



# Guru Gobind Singh Indraprastha University

"A NAAC Accredited A++ State University Established  
By Govt. of NCT of Delhi"

Dwarka Sector-16/C, Delhi-110078 Website: <http://ipu.ac.in>

UNIVERSITY SCHOOL OF LIBERAL ARTS



GGSSIPU/USLA/2024/174<sup>L</sup>

Date: 25/06/2024

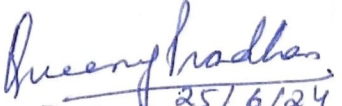
**Subject: List of selected candidates for the admission to Ph.D programme in University School of Liberal Arts for the academic session 2024-25.**

The interview for admission to the Ph.D. programme in the University School of Liberal Arts (USLA) of Guru Gobind Singh Indraprastha University for the academic session 2024-25, was held on 13.06.2024. The following candidates were selected by the admission committee.

S.No.	Application No.	Name	JRF/ PET	Full Time/ Part Time	Category	Discipline	Allotted Supervisor	Ph.D
1.	340241000020	Ms. Anupama	PET	Full Time	General	History	Prof. Queeny Pradhan	
2.	292241000061	Mr. Mohit Hooda	JRF	Full Time	General	Sociology	Prof. Deepshikha Agarwal	

Candidates are required to report with fee slip in the office of Incharge, USLA (Nearby Library Block), Guru Gobind Singh Indraprastha University, Sector 16 C, Dwarka, New Delhi-110078, latest by **12.07.2024** for documents verification. The candidates are required to bring two sets of the following documents:

1. Photo copy of Bank Challan/Proof of fee submission after submission of fee of **Rs. 60,500/-** in the Indian Bank, GGS Indraprastha University Branch, Sector 16 C Dwarka, New Delhi-110078.
2. Dully filled registration form (attached)
3. One set of self-attested copy of educational qualification documents.
4. Self-attested copy the other relevant documents under which any exemption/relaxation has been claimed (if applicable)
5. Category Certificate, if any
6. All self-attested documents as required in the Check list (attached)
7. Identity card form duly filled by the candidates (attached).

  
25/6/24  
Prof. Queeny Pradhan  
Incharge, USLA

Copy to:

1. Director, Rsearch and Development for information please
2. Controller of Finance, for information please
3. Head, UITS, for uploading on University Website
4. Office Copy

# 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	
<input type="text"/>	<input type="text"/>

Month	
<input type="text"/>	<input type="text"/>

Year			
<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:



(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 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 style="width: 100%; height: 20px;" type="checkbox"/> |
| 2  | Sr. Secondary School Certificate   | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 3  | Sr. Secondary Marks Sheet  | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 4  | Graduation Marks Sheet   | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 5  | Graduation Degree  | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 6  | Post Graduation Marks Sheet  | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 7  | Post Graduation Degree   | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 8  | M.Phil degree / Marksheet  | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 9  | Certificate for Category   | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 10 | Certificate for Qualifying NET(JRF)/GATE/UGC-CSIR (NET/JRF)/DBT (JRF)/ICMR (JRF)                 | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 11 | If approved for Part Time, copy of N.O.C from concerned Department.(in case of regular employee) | <input style="width: 100%; height: 20px;" type="checkbox"/> |
| 12 | Other Document(s)  | <input style="width: 100%; height: 20px;" type="checkbox"/> |

\_\_\_\_\_  
(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 \_\_\_\_\_

Valid upto  
(for regular duration of course) \_\_\_\_\_

Mobile \_\_\_\_\_ Res: \_\_\_\_\_

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.