

GGSIU/USE/2022-23/1435

Date: 18.08.2022

**Provisionally Selected list of candidates for Academic Session 2022-23 for Ph.D.**  
**(Education) programme**

The admission committee for Ph.D. (Education) programme at USE has approved the following candidates for provisional admission to Ph.D. (Education) programme for the Academic Session 2022-23:

S. No.	APPLICATION NO.	NAME OF THE STUDENT	MODE OF RESEARCH	CATEGORY	SUPERVISOR
1.	311220000076	Babina Ann Thomas	PART TIME	GEN	Dr. Shalini Yadava
2.	311220000085	Babita	FULL TIME	GEN	Dr. Amit Ahuja
3.	311220000108	Nupur Prakash	FULL TIME	GEN	Dr. Amit Ahuja
4.	311220000104	Shubhika Shah	PART TIME	SC	Dr. Anjali Shokeen
5.	311220000072	Stuti Shandilya	FULL TIME	GEN	Dr. Amit Ahuja
6.	311220000049	Swati Sharma	FULL TIME	GEN	Dr. Shalini Yadava

\*All the above candidates are required to report on September 1, 2022 (Thursday) at 11 AM at room no. C-403, USE, GGSIPU along with the following documents:

- Two sets of duly filled attached registration form.
- All Original Documents.
- Two sets of self attested copies of documents as per the attached checklist.
- Two sets of self-attested copy of the other relevant documents under which reservation has been claimed (if applicable)
- The part time candidates have to submit No Objection Certificate (in original) from the employer.
- Identity card form (attached).
- Demand Draft of Rs. 57,000/- (Rupees Fifty Seven Thousand only)- in favour of Registrar, Guru Gobind Singh Indraprastha University payable at Delhi.

  
Prof. Sangeeta Chaudhan  
Dean, USE

**Copy to:**

- DRC, GGSIPU for the information.
- CoF, GGSIPU with a request to depute an official to collect the Demand Drafts on 1<sup>st</sup> September, 2022 from USE Office.
- USE Ph.D. admission file.
- In-charge, UITS with a request to upload on university website



# 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:				<div>Attach Photograph</div>						
2	Full Time:	<input type="text"/>	Part Time:	<input type="text"/>							
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:	<table border="1"><tr><td>Day</td><td></td></tr></table>	Day		<table border="1"><tr><td>Month</td><td></td></tr></table>	Month		<table border="1"><tr><td>Year</td><td></td></tr></table>		Year	
Day											
Month											
Year											
14	Category:	Gen/ O.B.C: <input type="text"/>	SC: <input type="text"/>	ST: <input type="text"/>	PWD: <input type="text"/>	Male/ Female: <input type="text"/>					

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.