number

.....

Year of Joining / Admission

.....

Primary Mobile Number

.....

Valid E-Mail Id

.....

Reason for Internet Access  
Login / Change of Password

.....

I confirm the following:

1. I have enclosed copy of my University I-Card / Appointment Letter / Admission Slip.
2. I shall not share my User Id / Password to anyone.
3. I shall be fully liable for any legal activities observed through my User id.

Signature of Dean / Supervisor / Branch Head

Employee / Student Signature

Date: .....

To be filled by UITS Cell, GGS Indraprastha University

Remarks (If any):

.....

Signature of Head, UITS Cell