

F.49(1)(1)/2024-25/USE/ 986

Date: 16.01.2025


**Provisionally Selected list of candidates for Academic Session 2024-25 (Winter Session) for  
Ph.D. (Education) programme**

The admission committee for Ph.D. (Education) programme at USE has approved the following candidates for provisional admission to Ph.D. (Education) programme for the Academic Session 2024-25(Winter Session):

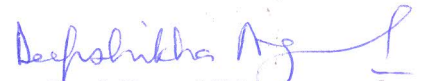
S. No.	NAME	DOB	MODE OF RESEARCH	CATEGORY	SUPERVISOR
1.	Yoshita Rastogi	11.03.1999	Full Time	General	Dr. Anjali Shokeen
2.	Latika Gaur	27.04.1998	Full Time	General	Prof. Saroj Sharma
3.	Muskan Joshi	03.11.1999	Full Time	General	Prof. Saroj Sharma
4.	Neha Yadav	08.11.1994	Full Time	OBC-NCL	Dr. Shalini Yadava
5.	Neha Singh	29.08.1984	Full Time	General	Dr. Anjali Shokeen
6.	Sanya	21.04.1995	Full Time	SC	Dr. Anjali Shokeen

\*All the above candidates are required to report on 22.01.2025 at 11 AM at room no. C-403, USE, GGSIPU along with the following documents:

- Two sets of duly filled attached registration form.
- All Original Documents.
- Two sets of self attested copies of documents as per the attached checklist.
- Two sets of self-attested copy of the other relevant documents under which reservation has been claimed (if applicable)
- Identity card form (attached).
- Demand Draft of Rs. 60,500/- (Rupees Sixty Thousand Five Hundred only)- in favour of Registrar, Guru Gobind Singh Indraprastha University payable at Delhi.

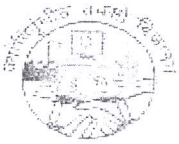
  
16.01.25

**Dr. Amit Ahuja**  
**Ph.D. Coordinator**

  
**Prof. Deepshikha Agarwal**  
**Dean, USE**

**Copy to:**

1. RDC, GGSIPU for the information.
2. USE Ph.D. admission file.
3. In-charge, UITS with a request to upload on university website



# 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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आज़ादी 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			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- 14 Category:

Attach  
Photograph

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/-~~ 60,500/-

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)

# 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: [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

F.No: GGSIPU/RDC/0047/23/24

Dated: 01.04.2024

## NOTICE

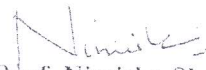
### Fee structure for Ph.D programmes from the Academic Session 2024-25

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>

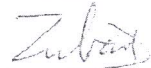
\* Note : As approved by Finance Committee vide Agenda Item No.64.11, subsequently approved in the 80<sup>th</sup> Meeting of Board of Management of GGSIP University vide Agenda Item No.80.34, notified vide no. F.No. GGSIPU/Coord/80<sup>th</sup> BOM/2023/928 dated 30.11.2023 that "The Board of Management 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)



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.