



University School of Chemical Technology
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
Sector 16C, Dwarka, New Delhi -110078, INDIA

www.ipu.ac.in

Ref: GGSIPU/USCT/Ph.D./2023/-

Date: 02.08.23

Subject: List of selected candidates for the admission to Ph.D. programme in University
School of Chemical Technology for the academic session 2023-24

The interview for admission to the Ph.D. programme (Chemical Technology) in the University School of Chemical Technology (USCT) of GGS Indraprastha University for the academic session 2023-24, was held on 18.07.2023. The following candidates were selected by the admission committee.

S.No	Application No.	Name	NET(JRF) /PET	Full Time /Part Time	Category	Allotted Supervisor
1.	231230000004	Mr. Azad Singh	PET	Part Time	General	1. Prof. Tapan Sarkar 2. Prof. Arinjay Kumar
2.	231230000008	Mr. Shakti Singh Chauhan	PET	Full Time	General-EWS	1. Dr. Dinesh Kumar 2. Dr. Sanigdha Acharya

Candidates are required to report with fee slip in the office of Dean, USCT (Block: B, Room No: BFR: 104), GGS Indraprastha University, Sector: 16C, Dwarka, New Delhi-110078 latest by **10.08.2023** for document verification. The candidates are required to bring two sets of the following documents:

1. Photo copy of Bank Challan of Rs. 57,000/- after submission of fee of Rs. 57,000/- in the Indian Bank, GGS Indraprastha University Branch, Sector: 16C, Dwarka, New Delhi-110078.
2. Duly filled registration form (attached)
3. Category Certificate
4. All self-attested documents as required in the Check list (attached).
5. No Objection certificate from the employer for part time student.
6. Identity card forms duly filled by the candidates (attached).

Arinjay Kumar
02.08.2023

Prof. Arinjay Kumar
Dean, USCT

Copy to:

1. Director, Research and Development for information
2. Controller of Finance, GGS IP University
3. Head, UITS, for uploading on University Website
4. 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 & DEVELOPMENT CELL)

APPLICATION FORM FOR REGISTRATION IN THE Ph.D. PROGRAMME

1	Academic Session:			
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/Centre:			
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 <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
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 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

TOTAL FEE PAYBLE AT THE TIME OF ADMISSION

- 1 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 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) 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.