



**Centre for Excellence in Pharmaceutical
Sciences**

Guru Gobind Singh Indraprastha University
Sector 16-C, Dwarka, New Delhi – 110 078.



F.15/GGSIPU/CEPS/2022/ 339

07.09.2022

Subject: List of selected candidate for admission into Ph.D. programme in University's Centre of Excellence in Pharmaceutical Sciences (CEPS) in the academic session 2022-23.


Interview for admission in Ph.D. programme in the discipline of Pharmaceutical Chemistry for the session 2022-23 were conducted on 22nd August, 2022. Following candidate was selected:

S. No.	Roll No.	Application No.	Applicant Name
1.	112440100001	401220000016	Prachi Mishra

The aforesaid candidate is required to report with the fee slip in the office of Director, CEPS, Guru Gobind Singh Indraprastha University, Sector-16C, Dwarka, New Delhi-110078, latest by **09.09.2022 (Friday) during 11:00 a.m. to 03:00 p.m.** for the submission of following documents:

1. Photocopy of Bank Challan of Rs. 57,000/- (Rupees Fifty Seven thousand only) after submission of fee of Rs. Rs. 57,000/- (Rupees Fifty Seven thousand only) in Indian Bank situated in the University Campus, Dwarka, New Delhi-110078.
2. Two sets of duly filled registration Form (Attached).
3. Two sets of all educational qualification documents (self-attested copies of mark sheets and degree/provisional certificate of Master's Degree, Bachelor Degree, 10th, 12th).
4. Self-attested copies of the other relevant documents under which any exemption/relaxation has been claimed (if applicable).
5. No Objection Certificate from employer (if employed).
6. Two sets of Identity Card Form duly filled by the candidate (attached).
7. Category Certificate (SC/ST/PWD/EWS).

The candidate is required to contact their Supervisor before visiting the University as the signature of Supervisor will be required in the attached formats including check list.


Prof. A.K. Narula
(Director, CEPS)

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



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: _____
- 13 Date of Birth:

Day		Month		Year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- 14 Category: Gen/ O.B.C: SC: ST: PWD: Male/ Female:
- 15 Details of the Academic Qualifications & Experience:

Attach Photograph

(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: _____



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) 31st 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.

CHECK LIST

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

(Signature of the Scholar with Date)

Address: _____

(Signature of the Verifying Officer with Date)