

**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY**  
**Kashmere Gate, Delhi - 110006**  
**Application Form For PhD**  
**Registration and Appointment of Supervisor(s)**

Entry No. \_\_\_\_\_  
 (As given at the time of Initial Semester Registration)

A 1 Name of the student in full \_\_\_\_\_  
 (in block Letters)

2 Date of joining \_\_\_\_\_ School \_\_\_\_\_

3 Status: Full-Time/Part Time \_\_\_\_\_  
 (delete whichever is not applicable)

4 Address

a) Present \_\_\_\_\_

\_\_\_\_\_

b) Permanent \_\_\_\_\_

\_\_\_\_\_

5 Academic Qualification

<b>College/Universities last Attended</b>	<b>Examinations Passed</b>	<b>Year of Passing</b>	<b>Division</b>	<b>Marks % CGPA</b>	<b>Major subject specialization</b>

- 6 a) Details of industrial/research experience , if any:  
(attach a separate sheet if necessary)

Period	Name of the Employer	Designation & Nature of Work

b) Publications/Patents/Awards\_\_\_\_\_

(attach a separate sheet if necessary)

Date:\_\_\_\_\_

**Signature of the Applicant**

- B 1. Proposed area of research \_\_\_\_\_  
(in block letter)
2. Particulars of proposed supervisor(s)  
(For joint supervision a statement from supervisors giving justification is to be enclosed)

Name/Designation	Address	No of Scholars being supervised		No. of Scholars who completed PhD under the supervisor	
		Single	Jointly	Single	Jointly

Signature(s) of Supervisor(s)  
With date

Recommendations of the School Research Committee(SRC)

The SRC recommends the consideration of\_\_\_\_\_

as a Full-Time/Part-Time candidate with effect from\_\_\_\_\_

and also recommends the appointment of supervisor(s) as indicated above

Date

Signature of Chairman  
SRC

For the approval of BOS

1. Approved/Non approved
2. Name of Supervisor(s)

Chairman BOS  
(            )