



F. No. GGSIPU/USM & PMHS/2023-24/2305

31st July, 2023

**Result of the Interview for admission to
Ph.D. Programme (Full-Time), Session 2023-2024**

On the basis of the written PET conducted in the month of June, 2023 and interview round on 31.07.2023, the following candidates have been found fit for admission to Ph.D. programme of the GGSIP University.

PET exempted candidates

Sl. No.	Application No.	Name and Date of Birth	Subject	Supervisor	Institution
1.	325230000001	Ms. Srishty 11.09.1997	Forensic Medicine & Toxicology	Prof. (Dr.) Manish Kumath	VMMC & Safdarjung Hospital

PET qualified candidates

Sl. No.	Application No.	Name and Date of Birth	Subject	Supervisor	Institution
2.	326230000003	Ms. Kalpana Lodhi 01.04.1982	Community Medicine	Prof. (Dr.) Richa Kapoor	VMMC & Safdarjung Hospital
3.	326230000002	Dr. Ravindra Nath 24.09.1995	Community Medicine	Prof. (Dr.) Richa Kapoor	VMMC & Safdarjung Hospital
4.	327230000015	Ms. Avi Choudhary 31.07.1993	Physiotherapy	Prof. (Dr.) Chitra Kataria	ISIC, Vasant Kunj, New Delhi
5.	327230000018	Ms. Barnali Bhattacharjee 19.06.1984	Physiotherapy	Prof. (Dr.) Chitra Kataria	ISIC, Vasant Kunj, New Delhi
6.	327230000007	Ms. Rabab Kaur 26.08.1993	Physiotherapy	Prof. (Dr.) Chitra Kataria	ISIC, Vasant Kunj, New Delhi
7.	327230000017	Mr. Rajeev Kumar Singh * 01.03.1995	Physiotherapy	Prof. (Dr.) Chitra Kataria	ISIC, Vasant Kunj, New Delhi
8.	321230000002	Ms. Shweta Singhal 27.08.1988	Anatomy	Prof. (Dr.) Jasbir Kaur	VMMC & Safdarjung Hospital

*Subject to the condition that the candidate produces the qualifying IV Semester result of Master of Physiotherapy (MPT).

The selected candidates are required to report for further admission process **on or before 08th August, 2023** at 10:30 a.m. in the O/o Dean, USM & PMHS, Room No. 403 & 404, Fourth Floor, E-Block, GGSIP University, Sector 16-C, Dwarka, New Delhi – 110078.

On completion of admission process, the candidates will have to submit the admission fee of Rs. 57,000/- (Rupees Fifty Seven Thousand Only) through Bank Challan at Indian bank situated in GGSIP University campus. The candidates will write his/her name, date of admission, address, mobile no, name of the programme, and PET Roll Number/Application No. on back side of the proof of payment.

The following documents will also be submitted to complete the admission process:

1. One set of duly filled registration Form (**Copy attached**).
2. Identity Card form (**Copy attached**).
3. Four passport size photographs (same as pasted in admit card).
4. Original Admit Card of PET -2023 alongwith self-attested photocopy.
5. Proof of date of birth (Secondary School Mark-sheet & Certificate): Original and self-attested photocopy.
6. Mark-sheets/Certificates of qualifying examination
The candidates will be required to bring the Original certificates/mark-sheets of all the year wise or semester wise in original along with photocopy of certificates/mark-sheets of qualifying examination.
7. Physical fitness Certificate
All the candidates shall be required to submit a Medical Certificate indicating fitness from a Registered Medical Practitioner as per format given in the admission Brochure.

8. **Reserved Category Certificate**
All reservation category candidates who are seeking admission in reserved category in SC, ST or EWS must bring their reservation certificate in original alongwith the self attested photocopy of the certificate for claiming seat against the reserved category.
9. **Conduct and Character Certificate** in original from the Head of the Institution from where the qualifying examination has been passed or from Gazetted officer in Original, not more than 06 (six) months old.
10. Application regarding age or any other relaxation with necessary approval (if necessary).
11. The candidates already employed must produce the relieving order/study leave certificate from the employer.

Please note

It is the sole responsibility of the candidate to make sure they fulfil the eligibility conditions laid down in the GGSIP University Admission Brochure (Session 2023-24) for the programme. If at any stage it is found that the candidate do not fulfil the requisite eligibility conditions, his/her admission will stand cancelled and disciplinary action will be initiated against him/her and his/her entire fee will be forfeited.

Withdrawal of Admission

Refund applications, if any, shall be processed in accordance with the GGSIP University refund Policy admission brochure session 2023-24. The request for withdrawal of admission has to be submitted in the prescribed format to Admission Branch, Administrative Block, GGSIP University.

The last date of withdrawal is **25th August, 2023**.

Reporting to the College

The students who take admission must report to their concerned supervisors at the institute mentioned above on **17th August, 2023 but not later than 21st August, 2023**.

Copy to:

1. Director, Research & Development Cell, GGSIP University
2. In-charge, Admission Branch
3. Account Branch, GGSIP University
4. In-charge, UITS with a request to upload on University website.
5. Principal, VMMC & SJH, New Delhi - 110029
6. Prof. Sunil Sharma, Dean, Indian Injuries Centre, Vasant Kunj, New Delhi-110070
7. Branch Manager, Indian Bank, GGSIP University
8. AR to Vice Chancellor, GGSIP University
9. AR to Registrar, GGSIP University
10. Guard File.



Prof. (Dr.) Yatish Agarwal
Dean, USM & PMHS



Prof. (Dr.) Yatish Agarwal
Dean, USM & PMHS



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

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

OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)

APPLICATION FORM FOR REGISTRATION IN THE Ph.D. PROGRAMME

1 Academic Session:	_____	<div>Attach Photograph</div>										
2 Full Time:	<input type="checkbox"/> <input type="checkbox"/>											
3 Roll 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	_____											
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:	<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>		Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>				
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14 Category:	<table border="0"><tr><td>Gen/ O.B.C:</td><td><input type="text"/></td><td>SC:</td><td><input type="text"/></td><td>ST:</td><td><input type="text"/></td><td>PWD:</td><td><input type="text"/></td><td>Male/ Female:</td><td><input type="text"/></td></tr></table>		Gen/ O.B.C:	<input type="text"/>	SC:	<input type="text"/>	ST:	<input type="text"/>	PWD:	<input type="text"/>	Male/ Female:	<input type="text"/>
Gen/ O.B.C:	<input type="text"/>	SC:	<input type="text"/>	ST:	<input type="text"/>	PWD:	<input type="text"/>	Male/ Female:	<input type="text"/>			
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 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

TOTAL FEE PAYBLE AT THE TIME OF ADMISSION

1 Fees (₹) 57,000/-

2 Mode / Proof of submission of fee with
details: _____

CHECK LIST (Admission)

- | | | |
|----|--|----------------------|
| 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 _____

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)

Phone No _____ Mobile _____ Res: _____
Valid upto _____ 31st July _____ (Year)
(for regular duration of course)

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.