

Guru Gobind Singh Indraprastha University, Delhi

Dated 27th November 2020

Sub.: Merit list of AICTE Doctoral Fellowship

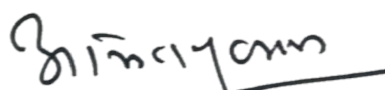
Competent Authority has approved the merit list recommended by PhD Admission committee of respective school. A list of candidates selected for the seat allotment for pursuing full time PhD Programme at GGS IP University under AICTE Doctoral Fellowship scheme are as under:

Sr. No.	Name of the candidate	Category	Discipline	Combined Rank of qualified candidates of USICT
1.	Ritika Kumari	SC	CSE	1
2.	Tanvi Jain	Gen	CSE	2
3.	Jyoti	Gen	CSE	3
4.	Nikhath Ali	Gen	ECE	4
5.	Sunil Kumar	SC	ECE	5
6.	Sonam	SC	CSE	6

All the above candidates are hereby informed to report with fees at **Room No. EFR-315, USICT, GGS Indraprastha University, Sector-16C, Dwarka, New Delhi – 110 078 on 1st December 2020 (Tuesday) at 12 noon** for supervisor allocation and fees submission.

All the candidates are required to bring following documents during supervisor allocation/fees submission:

1. Fees of Rs. 10,000/- (Rupees Ten Thousand only) (DD in favour of Registrar, GGS Indraprastha University payable at Delhi)
2. Two sets of duly filled admission form ([Please download form from here](#))
3. Two sets of Educational Qualification documents (self-attested copy of master's degree/Marksheet/Provisional Certificate)
4. Self-attested copy of the GATE score card
5. Identity card form (attached)


(Amit Prakash Singh)
ADF University Coordinator
Email: adf@ipu.ac.in

Copy to :

1. Dean, USICT/USBT/USCT
2. Director, Research & Consultancy
3. Head, UITS with a request to upload on university website
4. ADF file



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"/>
- 14 Category: Gen/ O.B.C: SC: ST: PWD: Male/ Female:
- 15 Details of the Academic Qualifications & Experience:

Attach Photograph

(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
Preliminary Registration for 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 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

FEE STRUCTURE FOR Ph.D REGISTRATION

(Effective from the Academic Session 2017 Onwards)

For the Indian Scholars

- | | | |
|----|--|-------------|
| 1. | Registration/ Provisional Registration Fee | (₹)10,000/- |
| | (This includes the fee for the first year). | |
| 2. | <u>Annual fee should be paid in August</u> | (₹).2,000/- |
| 3. | Fee payable at the time of Ph.D thesis submission. | (₹).2,000/- |



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 _____ 31st July _____ (Year)
(for regular duration of course)

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.