



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Website: www.ipu.ac.in

APPLICATION FORM FOR ADMISSION IN THE M.PHIL (PROGRAMME) FOR Academic Session : _____

Application Number: _____

| | | | | | | | | | | | | | | | | | |
|--------------------------|---|-----------------------------|--------------------------|--------------------------|-----------------------------|-------------------|--------|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | Name of the Candidate (In Capital Letters): _____ | | | | | Attach Photograph | | | | | | | | | | | |
| 2 | Programme applied for & CET Code: _____ | | | | | | | | | | | | | | | | |
| 3 | Name of the School/Centre/Institute: _____ | | | | | | | | | | | | | | | | |
| 4 | Address for Correspondence : _____ | | | | | | | | | | | | | | | | |
| 5 | E-Mail Id: _____ | | | | | | | | | | | | | | | | |
| 6 | Contact No. _____ | | | | | | | | | | | | | | | | |
| 7 | Father's/ Husband's Name: _____ | | | | | | | | | | | | | | | | |
| 8 | Mother's Name: _____ | | | | | | | | | | | | | | | | |
| 9 | Date of Birth: <table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table> | | | | | Day | Month | Year | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | |
| Day | Month | Year | | | | | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | |
| 10 | Gender: Please tick in the appropriate column <table border="1"><tr><td>Male</td><td>Female</td><td>Transgender</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> | | | | | Male | Female | Transgender | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Male | Female | Transgender | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | |
| 11 | Category: Please tick in the appropriate column <table border="1"><tr><td>General</td><td>OBC</td><td>OBC (Non-Creamy Layer)</td><td>EWS(Gen)</td><td>SC</td><td>ST</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> | | | | | General | OBC | OBC (Non-Creamy Layer) | EWS(Gen) | SC | ST | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General | OBC | OBC (Non-Creamy Layer) | EWS(Gen) | SC | ST | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| 12 | Sub-category: PWD (Yes/No) | | | | | | | | | | | | | | | | |
| 13 | Details of the Academic Qualifications & Experience: | | | | | | | | | | | | | | | | |
| (a) | Academic Qualifications (Attach self-verified copy of the 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 | Others | | | | | | | | | | | | | | | | |

APPLICATION FEE DETAILS (Rs.2500/- non-refundable)

| Demand Draft No. | Date of Demand Draft | Amount | Drawn on (Bank Name) |
|------------------|----------------------|--------|-------------------------|
| | | | |

UNDERTAKING

I solemnly affirm that the information furnished above is true and correct in all respects. I have not concealed any information. I realize that if any information furnished herein is found to be incorrect or untrue, I shall be liable to criminal prosecution and also forgo my claim to the seat in the college. Further, that my candidature for examination/selection and admission to the course is liable to be cancelled. I agree to abide by the rules & regulations of the University.

Signature of the Candidate with Date

Enclosures :

1. Self attested copies of academic qualification.
2. Category Certificate (if available)
3. Demand Draft (Original)