



UNIVERSITY SCHOOL OF MASS COMMUNICATION
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
SECTOR-16C, DWARKA, NEW DELHI – 110 078

COUNSELLING NOTICE

GGSIU/USMC/PHD/Admissions/2024/

Dated: 27.06.2024


Subject: List of provisionally selected candidates in Ph. D. programme for the Academic Session 2024 – 2025 in University School of Mass Communication.

The following is the list of selected candidates for Ph. D. programme in University School of Mass Communication for the Academic Session 2024-25:

S. No.	Roll No.	Name of the Candidate	Gender	Category	Mode (Full Time / Part Time)	Alloted Supervisor
1.	2426100045	SUSHIL SINGH	Male	General	Part Time	Dr. Durgesh Tripathi
2.	2426100020	NIDHI SHARMA	Female	General	Part Time	Dr. Durgesh Tripathi
3.	2426100055	HARIS HASAN	Male	General	Full Time	Dr. Sweta Singh

All the above candidates are required to report on **8th July, 2024 at 10:00 AM** for document submission. The candidates are required to bring along with them the following documents:

1. Two set of dully filled registration form (Attached).
2. Two set of Educational qualification documents (self attested copy of Master's Degree/ Marksheet/ Provisional Certificate).
3. Self attested copy of the other relevant documents under which any exemption/ relaxation has been claimed. (if applicable)
4. Original copy of No Objection Certificate from employer, if employed (for Part Time Candidates).
5. One set of dully filled Identity Card Form (attached).
6. A Demand Draft of **Rs. 60,500/- (Rupees Sixty Thousand Five Hundred only)** in favour of **Registrar, Guru Gobind Singh Indraprastha University** Payable at Delhi.
7. 06 Passport size photographs.
8. Other documents, if any as per the checklist (attached).


(Prof. A. K. Saini)
Dean, USMC

Copy to:

1. Director, Research & Development Cell, GGS IP University
2. Controller of Examinations, GGS IP University
3. Controller of Finance, GGS IP 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

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Sec-16 C, Dwarka Campus, Delhi - 110 078
Website: www.ipu.ac.in

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भारत महोत्सव

OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)
Ph: 011-25302123 & email Id: drc@ipu.ac.in

L.No. GGSIPU/RDC/2024/2311

Dated:01.04.2024

NOTICE

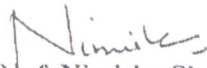
Fee structure for Ph.D programmes from the Academic Session 2024-25

With reference to the Admission Brochure for the Ph.D. programme for the academic session 2024-25 available on the University website, the fee structure for Ph.D programmes is as under:

Sl. No.	Fee Head	Amount (Rs.)
1	Tuition Fee (Per Annum)	25,000/-
2	University's Charges (Per Annum)	20,000/-
3	Alumni Contribution Fund (One Time Non - refundable)	2,000/-
4	Security Deposit (One Time - Refundable)	10,000/-
5	Examination Fee (Per Annum)*	3,000/-
6	Innovation and Incubation Fee (Per Annum)*	500/-
A	Fee Payable per year (1+2+5+6)	48,500/-
B	Fee Payable (one time) at the time of admission (3+4)	12,000/-
	Total fee payable at the time of admission (A + B)	60,500/-

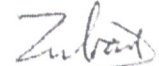
* Note : As approved by Finance Committee vide Agenda Item No.64.11, subsequently approved in the 80th Meeting of Board of Management of GGSIP University vide Agenda Item No.80.34, notified vide no. F.No. GGSIPU/Coord/80th BOM/2023/928 dated 30.11.2023 that "The Board of Management considered and approved the levy of separate Examination Fee @ Rs.3,000/- per student / per annum from the Academic Session 2024-25." In addition to this Innovation and Incubation Fee of Rs.500/- to be paid by all the students of USSs and Affiliated Institution every year from the Academic Session 2024-25, as approved in 65th Finance Committee meeting held on 29th December, 2023.

This is for the information of all stakeholders.


(Prof. Nimisha Sharma)
Director (RDC)

Copy to:-

1. All Deans/Directors.
2. Head, UITS with the request to upload the same on the university website.


(Dr. Zubair Ahmed Khan)
Associate Director (RDC)



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

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

OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)

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/Centre: _____

7 Name of the Supervisor: _____

8 Address for Correspondence : _____

9 E-Mail Id: _____

10 Contact No. _____

11 Father's/ Husband's Name: _____

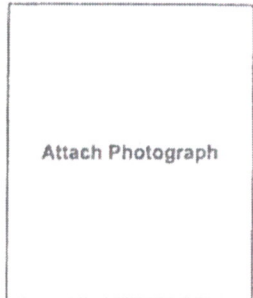
12 Mother's Name: _____

13 Date of Birth:

Day		Month		Year		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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

TOTAL FEE PAYBLE AT THE TIME OF ADMISSION

1 Fees Paid

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 | Other Document(s) | <input type="text"/> |

(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) 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.