



University School of Biotechnology
Guru Gobind Singh Indraprastha University

"A A++ Grade State University established by the Government of
NCT of Delhi" Sector 16-C, Dwarka, New Delhi- 110078

Website: www.ipu.ac.in



No.GGSIPU/USBT/Ph.D/2023-24/

Dt. 09.08.2023

Result of Ph.D. Admission 2023-24 in University School of Biotechnology

List of selected candidates (in alphabetic order) for Ph.D. Admission 2023-24 in University School of Biotechnology, duly approved in the School Research Committee (SRC) meeting held on 08.08.2023 is given below:

LIST OF SELECTED CANDIDATES

S.No	Enrolment Number	Name	Category	Mode (Full Time/Part Time)	Allotted Supervisor
1	241230000044	Aakash Singh	Scheduled Caste	Full Time	Dr. N. Raghuram
2	241230000077	Anshu Sharma	General	Full Time	Dr. K.K. Aggarwal
3	241230000047	Dhruvi Vaish	General	Full Time	Dr. Ram Singh Purty
4	241230000056	Megha Parihar	General	Full Time	Dr. Promila Gupta
5	241230000070	Muntaha Pervez	General	Full Time	Dr. N. Raghuram
6	241230000031	Sakshi	General	Full Time	Dr. N. Raghuram

The above candidates are required to report for registration process in USBT office (Room No.206, A Block, GGSIP University, Sector-16C, Dwarka, New Delhi-110078) latest by **17th August 2023 (between 10 a.m. to 5 p.m. on working days)** with following documents:

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 other relevant documents under which any exemption/relaxation has been claimed, (if applicable)
4. Category certificate (SC/ST/EWS/PwD)
5. No Objection Certificate from employer, if employed
6. Identity Card form (attached)
7. A Demand draft of Rs. 57,000/- in favour of Registrar, Guru Gobind Singh Indraprastha University payable at Delhi.
8. Other documents if any, as per the checklist (attached).

Rini Sharma
(Ph.D. Coordinator)

Teenu Kapoor
(Prof. Meenu Kapoor)
Dean, USBT

Copy to:

1. Director, Research and Development Cell, GGSIPU
2. Controller of Finance, GGSIPU
3. In-charge, UITS with the request to upload the same on the University Website
4. AR to Vice Chancellor for information of the Hon'ble Vice Chancellor
5. GuardFile



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: _____
- 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/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:

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:

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				

Seemabharat
(Ph.D) Coordinator

(b) Certificate for Qualifying
NET(JRF)/GATE/UGC-CSIR With Details: _____
(NET/JRF)/DBT (JRF)/ICMR
(JRF) (Yes/No):

(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: _____

Rishabh
(Ph.D. Coordinator)

CHECK LIST (Admission)

- | | | |
|----|--------------------------------------------------------------------------------------------------|--------------------------|
| 1 | Document(s) for Date of Birth/ Secondary School Certificate/ Marksheet | <input type="checkbox"/> |
| 2 | Sr. Secondary School Certificate | <input type="checkbox"/> |
| 3 | Sr. Secondary Marks Sheet | <input type="checkbox"/> |
| 4 | Graduation Marks Sheet | <input type="checkbox"/> |
| 5 | Graduation Degree | <input type="checkbox"/> |
| 6 | Post Graduation Marks Sheet | <input type="checkbox"/> |
| 7 | Post Graduation Degree | <input type="checkbox"/> |
| 8 | M.Phil degree / Marksheet | <input type="checkbox"/> |
| 9 | Certificate for Category | <input type="checkbox"/> |
| 10 | Certificate for Qualifying NET(JRF)/GATE/UGC-CSIR (NET/JRF)/DBT (JRF)/ICMR (JRF) | <input type="checkbox"/> |
| 11 | If approved for Part Time, copy of N.O.C from concerned Department.(in case of regular employee) | <input type="checkbox"/> |
| 12 | Other Document(s) | <input type="checkbox"/> |

(Signature of the Scholar with Date)

Address: _____

(Signature of the Verifying Officer with Date)

Rini Sharma
(Ph.D. Coordinator)



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.

Leni Sharma
(PhD Coordinator)