



University School of Humanities & Social Sciences  
Guru Gobind Singh Indraprastha University  
(A State University established by the Government of NCT of Delhi)  
Sector-16C, Dwarka, New Delhi – 110 078  
Email: [dean.ushss@ipu.ac.in](mailto:dean.ushss@ipu.ac.in)



Ref. No. GGSIPU/USHSS/Ph.D./English(w)/2026/.....  
27<sup>th</sup> January, 2026

**NOTICE**

**[For Admission to Ph. D. Programme (English) in Winter Session]**

The following candidates have been provisionally selected for admission to PhD programme (English) of USHSS for the Academic winter session 2025-26:

**A. For the Discipline of "English":**

Sl. NO	Name of Applicant	Father Name	Category	Name of Proposed Supervisor	Mode of Admission
1	Dipti Janghu	Krishan Kumar Janghu	General	Prof. Manpreet Kaur Kang	Full- Time
2	Shruti Chanchal	Sarvesh Kumar Singh	General	Dr. Chetna Tiwari	Full- Time
3	Khyati Vermani	PP Vermani	General	Prof. Shuchi Sharma	Full- Time
4	Manini Jain	Sanjeev Jain	General	Dr Naresh Vats	Full- Time
5	Ahmad Imtiaz Tapadar	MD Mortuja Hussain Tapadar	General	Prof. Manpreet Kaur Kang	Full- Time
6	Aashna	Om Prakash	SC	Dr. Chetna Tiwari	Full- Time

All the above candidates are requested to report on 02<sup>nd</sup> February, 2026 (Monday) at 09:00 AM at Room No. C-504, C-Block, USHSS, GGS IPU University, Sector 16C, Dwarka, New Delhi. Kindly bring the following documents.

1. Two sets of dully filled-in Registration Form (Attached).
2. Two sets of Certificates/Degree(s) of class 10<sup>th</sup> onwards along with one set of self-attested photocopies of the testimonials and four passport size photographs.
3. Self-attested copy of the document on the basis of which exemption/relaxation was claimed, wherever applicable.
4. Original and self-attested photocopy of the Admit Card for PET issued by the University, wherever applicable.
5. Original copy of No Objection Certificate from the Employer, if employed.
6. One set of dully filled-in Identity Card Form (attached).
7. A Demand Draft (DD) of **Rs.60, 500/- (Rupees Sixty Thousand Five Hundred only)** – in favour of **Registrar, Guru Gobind Singh Indraprastha University** payable at Delhi.
8. Other documents, if any as per the checklist (attached)

*Shuchi Sharma*

(Prof. Shuchi sharma)  
Dean, USHSS

**Copy to:**

1. Director, Research & Development Cell, GGS IP University
2. Controller of Examinations, GGS IP University
3. Controller of Finance, GGSIPU University
4. Incharge, UITs with the request to upload the same on the University Website
5. Manager, Indian Bank, GGS IP University, Sector 16/C, Dwarka , New Delhi-78
6. Office Copy





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Website: [www.ipu.ac.in](http://www.ipu.ac.in)



OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)

Ph: 011-25302123 & email Id: [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

## APPLICATION FORM FOR REGISTRATION IN THE Ph.D. PROGRAMME

1	Academic Session:						
2	Full Time:	<input type="checkbox"/>	Part Time:	<input type="checkbox"/>			
3	Enrollment 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 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 <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>			
14	Category:						
		Gen/OBC	EWS:	SC	ST	PWD	Male/ Female/ Transgender:
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach  
Photograph

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	%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

1 Registration 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 | Any other Document(s)  | <input type="text"/> |

\_\_\_\_\_  
(Signature of the Scholar with Date)

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of the Verifying Officer with Date)