



GURU GOBIND SINGH  
INDRAPRASTHA  
UNIVERSITY

University School of Education  
Guru Gobind Singh Indraprastha University  
Dwarka, New Delhi 110078



Date: 17.07.2025

F.49(1)(1)/2025-26/USE/ 1253

**Provisionally Selected list of candidates for Academic Session 2025-26 for**

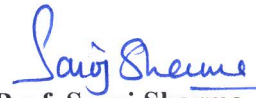
**Ph.D. (Education) programme**

The admission committee for Ph.D. (Education) programme at USE has approved the following candidates for provisional admission to Ph.D. (Education) programme for the Academic Session 2025-26:

S. No.	NAME	MODE OF RESEARCH	CATEGORY	SUPERVISOR
1.	SARA	Full Time	General	Dr. Neetu Sharma
2.	KIRAN SEHRAWAT	Part Time	General	Prof. Saroj Sharma
3.	NIDHI SAINI	Full Time	General	Dr. Suraj Kumar
4.	SUDHIR KUMAR	Part Time	General	Dr. Anviti Rawat
5.	NEENA BAHL	Part Time	General	Prof. Saroj Sharma
6.	SHWETA SINHA	Full Time	General	Dr. Pooja
7.	UDISHA DEVI	Full Time	EWS	Dr. Shalini Yadava
8.	PRIYA SWAMI	Full Time	General	Dr. Anviti Rawat
9.	PRIYA SAXENA	Full Time	General	Dr. Pooja
10.	MEENAXI	Full Time	General	Dr. Suraj Kumar
11.	KAJAL KUMARI	Full Time	General	Dr. Suraj Kumar
12.	ALOK KUMAR	Full Time	EWS	Prof. Saroj Sharma
13.	ATUL SINGH	Full Time	EWS	Dr. Anviti Rawat
14.	BHAVNA	Full Time	SC	Dr. Neetu Sharma
15.	KM MEGHA AHIRWAR	Full Time	SC	Dr. Suraj Kumar
16.	JYOTI CHAUHAN	Full Time	SC	Dr. Anviti Rawat

\*All the above candidates are required to report on 21.07.2025 at 11 AM at room no. C-403, USE, GGSIPU along with the following documents:

- Two sets of duly filled attached registration form.
- All Original Documents.
- Two sets of self attested copies of documents as per the attached checklist.
- Two sets of self-attested copy of the other relevant documents under which reservation has been claimed (if applicable)
- Identity card form (attached).
- Demand Draft of Rs. 60,500/- (Rupees Sixty Thousand Five Hundred only) in favour of Registrar, Guru Gobind Singh Indraprastha University payable at Delhi.

  
Prof. Saroj Sharma  
Dean, USE

**Copy to:**

- RDC, GGSIPU for the information.
- USE Ph.D. admission file.
- In-charge, UITS with a request to upload on university website

University School of Education  
Guru Gobind Singh Indraprastha University  
Sector-16C, Dwarka, New Delhi



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Website: [www.ipu.ac.in](http://www.ipu.ac.in)

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आज़ादी का  
अमृत महोत्सव

OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)

Ph: 011-25302123 & email Id: [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

## APPLICATION FORM FOR REGISTRATION IN THE Ph.D. PROGRAMME

1 Academic Session: \_\_\_\_\_

2 Full Time: ☐ Part Time: ☐

3 Enrollment 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 and Co-Supervisor (if any): \_\_\_\_\_

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			
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14 Category:

Gen/OBC	EWS:	SC	ST	PWD	Male/ Female/ Transgender:

15 Details of the Academic Qualifications & Experience:

(a) Academic Qualifications (Attach self-verified copy of the 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) Qualified NET(JRF)/GATE/UGC-CSIR (NET/JRF)/DBT (JRF)/ICMR (JRF)/Others Yes/No  
Details: \_\_\_\_\_  
(Attach certificate, if applicable)

- (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

### FEE STRUCTURE FOR REGISTRATION

- 1 Registration fees

(₹) ~~57,000/-~~ 60,500/-

- 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 | Any 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)

31<sup>st</sup> 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.