



University School of Information, Communication & Technology  
Guru Gobind Singh Indraprastha University  
(a state university established by the Govt. of NCT of Delhi)  
Sector 16C, Dwarka-New Delhi-110078

25

F. No. GGSIPU/USIC&T/Ph.D./Adm(W)/2024-25/ \_\_\_\_\_

Dated: 13/01/2025

**RESULT OF PhD ADMISSION 2024-25 (Winter Session) in USIC&T**

Following is the discipline wise merit list of candidates appeared for Interview of PhD Admission 2024-25 (winter session) in USIC&T

**Discipline: CSE/IT/CA**

Sr. No.	Name of Candidate	Gender	Category	Discipline	Allotted Supervisor	Remarks
1	Himani Arora	Female	GEN	CA	Dr. Jaspreeti Singh	NOC Submission Pending
2	Divakar Paliwal	Male	GEN	CA	Prof. Ashish Payal	-
3	Ankita Jain	Female	GEN	CA	Dr. Ruchi Sehrawat	-
4	Jaity Kautilya	Female	GEN	CA	Prof. Amit Prakash Singh	-
5	Sonal Sindhu	Female	GEN	CA	Prof. Sanjay Kumar Malik	-
6	Manya	Female	OBC (NCL)	IT	Dr. Jaspreeti Singh	-
7	Amit Yadav	Male	OBC (NCL)	CSI	Dr. Reena Gupta	NOC Submission Pending

**Discipline: ECE**

Sr. No.	Name of Candidate	Gender	Category	Discipline	Allotted Supervisor	Remarks
1	Hrnsheeshwar Kaushik	Male	GEN	ECE	Prof. Ashish Payal	-
2	Shalni Chandan	Female	GEN	ECE	Prof. Vandana Nath	-

The selected candidates are required to report to complete registration process on 16<sup>th</sup> January, 2025 in EFC-315, E-Block at 10:30am with 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/ OBC-NCL/PwD/EWS/)
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).

**Copy to:**

1. Director, Research & Consultancy, GGS IP University
2. Controller of Finance, GGS IP University
3. In-charge, UITS with the request to upload the same on the University website
4. Guard File

*Anjana*  
Prof. Anjana Gosain  
Dean, USIC&T

*Vandana*  
13/1/2025  
Prof. Vandana Nath  
Member, PhD Coordination Cell, USIC&T

## CHECK LIST (Admission)

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

\_\_\_\_\_  
(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 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.**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

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

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आजादी का  
अमृत महोत्सव

OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)

Ph: 011-25302123 & email Id: [drc@ipu.ac.in](mailto: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:

14 Category

Gen/OBC	EWS	SC	ST	PWD	Male/ Female/ Transgender
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach  
Photograph

### 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

(₹) ~~₹~~ 60,500

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

# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sec-16, C, Dwarka Campus, Delhi-110 078  
Website: [www.ipu.ac.in](http://www.ipu.ac.in)

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

F.No. GGSIPU/RDC/2024/511

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	<b>Fee Payable per year (1+2+5+6)</b>	<b>48,500/-</b>
B	Fee Payable (one time) at the time of admission (3+4)	12,000/-
	<b>Total fee payable at the time of admission (A + B)</b>	<b>60,500/-</b>

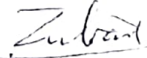
\* Note : As approved by Finance Committee vide Agenda Item No.64/11, subsequently approved in the 80<sup>th</sup> Meeting of Board of Management of GGSIP University vide Agenda Item No 80/34, notified vide no. F.No. GGSIPU/Coord/80<sup>th</sup> BOM/2023/928 dated 30.11.2023 that "The Board of Management 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 65<sup>th</sup> Finance Committee meeting held on 29<sup>th</sup> 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)