

University School of Information, Communication & Technology
Guru Gobind Singh Indraprastha University, Delhi

Date: 16th November, 2021

Provisional Admission List

Admission Committee constituted by SRC for PhD programme of USICT has approved the provisional admission of following candidate:

Sr. NO	Roll No./Appl. No.	Discipline	Name of the Candidate	Category	Mode of Research	Supervisor
1.	112123600024	ECE	PARASHURAM	General	Full Time	Dr. Chakresh Kumar
2.	112121600005	ECE	USHA RAWAT	General	Full Time	Prof. C. S. Rai
3.	112113300039	IT	JASMEET KAUR	SC	Full Time	Prof. Arvinder Kaur
4.	112113300009	Computer Application	AYUSHI GUPTA	General	Part Time	Dr. Anuradha Chug
5.	112113600044	CSE	PUNEET SHARMA	General	Part Time	Prof. Sanjay Kumar Malik
6.	112123600005	ECE	HIMADRI SINGH	General	Full Time	Prof. B.V.R. Reddy
7.	112123600009	ECE	MANVENDRA SINGH	General	Full Time	Prof. Manoj Kumar
8.	112113600018	CSE	AKSHAY SINGH	General	Part Time	Prof. Anjana Gosain
9.	112111500022	CSE	PRAMOD KUMAR SETHY	SC	Part Time	Dr. M. Bala Krishna
10.	212219000054	ECE	ISHA	General	Full Time	Prof. Manoj Kumar
11.	112123600002	ECE	KRISHAN KUMAR	General	Full Time	Prof. Manoj Kumar
12.	211218100005	CSE	VARUN GOEL	General	Part Time	Prof. Arvinder Kaur
13.	112111600025	CSE	VIMAL SINGH	General	Part Time	Prof. Amit Prakash Singh
14.	211216100063	IT	SILKI KHARALIYA	SC	Part Time	Prof. Anju Saha
15.	112113300031	IT	LALIT KUMAR NARAYAN	SC	Full Time	Prof. Virendra Prasad Vishwakarma
16.	212219000042	ECE	SHARAD GUPTA	General	Part Time	Prof. B.V.R. Reddy

All the admitted scholars are required to report in physical mode in USICT office on 23rd November 2021 (Tuesday) at 11.30 AM for submission of attached form along with proof of fees submission/DD.

Pravin Chandra
(Pravin Chandra)
Dean, USICT

Copy to:

1. Director, R&C
2. Controller of Finance for information
3. Incharge, UITs with a request to upload on university website
4. All faculty of USICT

Amit Prakash Singh
(Amit Prakash Singh)
PhD Coordinator, USICT
amit@ipu.ac.in
M: 9899166168



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Website: <http://ipu.ac.in>

OFFICE OF THE DIRECTOR (RESEARCH & CONSULTANCY)

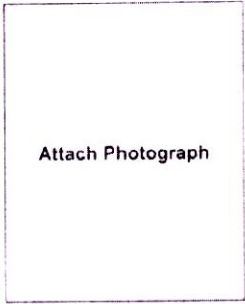
APPLICATION FORM FOR REGISTRATION IN THE Ph.D. PROGRAMME

- 1 Academic Session: _____
- 2 Full Time: Part Time:
- 3 Roll No. (For Office use only): _____
- 4 Name of the Research Scholar (In Capital Letters): _____
- 5 Discipline: _____
- 6 Name of the School: _____
- 7 Name of the Supervisor: _____
- 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	
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Month	
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Year			
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- 14 Category: Gen/O B C: SC: ST: PWD: Male/Female:
- 15 Details of the Academic Qualifications & Experience:



(a) Academic Qualifications (Attach 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) Certificate for Qualifying
NET(JRF)/GATE/UGC-CSIR
(NET/JRF)/DBT (JRF)/ICMR
(JRF) (Yes/No):

With Details: _____

(c) Details of the Teaching/ Research Experience (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

Recommended/ Not Recommended for
Preliminary Registration for the Ph.D
Programme

Signature of the Proposed Supervisor with Date

Signature of the Dean with Date

Signature of the DRC with Date

FEE STRUCTURE FOR PRELIMINARY REGISTRATION

- 1 Preliminary Registration fees (This include the fee of the first year) (₹) 10,000/-
- 2 Fee receipt No. with Date: _____

CHECK LIST

- | | | |
|----|---|---|
| 1 | Document(s) for Date of Birth/ Secondary School Certificate/ Marksheet. | <input style="width: 100%; height: 20px;" type="text"/> |
| 2 | Sr. Secondary School Certificate. | <input style="width: 100%; height: 20px;" type="text"/> |
| 3 | Sr. Secondary Marks Sheet. | <input style="width: 100%; height: 20px;" type="text"/> |
| 4 | Graduation Marks Sheet. | <input style="width: 100%; height: 20px;" type="text"/> |
| 5 | Graduation Degree. | <input style="width: 100%; height: 20px;" type="text"/> |
| 6 | Post Graduation Marks Sheet. | <input style="width: 100%; height: 20px;" type="text"/> |
| 7 | Post Graduation Degree. | <input style="width: 100%; height: 20px;" type="text"/> |
| 8 | M.Phil degree / Marksheet | <input style="width: 100%; height: 20px;" type="text"/> |
| 9 | Certificate for Category. | <input style="width: 100%; height: 20px;" type="text"/> |
| 10 | Certificate for Qualifying NET(JRF)/GATE/UGC-CSIR (NET/JRF)/DBT (JRF)/ICMR (JRF) | <input style="width: 100%; height: 20px;" type="text"/> |
| 11 | If approved for Part Time, copy of N.O.C from concerned Department. (in case of regular employee) | <input style="width: 100%; height: 20px;" type="text"/> |
| 12 | Other Document(s) | <input style="width: 100%; height: 20px;" type="text"/> |

(Signature of the Scholar with Date)

Address: _____

(Signature of the Verifying Officer with Date)

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

FEE STRUCTURE FOR Ph.D REGISTRATION

(Effective from the Academic Session 2017 Onwards)

For the Indian Scholars

- | | | |
|----|--|---|
| 1. | Registration/ Provisional Registration Fee | (₹)10,000/- |
| | | (This includes the fee for the first year). |
| 2. | <u>Annual fee should be paid in August</u> | (₹).2,000/- |
| 3. | Fee payable at the time of Ph.D thesis submission. | (₹).2,000/- |



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) 31st July _____ (Year)

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