



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Website: www.ipu.ac.in



OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)

Ph: 011-25302123 & email Id: drc@ipu.ac.in

APPLICATION FORM FOR REGISTRATION IN THE Ph.D. PROGRAMME

- 1 Academic Session: _____
- 2 Full Time: Part Time:
- 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	Month	Year
<input type="text"/>	<input type="text"/>	<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"/> |
- 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 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 | Any 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)