



Centre for Disaster Management Studies
Guru Gobind Singh Indraprastha University
Sector-16C, Dwarka, New Delhi-110078
www.ipu.ac.in; 011-2530781-83; 9810479919

GGSIU/CDMS/2021/19434596/5492

Dated: 15th December, 2021

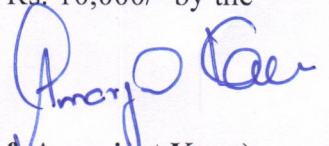
Admission into Ph.D. Programme at CDMS for the
Academic Session 2021-22

The Competent Authority of the University has approved the recommendations of the duly constituted Admission committee for admission/ enrolment of following applicants into Ph.D. Programme at Centre for Disaster Management Studies as Research Scholar during the Academic Session 2021-22:

Rank	Name of Applicant	Name of Allotted Supervisor	Full Time/ Part Time
1.	Jaya Singh Parihar	Dr. Gagadeep Sharma, Associate Professor, USMS	Full Time
2.	Prabhat Verma	Prof. Anurag Jain, Professor, USICT	Part Time
3.	Aditi Kundu	Prof. Queeny, Professor, USLLS	Part Time
4.	Ankush Malik	Prof. Neeraja Lugani Sethi, Professor, USAP	Part Time

To complete the admission process, the above applicants are required to report with the fee slip & other documents for submission at the office of Director, Centre for Disaster Management Studies, Room no. 106, E-Block, GGS IP University, Sector 16-C, Dwarka, New Delhi-110 078, **well before 17.12.2021 (11.00 AM):**

- 1) One set of duly filled registration form (attached), with six passport size photos;
- 2) One set of all educations qualification documents/ certificates (self attested copy of Master's degree/ Marksheet/ Provisional certificates, etc.);
- 3) Self attested copy of the other relevant documents under which any exemption/ relaxation has been claimed, (NET (JRF)/ M.Phil/ GATE etc.);
- 4) No Objection Certificate from employer, if employed;
- 5) Filled Identity Card form (attached);
- 6) Photocopy of the Bank Challan for Rs. 10,000/- after submission of fee of Rs. 10,000/- by the applicant.


(Prof. Amarjeet Kaur)
Director, CDMS

Copy for Information through email to:

1. Director, Research & Consultancy, GGS IP University;
2. Dean, USMS/ USICT/ USLLS/ USAP
3. Controller of Finance, GGS IP University
4. All the allotted Supervisors and selected applicants;
5. Incharge, UITS with request to upload the Notice on University website

DONATE BLOOD –SAVE LIVES



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

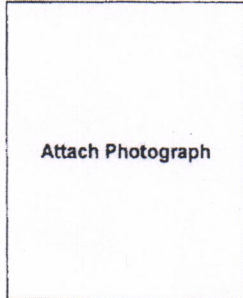
Website: <http://ipu.ac.in>

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		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: 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
Registration into 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
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.