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University School of Law and Legal Studies
Guru Gobind Singh Indraprastha University
Sector-16 C, Dwarka, New Delhi-110078

F.No. : GGSIPU/USLLS/Ph.D./2022-2023/10455

Date: 07-09-2022


Notice for 2nd Round of Counselling of Reserved Category Candidates (SC, ST, EWS and PWD) for Admission in Ph.D Programme at USLLS in the Discipline of Law

Sub: Schedule of 2nd Round of Counselling for Ph.D admission in the University School of Law and Legal Studies along with the list of candidates.

A list of candidates (SC /ST/EWS/PWD) shortlisted for the 2nd Round of counselling session for admissions to the Ph.D programme in the Law and Legal Studies but could not attend the counselling session held on 29-08-2022 is attached. These include those who have scored 50% and above (45% and above for SC/ST/EWS/PWD) category candidates) in PET-2022 for Ph.D Entrance Test (PET) and those who are exempted from PET2022 as per the admission Broucher of Ph.D programme for the Academic Session 2022-23 of the University. All the Candidates are required to appear before the Ph.D admission Committee, USLLS on 12th September, 2022 at 11.00 a. m. for Counselling Schedule in the Room 412 C- Block, GGSIPU Dwarka, New Delhi- 110078. with the following Documents along with the set of self – attested photocopies of the same.

Please bring following documents in original and one set of photocopies during counselling session:

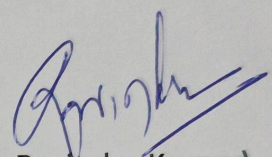
1. One set of duly filled registration form (attached)
2. One set of educational qualification documents(self- attested copy of Master's degree/ Mark sheet/Provisional certificate)
3. Self –attested copy of the relevant documents under which any exemption/relaxation has been claimed (if applicable)
4. No objection certificate from employer, if employed
5. Identity card form (attached)
6. A DD of Rs. 57,000/- (Rupees Fifty Seven Thousand only) - in favour of Registrar, Guru Gobind Singh Indraprastha University payable at Delhi.



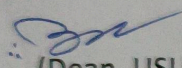
Dean
University School of Law and Legal Studies
Guru Gobind Singh Indraprastha University
Sector-16C, Dwarka, New Delhi-110078

Note:

1. All candidates are required to follow the guidelines of the Government for Pandemic COVID- 19 including wearing of mask etc.
2. No separate intimation letter will be sent to the candidates.
3. The list of candidates is tentative and is subject verification of all documents and fulfillment on
4. No TA/ DA will be paid attending counseling Schedule.
5. No extra time for submitted required documents will be given. Please ensure to carry all required documents at the time of Counseling



(Dr. Ravinder Kumar)
Ph.D. Coordinator, USLLS



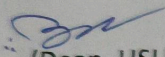
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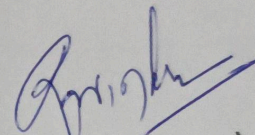
Copy to :

1. DRC, GGSIPU for kind information
2. COF, GGSIPU with a request to depute an official to collect the fees 29th August, 2022 (Monday) at 11 AM from counseling venue.
3. Incharge, UITS with a request to upload on University website.
4. Guard file.

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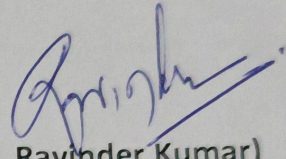

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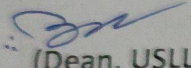
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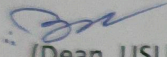
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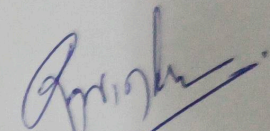
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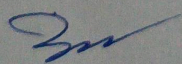
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1. List of candidates (SC, ST,EWS & PWD for 2nd Round of Counseling Schedule for Ph.D Admission 2022-2023

Sr. No	Application No	Name of candidates
1	301220000159	Immanuel Lalsanhim Keivom
2.	301220000278	Shivam Kumar
3.	301220000003	Yogesh Luhera
4.	301220000205	Deeksha Sahrawat
5.	301220000152	Garima Kumar

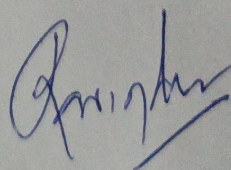
2. List of available Supervisors for 2nd Round of Counselling Schedule for Ph.D Admission, 2022-2023 in discipline of Law.

Sl. No.	Name of the Supervisor	Designation	Current Research Area	NO OF SLOTS 2022-23
1.	Prof. Queeny Pradhan	Professor	Legal History	01
2.	Prof. Shivani Goswami	Professor	Family Law, Women & Law, Criminal Law	01



Dean

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OFFICE OF THE DIRECTOR (RESEARCH & CONSULTANCY)

APPLICATION FORM FOR REGISTRATION IN THE Ph.D. PROGRAMME

Attach Photograph

- 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	
- 14 Category:

Gen/ O.B.C.	
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 SC:

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 ST:

--

 PWD:

--

 Male/
Female:

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- 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 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.



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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)

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