

F. No. GGSIPU/USICT/Ph.D./Adm./2025-26(W)/ \_\_\_\_\_

Dated: 20<sup>th</sup> Jan. 2026

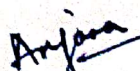
**FINAL MERIT LIST OF PHD ADMISSION 2025-26 (WINTER SESSION) IN USIC&T**

The final merit list of provisionally selected candidates for the Ph.D. programme of USIC&T for the academic year 2025-26 (Winter Session) is given below.

| Sr. No. | Name of Candidate | PET Roll number/ Exempted | Gender | Category | Discipline | Name of Supervisor     |
|---------|-------------------|---------------------------|--------|----------|------------|------------------------|
| 1.      | Ramana Kornu      | Exempted                  | Male   | OBC(NCL) | CA         | Prof. Anjana Gosain    |
| 2.      | Debendra Kr. Dhir | Exempted                  | Male   | General  | CSE        | Prof. Sanjay Kr. Malik |
| 3.      | Neha Gulati       | 2521102033                | Female | General  | CSE        | Prof. Navin Rajpal     |
| 4.      | Sonal Saurabh     | 2521102042                | Female | General  | IT         | Prof. Udayan Ghose     |

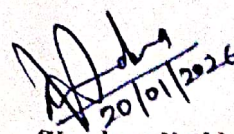
The selected candidates are required to report for registration process on **22<sup>nd</sup> January, 2026** in **ECR-412, E-Block at 10:30am** with the following documents

1. One set of duly filled Registration Form (attached)
2. One set of educational qualification documents (self-attested copy of Master's degree/Mark Sheet/ Provisional Certificate)
3. Self-attested copy of the other relevant documents under which any exemption/relaxation has been claimed, (if applicable).
4. Category certificate (SC/ST/PwD/EWS/OBC-NCL)
5. Original Copy of No objection Certificate from employer, if employed. (Please ignore if already submitted at the time of interview)
6. Identity card form (Attached)
7. A Demand Draft of Rs. 60,500/- in favour of Registrar, Guru Gobind Singh Indraprastha University payable at Delhi
8. Other documents, if any, as per the Check list (attached).

  
(Prof. Anjana Gosain)  
Dean, USIC&T

**Copy to:**

1. Director, RDC, GGSIP University
2. Controller of Finance, GGSIP University
3. All members of SRC
4. In-charge, UITs with the request to upload the same on the University website
5. Guard File

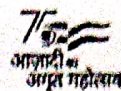
  
(Vandana Nath)  
Professor & Member  
PhD Coordination Cell, USIC&T



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

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



OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)

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

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

|                                                      |                                                                                                                                                                                                                                                                                                                                  |                                           |                                          |                                  |                               |    |    |     |                               |                      |                      |                      |                      |                      |                      |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------|----------------------------------|-------------------------------|----|----|-----|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 Academic Session: *                                |                                                                                                                                                                                                                                                                                                                                  |                                           |                                          | <div>Attach<br/>Photograph</div> |                               |    |    |     |                               |                      |                      |                      |                      |                      |                      |
| 2 Full Time:                                         | <input type="text"/>                                                                                                                                                                                                                                                                                                             | Part Time:                                | <input type="text"/>                     |                                  |                               |    |    |     |                               |                      |                      |                      |                      |                      |                      |
| 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:                                    | <div>Day<br/><input type="text"/></div>                                                                                                                                                                                                                                                                                          | <div>Month<br/><input type="text"/></div> | <div>Year<br/><input type="text"/></div> |                                  |                               |    |    |     |                               |                      |                      |                      |                      |                      |                      |
| 14 Category:                                         | <table border="1"><tr><td>Gen/OBC</td><td>EWS:</td><td>SC</td><td>ST</td><td>PWD</td><td>Male/ Female/<br/>Transgender:</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> |                                           |                                          | Gen/OBC                          | EWS:                          | SC | ST | PWD | Male/ Female/<br>Transgender: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gen/OBC                                              | EWS:                                                                                                                                                                                                                                                                                                                             | SC                                        | ST                                       | PWD                              | Male/ Female/<br>Transgender: |    |    |     |                               |                      |                      |                      |                      |                      |                      |
| <input type="text"/>                                 | <input type="text"/>                                                                                                                                                                                                                                                                                                             | <input type="text"/>                      | <input type="text"/>                     | <input type="text"/>             | <input type="text"/>          |    |    |     |                               |                      |                      |                      |                      |                      |                      |

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/-~~ 60,500/-

2 Mode / Proof of submission of fee with  
details: \_\_\_\_\_

 Scanned with OKEN Scanner

## CHECK LIST (Admission)

- 1 Document(s) for Date of Birth/ Secondary School Certificate/ Marksheet
- 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 / Marksheet
- 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 \_\_\_\_\_  
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) 31<sup>st</sup> July \_\_\_\_\_ (Year)

Paste here recent  
passport size photograph  
(to be scanned for LD  
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.