



Indira Gandhi Delhi Technical University For Women

(Formerly Indira Gandhi Institute of Technology)

Kashmere Gate, Delhi-110006

Guidelines for applicants selected for Provisional Admission to Ph.D. Programme-2016

1. Selected applicants shall fill and submit the “ [Application Form for Provisional Registration to Ph.D Programme-2016](#)” (next page) at the time of counselling .
2. The applicants shall report at the University Auditorium , at 10:00 am on 28th July, 2016 along with the following documents :
 - All Original Documents for verification including Date of Birth Certificate (Class X certificate) , UG and PG Degrees, UG and PG Marksheets, GATE SCORE CARD/NET Certificate .
 - Original and self attested copy of Caste/ Category certificate (for the reserved categories only) issued by one of the following authorities of competent jurisdiction:
 - District Magistrate/ Additional District Magistrate/ Deputy Collector/ 1st Class Stipendiary Magistrate/ Commissioner City Magistrate (not below the rank of 1st class stipendiary Magistrate)/ Executive Magistrate/ Extra Assistant.
 - Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.
 - Revenue Officer not below the rank of Tehsildar.
 - Administrator/ Secretary to Administration/ Development Officer. (Lakshadweep and Minicoy Islands)
 - A candidate seeking admission under the physically challenged (PH) category is required to bring original and photo copy of the certificate of Physical Disability issued by Chief Medical Officer of a district/ civil surgeon or any Government Hospital authorized to issue such certificates under the provisions of PWD Act 1995.
 - Work Experience Certificate in original (For PT applicants if not already submitted).
 - NOC from current employer in original on the Letter Head of the Employer (for PT applicants if not already submitted).
 - Self attested Photocopies of all certificates.
 - 3 passport size photographs.
 - Certificate of Financial Assistance (if applicable).
 - Fees in the form of **Demand Draft of Rs. 30,000 in favour of “REGISTRAR, IGDTUW STUDENT FEE S/B ACCOUNT”** payable at Delhi/New Delhi
 - In case of married applicants, Affidavit for change of name.



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APPLICATION FORM FOR PROVISIONAL REGISTRATION TO Ph.D. PROGRAMME-2016

FEE DETAILS

Demand Draft No..... Date of Issue:.....

Amount: Rs..... Issuing Bank:..... Branch:.....

.(The Demand Draft should be “in favour of “REGISTRAR, IGDTUW STUDENT FEE S/B
ACCOUNT” payable at Delhi/New Delhi

Note: Please read the complete form carefully before filling and attach all the documents as suggested in the checklist.

DETAILS ABOUT APPLICANT

1. Admission in(Department / Discipline) as
.....(FT/PT/TRF)

2. Name of the Applicant.....

3. Father's Name:.....

4. Mother's Name:.....

5. Permanent Address:.....

.....PIN

Ph.No. with STD Code:.....Mobile No.....

Email.....

6. Address for Correspondence:

.....

.....PIN.....

Ph.No. with STD Code:.....Mobile No.....

Email.....

7. Date of Birth: (dd/mm/year).....7. Gender: (Male / Female).....

8. Category: (GEN/SC/ST/PH)..... 9. Nationality:.....

10. Details of National Level Examination Qualified: (if any)

GATE/CSIR/NET/UGC (if applicable)

Score/AIR.....Discipline.....Year.....

11. Source of Financial Assistance (If Any)

.....

*Photograph of
applicant with
signature across
photo*

12. Education Qualifications:

Examination Passed	Degree/ Branch	Board/College/ University	Year	%Marks/ CGPA	Division
High School					
Intermediate					
Bachelor					
Master					
Any Other					

13. Details of Employment: (if applicable) in chronological order (starting with latest)

Organization	From	To	Designation	Nature of Responsibilities

14. Details of Research Publications: (if any)

(a) No. of Research Publications in International/National Journals:.....

(b) No. of Conference Papers:.....

Author(s)	Title of Paper	Journal / Conference	Volume, No. Page(s)	Year

DECLARATION

I declare that the details furnished in the application and enclosures are correct. In case any entry in this form or in the enclosures is found to be false, I understand that my candidature shall stand cancelled at any later stage .

Place:.....

Full Signature of Applicant

Date:

Name:.....

FOR OFFICE USE ONLY

Ms. DO..... Category..... is provisionally admitted to the Ph. D program-2015 in
 Discipline as.....(FT/PT/TRF) with Enrollment No
 With As proposed Supervisor.

Admission Officer

DOCUMENT CHECKLIST

(Tick \checkmark the Enclosed Documents. Please enclose self attested copies.)

No.	Tick	Particulars
1		Demand Draft of Rs. 30,000 in favour of "REGISTRAR, IGDTUW STUDENT FEE S/B ACCOUNT" payable at Delhi/New Delhi
2		Date of Birth Certificate or the High School (class X) Certificate with Date of Birth.
3		SC/ST/PH certificate (if applicable). Format given below.
4		Copies of degrees, Marks/Grade sheets of all the examinations passed.
5		No Objection Certificate from the employer (For Part Time applicants).
6		Certificate of Financial Assistance (if applicable).
7.		Work Experience Certificate (For Part Time Candidates)
8.		Undertaking for Result Awaited
Total		No. of Enclosures:.....



**Indira Gandhi Delhi Technical University For Women
Kashmere Gate, Delhi-110006**

Provisional Admission Slip (Student copy)

Ms/Mr..... DO/SO..... DOB..... Category..... is provisionally admitted to the Ph. D program in Discipline as..... (FT/PT/TRF) with Enrollment No for Academic Session 2016-17 against the fee deposited vide DD No..... dated..... drawn on.....

Signature of Student

Admission Officer

.....



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Kashmere Gate, Delhi-110006**

Provisional Admission Slip (Office copy)

Ms/Mr..... DO/SO..... DOB..... Category..... is provisionally admitted to the Ph. D program in Discipline as..... (FT/PT/TRF) with Enrollment No for Academic Session 2016-17 against the fee deposited vide DD No..... dated..... drawn on.....

Signature of Student

Admission Officer

.....



**Indira Gandhi Delhi Technical University For Women
Kashmere Gate, Delhi-110006**

Provisional Admission Slip (Accounts Copy)

Ms/Mr..... DO/SO..... DOB..... Category..... is provisionally admitted to the Ph. D program in Discipline as..... (FT/PT/TRF) with Enrollment No for Academic Session 2016-17 against the fee deposited vide DD No..... dated..... drawn on.....

Admission Officer

Signature of Student



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UNDERTAKING FOR RESULT AWAITED APPLICANTS

I.....D/o.....DOB do understand that my result for M.Tech/ME/M.Sc/MCA/PG degree is awaited and I have been offered provisional registration as FT/PT/TRF to the Ph.D Programme-2016 at IGDTUW in Discipline with Enrolment No.

I undertake to submit a copy of my result to the Ph.D. Coordinator and produce the original Mark sheet for verification latest by 30th Sept 2016 failing which my admission shall stand cancelled and I shall claim no right what so ever on the offered Ph.D. seat .

Signature of the applicant



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Withdrawal Policy for Ph.D Program-2016

Students who are seeking provisional admission due to non-declaration of their final year/final semester result, will however have to provide proof of having passed all papers in all the previous examination along with final result by 30th September 2016 to the University otherwise their admission will be treated as null and void (cancelled) and the entire fee will be forfeited.

- (1) Student can withdraw her admission on or before 01 August, 2016, 05:00 PM. In such case fees deposited by her will be refunded to her with a deduction of Rs 1000/- .
- (2) If any student withdraws her admission after 01 August, 2016, only security fees would be refunded.



INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN

(Established by Govt. of NCT of Delhi under Act 9 of 2012)

Kashmere Gate, Delhi-110 006

FORM FOR WITHDRAWAL OF ADMISSION

- 1). Programme & Institute _____
- 2). Name of Student _____
- 3). Parent /Guardian's Name _____
- 4). Address _____
- 5). Telephone _____
- 6). Mobile _____
- 7). Email address _____
- 8). Enrolment/Application Number _____
- 9.) Bank Details

- Name & Relationship of the concerned in favour of whom bank transfer is to be made

- Bank Detail of above concerned to be furnished in the given format:

Name of the Bank	Address of the Bank	Complete Bank Account No.	IFSC CODE OF THE BANK

UNDERTAKING

We understand and know the refund rules of the University & agree to abide by the same and we further understand that the refund would be made in due course of time through bank transfer only as per above request.

(Signature of Parent/Guardian)

(Signature of Student)

Date:

Date:

Compulsory Encl.:

1. Admission Slip issued at the time of Admission/Counselling in ORIGINAL
2. Cancelled cheque of CBS Bank branch, showing the detail of full bank A/c No.; IFSC code; beneficiary name etc. must be attached by the concerned student along with the Withdrawal Form

Refund amount will directly be transferred in the bank account submitted by the student through electronic mode (ECS/RTGS/ NEFT). Therefore, student may ensure to provide correct details under S.No. 8 & 9 and the required enclosures. University will not be liable for any wrong transfer of amount on account of incorrect bank information provided by the student.

FORMAT FOR EMPLOYER'S NO OBJECTION CERTIFICATE

(to be issued on the Letter Head of the Employer)

This is to certify that Ms. _____
D/o. _____ working as _____ in
the department of _____ from _____
to _____ is an employee of our department/organization. Her total work
experience is _____ Years and _____ Months. We have no objection to her joining in
M.Tech. (Part-Time time)/Ph.D (Part-Time) Degree course. She will be relieved from her duties as per
the requirements of her Degree Programme

Signature
(Head of Institution)

FORMAT FOR CASTE CERTIFICATE

(to be submitted by Scheduled Castes/Scheduled Tribes candidates only)

Certified that Ms. _____,

daughter of Shri _____,

resident of _____, District _____, is a member of the
Scheduled Castes/Tribes and belongs to _____ caste/tribe which has
been recognized as a Scheduled Caste/Tribe vide notification No. _____ dated
_____ issued by Government of _____ (State).

Date

Seal
Signature of the Revenue Officer of the District
concerned, not below the rank of Tehsildar.

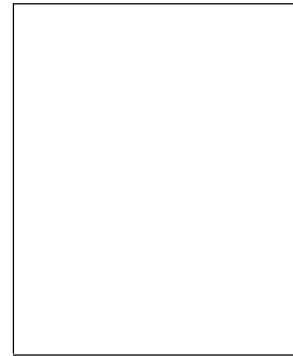
CERTIFICATE FOR DIFFERENTLY ABLED PERSON (PD)

To be issued by Medical Board from Government Hospital

1. Name of the candidate: Ms. _____

2. Father's Name: _____

3. Permanent Address: _____



4. Percentage loss of earning capacity (in words):

5. Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: _____

6. Name of the disease causing handicap: _____

7. Whether handicap is temporary or permanent: _____

8. Whether handicap is progressive or non-progressive : _____

9. The candidate is FIT / UNFIT to pursue the engineering studies.

10. (Strike out whichever is not applicable)

Member

Member

Principal Medical Officer

(Orthopaedic Specialist)

Date:

Seal of Office

NOTE:

1. The medical board must have one orthopaedic specialist as its member.

2. Candidate having temporary or progressive handicap will not be considered against these seats.