

**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY,
DWARKA CAMPUS, DELHI - 110 078,
WEBSITE: <http://ipu.ac.in>**

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

1 Academic Session: _____

2 Full Time: Part Time:

3 Roll No. (For Office use only): _____

4 Broad Discipline: _____

5 Name of the School/ ARC/ Affiliated Institute: _____

6 Name of the Supervisor's with Ref. No. _____

7 Name of the Research Scholar (In Capital Letters): Mr./ Ms./ Mrs. _____

8 Correspondence Address of the Research Scholar: _____

9 E Mail Id: _____

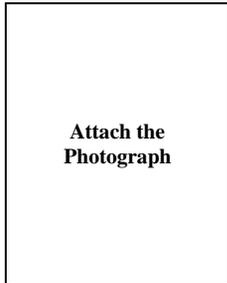
10 Contact No. _____

11 Father's/ Husband's Name: _____

12 Mother's Name: _____

13 Date of Birth:

14 Category: Gen: OBC SC: ST: Pwd:



15 Details of the Academic Qualifications & Experience, if applicable, on the basis of which admission is being sought:

(a) Academic Qualifications (Attach Documentary Evidence(s):

S. No.	Examination	School/ College/ University	Examination Passed (Subjects)	Year of Passing	%age of marks secured/ CGPA
1	Secondary				
2	Sr. Secondary				
3	Graduation				
4	Post Graduation				
5	Others				

(b) Qualified NET(JRF)/ GATE With Details: _____
(Yes/No):

(c) Details of the Teaching/ Research Experience (Attach Documentary Evidence (s))

1 _____

2 _____

3 _____

UNDERTAKING

I undertake that all the course work to be prescribed by the University for carrying out Ph.D. shall be taken by me. I shall abide by all the rules and regulations of the University.

Signature of the Research Scholar with Date

RECOMMENDATION OF THE DEAN

Recommended/ Not Recommended for _____
Preliminary Registration for the Ph.D. _____
Programme _____

Signature of the Proposed Supervisor with Date

Signature of the Dean with Date

Signature of the DRC with Date

FEE STRUCTURE FOR PRELIMINARY REGISTRATION/ COURSE WORK

1. Fee receipt No. with Date: _____

CHECK LIST

- | | | |
|----|--|--------------------------|
| 1 | Document(s) for Date of Birth/ Secondary School Certificate and Mark sheet | <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 | Certificate for SC/ST. | <input type="checkbox"/> |
| 9 | Certificate for Qualifying NET/GATE. | <input type="checkbox"/> |
| 10 | If approved for Part Time, copy of N.O.C from concerned Department. | <input type="checkbox"/> |
| 11 | Experience Certificate, If any | <input type="checkbox"/> |
| 12 | Document related to Research Work/Papers, if any. | <input type="checkbox"/> |
| 13 | Other Document(s) | <input type="checkbox"/> |

(Signature of the Scholar with Date)

Address: _____

(Signature of the Verifying Officer with Date)