



UNIVERSITY SCHOOL OF AUTOMATION AND ROBOTICS
GURU GOBIND SINGH INDRAVRASTHA UNIVERSITY
(A State University Established by the Govt. of NCT of Delhi)
East Delhi Campus, Surajmal Vihar, Delhi- 110092

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F. 58-3(1)/2025/USAR/Ph.D.-(Comm.)/2808

16th January 2026

RESULT OF PH.D. ADMISSION FOR WINTER SESSION (AY 2025-26) IN USAR

The following is the merit list of selected candidates for admission to the Ph.D. programme at the University School of Automation and Robotics (USAR), under the disciplines of Artificial Intelligence & Data Science / Artificial Intelligence & Machine Learning (Code: 211), Industrial Internet of Things (Code: 212), and Automation & Robotics (Code: 214).

Sr. No.	Name	Gender	Category	Disc.	Supervisor Allotted
1	Harsha Aggarwal	Female	General	AIML	Dr. Atul Tripathi
2	Shubham	Male	General	AIML	Dr. Sanjay Kumar Singh

Selected candidates are hereby required to complete registration process on Tuesday, 20th January 2026, at 11:30 AM in Room A-214, University School of Automation and Robotics (USAR), Guru Gobind Singh Indraprastha University-East Delhi Campus, Delhi. Candidates must report with the following documents:

1. One set of the duly filled Registration Form (attached).
2. One set of self-attested copies of educational qualification documents (Master's Degree Certificate, Marksheets, or Provisional Certificate).
3. Self-attested copies of supporting documents for any claimed exemption/relaxation (if applicable).
4. A valid Category Certificate (SC/ST/PwD/EWS), if applicable.
5. Original No Objection Certificate (NOC) from the current employer, in case of employed candidates. (To be ignored if already submitted at the time of interview).
6. Duly filled Identity Card Form (attached).
7. A Demand Draft of ₹60,500/- in favour of Registrar, Guru Gobind Singh Indraprastha University, payable at Delhi.
8. Any other documents, as specified in the attached Checklist.

Arvinder Kaur
16.1.26

(Prof. Arvinder Kaur)
Dean, USAR

Copy to:

1. Director (EDC), GGSIPU, for kind information.
2. Director (RDC), GGSIPU, for kind information.
3. Controller of Finance, GGSIPU, for kind information.
4. In charge, UITS, with request to upload the notice on the University Website
5. Guard File.

Rahul
16/1
(Dr. Rahul Johari)
PhD Program Coordinator, USAR



GURU GOBIND SINGH INDRA PRASTHA UNIVERSITY

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

Website: www.ipu.ac.in

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आयोगी
अमृत गढ़ोत्तम

OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)

Ph: 011-25302123 & email Id: 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): _____

Attach
Photograph

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: _____

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	Percentage of marks secured/ CGPA
1	Secondary				
2	Sr. Secondary				
3	Graduation				

5	Post Graduation				
	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

FEES STRUCTURE FOR REGISTRATION

(₹) 52,000/- 60,500/-

1 Registration fees

2 Mode / Proof of submission of fee with
details:

CHECK LIST (Admission)

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

Paste here recent
passport size photograph
(to be scanned for ID
Card)

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)

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.