



University School of Mass Communication
Guru Gobind Singh Indraprastha University
“A State University established by the Govt. of NCT of Delhi”
Surajmal Vihar, New Delhi-110032 (Accredited A++ by NAAC)
E-mail: dean.usmc@ipu.ac.in



Ref: GGSIPU/USMC/2025/211

Date: 24.06.2025

Admission to Ph.D programme of USMC for the Academic Session 2025 – 26

Based on the recommendations of the Ph.D. Admission Committee constituted for Academic year 2025-26, the committee has approved the following candidates for admission to Ph.D. programme at USMC against notified slots.

S. No	Application No.	Name of the Candidate	Category	Full Time /Part Time	Alloted Supervisor
1	2026100025	VEDANT SIROHI	GEN	Full Time	Dr. Sweta Singh
2		KHUSHI VATS	GEN	Full Time	Dr. Kulveen Trehan
3	2526100006	ARYA JHA	GEN	Full Time	Prof. Durgesh Tripathi
4		KOMAL	GEN	Full Time	Dr. Kulveen Trehan
5	2526100012	ANKITA PANDEY	EWS	Full Time	Prof. Durgesh Tripathi
6		OINDRILA DASGUPTA	GEN	Full Time	Dr. Sweta Singh

The selected candidates are directed to report to Office of Dean, USMC, GGSIPU, EDC, Surajmal Vihar on 1st July, 2025 (Tuesday) for counseling , document submission and completion of admission process. They are further directed to bring the following documents in original and in photocopies as directed:

1. Two set of duly filled registration form (copy attached).
2. All documents of Educational Qualifications (SSLC, Class 12, UG, PG, etc.,)
3. Original Documents in support of reservation, if applicable
4. Self – attested photocopy of the relevant documents JRF / NET.
5. No objection certificate from employer, if employed (only for the Part – Time Candidates)
6. Identity Card form (copy attached).
7. 04 Passport size photographs.
8. A DD of Rs. 60, 500/- in favour of Registrar, Guru Gobind Singh Indraprastha University payable at New Delhi.


24/06/2025
Prof. Durgesh Tripathi
Dean, USMC

Copy to:

1. Director (RDC), GGSIPU for kind information.
2. Controller of Finance, GGSIPU for kind information.
3. In – charge, UITS with a request to upload on the University website.
4. Guard file.



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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आज़ादी का
अमृत महोत्सव

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

Website: www.ipu.ac.in

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अमृत महोत्सव

OFFICE OF THE DIRECTOR (RESEARCH & DEVELOPMENT CELL)

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

L.No. GGSIPU/RDC/2024/2346

Dated:01.04.2024

NOTICE

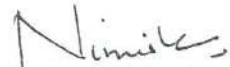
Fee structure for Ph.D programmes from the Academic Session 2024-25

With reference to the Admission Brochure for the Ph.D. programme for the academic session 2024-25 available on the University website, the fee structure for Ph.D programmes is as under:

Sl. No.	Fee Head	Amount (Rs.)
1	Tuition Fee (Per Annum)	25,000/-
2	University's Charges (Per Annum)	20,000/-
3	Alumni Contribution Fund (One Time Non – refundable)	2,000/-
4	Security Deposit (One Time – Refundable)	10,000/-
5	Examination Fee (Per Annum)*	3,000/-
6	Innovation and Incubation Fee (Per Annum)*	500/-
A	Fee Payable per year (1+2+5+6)	48,500/-
B	Fee Payable (one time) at the time of admission (3+4)	12,000/-
	Total fee payable at the time of admission (A + B)	60,500/-


* Note : As approved by Finance Committee vide Agenda Item No.64.11, subsequently approved in the 80th Meeting of Board of Management of GGSIP University vide Agenda Item No.80.34, notified vide no. F.No. GGSIPU/Coord/80th BOM/2023/928 dated 30.11.2023 that "The Board of Management considered and approved the levy of separate Examination Fee @ Rs.3,000/- per student / per annum from the Academic Session 2024-25." In addition to this Innovation and Incubation Fee of Rs.500/- to be paid by all the students of USSs and Affiliated Institution every year from the Academic Session 2024-25, as approved in 65th Finance Committee meeting held on 29th December, 2023.

This is for the information of all stakeholders.


(Prof. Nimisha Sharma)
Director (RDC)

Copy to:-

1. All Deans/Directors.
2. Head, UITs with the request to upload the same on the university website.


(Dr. Zubair Ahmed Khan)
Associate Director (RDC)



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:	<input type="checkbox"/>	Part Time:	<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:	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
14	Category:	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				

Attach Photograph

- (b) Certificate for Qualifying
NET(JRF)/GATE/UGC-CSIR
(NET/JRF)/DBT (JRF)/ICMR With Details: _____
(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 Paid _____
- 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 _____
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.