



**University School of Chemical Technology**  
**GURU GOBIND SINGH INDRAPIRASTHA UNIVERSITY**  
**Sector 16C, Dwarka, New Delhi -110078, INDIA**  
[www.ipu.ac.in](http://www.ipu.ac.in)

Ref: GGSIPU/USCT/Ph.D./2026/

**Date: 22.01.2026**

**Subject: Results of Ph.D. admission in University School of Chemical Technology for the academic session 2025-26 (Winter)**

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 2025-26 (Winter), was held on 21.01.2026. The following candidate was selected by the admission committee.

Sl	Application No.	Name	GATE/PET	Full Time /Part Time	Category	Allotted Ph.D. Supervisor
1.	2523102002	<b>Mr. Yogender Yadav</b>	PET	Full Time	OBC	Supervisor: Dr. Monisha Mridha Manda  Co-supervisor: Dr. Vinita Khandegar

Candidate is 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 **30.01.2026** for document verification. The candidate is required to bring two sets of the following documents:

1. Demand Draft in favour of Registrar, Guru Gobind Singh Indraprastha University payable at Delhi/ Photo copy of Bank Challan/proof of fee submission after submission of fee of **Rs. 60,500/-** in the Indian Bank, GGS Indraprastha University Branch, Sector: 16C, Dwarka, New Delhi-110078.
2. Duly filled registration form (attached)
3. One set of self-attested copy of educational qualification documents.
4. Self-attested copy the other relevant documents under which any exemption/relaxation has been claimed (if applicable)
5. Category Certificate, if any
6. All self-attested documents as required in the Check list (attached).
7. Identity card form duly filled by the candidates (attached).



**Prof. Tapan Sarkar**  
**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 INDRA PRASHTHA 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@lpu.ac.in](mailto:drc@lpu.ac.in)

Ph: 011-25302123 & email to: [pg@iitk.ac.in](mailto:pg@iitk.ac.in)  
**APPLICATION FORM FOR REGISTRATION IN THE Ph.D. PROGRAMME**

17. Details of the Academic Qualifications & Experience:

15 Details of the Academic account: With self-verified copy of the documentary evidence(s):

(a)

(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

(₹) 57000/- 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
- 2 Sr. Secondary School Certificate
- 3 Sr. Secondary Marks Sheet
- 4 Graduation Marks Sheet
- 5 Graduation Degree
- 6 Post Graduation Marks Sheet
- 7 Post Graduation Degree
- 8 M.Phil degree / Marksheets
- 9 Certificate for Category
- 10 Certificate for Qualifying NET(JRF)/GATE/UGC-CSIR (NET/JRF)/DBT (JRF)/ICMR (JRF)
- 11 If approved for Part Time, copy of N.O.C from concerned Department.(in case of regular employee)
- 12 Any other Document(s)

\_\_\_\_\_  
(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 \_\_\_\_\_

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

Enrolment No. \_\_\_\_\_

Paste here recent  
passport size photograph  
(same as above duly  
attested by Dean)

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.