



Guru Gobind Singh Indraprastha University
A State University established by the Govt. of NCT of Delhi
University School of Medicine and Allied Health Sciences

F. No. GGSIPU/USM & AHS/2025-26/4225

23rd June, 2025

**Result of the Interview for Admission to
Ph.D. Programme, Session 2025-2026**

Ref.:- University Notice F.No. GGSIPU/USM & AHS/2025-26/4206 dated 11th June, 2025.

On the basis of interview round conducted on 17.06.2025, following candidates have been provisionally short-listed for admission into programme of University School of Medicine & Allied Health Sciences (USM&AHS), GGSIP University for the academic Session 2025-26.

Sl. No.	Application No.	Name	Subject/Code	Full Time / Part Time	Supervisor	Institution
1.	25167100 0651	Ms. Taruna (PET Exempted candidate)	Pathology & Haemato-Pathology (335)	Full-Time	Prof. (Dr.) Monika Sharma	Dept. of Hematopathology, VMMC & SJH
2.	25167100 1012	Ms. Akanksha Sharma (PET Exempted candidate)	Psychiatry (337)	Full-Time	Prof. (Dr.) R.P. Beniwal	Dept. of Psychiatry, ABVIMS & Dr. RML
3.	25167100 1310	Ms. Yogita Yadav (PET Exempted candidate)	Forensic Medicine & Toxicology (325)	Full-Time	Prof. (Dr.) Manish Kumath	Dept. of Forensic Medicine, VMMC & SJH
4.	25167100 0503	Ms. Anupama Singh (PET qualified candidate)	(Forensic Medicine & Toxicology) (325)	Full-Time	Prof. (Dr.) Manish Kumath	Dept. of Forensic Medicine, VMMC & SJH
5.	25167100 1080	Ms. Mansi Chadha (PET qualified candidate)	(Psychiatry) (337)	Full-Time	Prof. (Dr.) R.P. Beniwal	Dept. of Psychiatry, ABVIMS & Dr. RML
6.	25167100 1026	Ms. Smriti Krishna (PET qualified candidate)	(Microbiology) (323)	Full-Time	Prof. (Dr.) Shalini Malhotra	Dept. of Microbiology, ABVIMS & Dr. RML
7.	25167100 1210	Ms. Vidhi Khanna (PET qualified candidate)	(Psychiatry) (337)	Full-Time	Prof. (Dr.) R.P. Beniwal	Dept. of Psychiatry, ABVIMS & Dr. RML
8.	25167100 1003	Ms. Anubhuti (PET qualified candidate)	(Forensic Medicine & Toxicology) (325)	Full-Time	Prof. (Dr.) Manish Kumath	Dept. of Forensic Medicine, VMMC & SJH
9.	25167100 1601	Ms. Neeru Chaudhary (PET qualified candidate)	(Community Medicine) (326)	Full-Time	Prof. (Dr.) Richa Kapoor	Dept. of Community Medicine, VMMC & SJH
10.	25167100 0457	Sh. Piyush Panthri (PET qualified candidate)	(Pharmacology) (336)	Full-Time	Prof. (Dr.) Veena Verma	Dept. of Pharmacology, VMMC & SJH
11. #	25167100 0035	Sh. Dinesh Kumar (PET qualified candidate)	Sports Medicine (336)	Part-time	Prof. (Dr.) Davinder Singh	Dept. of Sports Injury Centre, VMMC & SJH

Note : Sl. No. 11 # (Subject to production of No Objection Certificate (NOC) from their Parent Institution/Employer – “Within a month of issue of this Result” as per Clause 11 of Ordinance-12 GGSIP University vide Notification F. No. GGSIPU/Coord./79th BOM/2023/685(A) dated 31st May, 2023).

The selected candidates are required to report for completing formalities of admission process on or before **27th June, 2025**, between 10:00 a.m. – 3.00 p.m. in the O/o Dean, USM & AHS, Room No. 403 & 404, Fourth Floor, E-Block, GGSIP University, Sector 16-C, Dwarka, New Delhi – 110078:

The candidates will have to submit the admission fee of Rs. 60,500/- (Rupees Sixty Thousand Five Hundred Only) through Bank Challan at Indian bank situated in GGSIP University campus. The copy of the challan has to be deposited in Room No. E-404. 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. In addition, following documents will also have to be submitted:

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 - 2025-26 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.

As per the UG/PG admission brochure of GGSIPU if any result is still awaited, the candidates can be provisionally admitted and submit the final result of qualifying degree proving his/her eligibility on or before 31st August, 2025 to their concerned Dean/Principal/Director of their respective University School/College/Institute where the admission has been granted.

Please note

It is the sole responsibility of the candidate to make sure they fulfill the eligibility conditions laid down in the GGSIP University Admission Brochure (Session 2025 -26) for the programme. If at any stage it is found that the candidate do not fulfill 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

Applications for withdrawal of admission and refund, if any, shall be processed in accordance with the GGSIP University refund Policy admission brochure session 2025-26. 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 **4th July, 2025**.

Reporting to the College

The students who take admission must report to their concerned supervisors at the respective institutes mentioned above on **02nd July, 2025**.

V. Talwar

Prof. (Dr.) Vandana Talwar
Dean, USM & AHS

Copy to:

1. Director, Research & Development Cell (DRDC), 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. (Dr.) Arti Maria, Dean, ABVIMS & Dr. RML Hospital, New Delhi
7. Branch Manager, Indian Bank, GGSIP University
8. AR to Vice Chancellor, GGSIP University
9. AR to Registrar, GGSIP University
10. Guard File.



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.



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Website: www.ipu.ac.in

OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)

Ph: 011-25302123 & email Id: drc@ipu.ac.in



APPLICATION FORM FOR REGISTRATION IN THE Ph.D. PROGRAMME

1	Academic Session:				<div>Attach Photograph</div>												
2	Full Time:	<input type="text"/>	Part Time:	<input type="text"/>													
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:	<table border="1"><tr><td>Day</td><td></td></tr></table>	Day		<table border="1"><tr><td>Month</td><td></td></tr></table>	Month		<table border="1"><tr><td>Year</td><td></td></tr></table>	Year								
Day																	
Month																	
Year																	
14	Category:	<table border="1"><tr><td>Gen/OBC</td><td>EWS:</td><td>SC</td><td>ST</td><td>PWD</td><td>Male/ Female/ Transgender:</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>				Gen/OBC	EWS:	SC	ST	PWD	Male/ Female/ Transgender:						
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/-
- 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)