



University School of Chemical Technology
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
Sector 16C, Dwarka, New Delhi -110078, INDIA
www.ipu.ac.in

Ref: GGSIPU/USCT/Ph.D./2024/ 1171

Date: 20.06.2024

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

The interview for admission to the Ph.D. programme (Chemical Technology) in the University School of Chemical Technology (USCT) of GGS Indraprastha University for the academic session 2024-25, was held on 12.06.2024. The following candidates were selected by the admission committee.

S.No	Application No.	Name	GATE/PET	Full Time /Part Time	Category	Allotted Ph.D. Supervisor
1.	231241000002	Ms. Kritika Pasricha	GATE	Full Time	General	Prof. Biswajit Sarkar, Ph.D. Supervisor
2.	231241000004	Mr. Abeer Mathur	PET	Full Time	General	Dr. Monisha Mridha Mandal, Ph.D. Supervisor Prof. U.K. Mandal, Ph.D. Co-supervisor

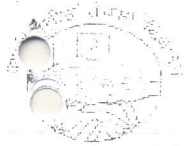
Candidates are required to report with fee slip in the office of Dean, USCT (Block: B, Room No: BFR: 104), GGS Indraprastha University, Sector: 16C, Dwarka, New Delhi-110078 latest by **05.07.2024** for document verification. The candidates are required to bring two sets of the following documents:

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: 16C, Dwarka, New Delhi-110078.
2. Duly 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).

Arinjay
20/06/2024
Prof. Arinjay Kumar
Dean, USCT

Copy to:

1. Director, Research and Development for information
2. Controller of Finance, GGS IP University
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: _____

Attach Photograph

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		Month		Year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 _____ With Details: _____
(NET/JRF)/DBT (JRF)/ICMR _____
(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="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 | M.Phil degree / Marksheet | <input type="checkbox"/> |
| 9 | Certificate for Category | <input type="checkbox"/> |
| 10 | Certificate for Qualifying NET(JRF)/GATE/UGC-CSIR (NET/JRF)/DBT (JRF)/ICMR (JRF) | <input type="checkbox"/> |
| 11 | If approved for Part Time, copy of N.O.C from concerned Department.(in case of regular employee) | <input type="checkbox"/> |
| 12 | Other Document(s) | <input 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 _____ Mobile _____ Res: _____

Valid upto _____ 31st July _____ (Year)

(for regular duration of course)

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.