Schedule for Ph.D Interviews for admission to Ph.D. Program 2018

<table>
<thead>
<tr>
<th>Department</th>
<th>Interview Date</th>
<th>Reporting Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSE/ IT/ CA</td>
<td>18th July, 2018</td>
<td>09:30 am</td>
<td>Seminar Room Admin Block</td>
</tr>
<tr>
<td>ECE</td>
<td>18th July, 2018</td>
<td>09:30 am</td>
<td>Room No 111, Admin Block</td>
</tr>
<tr>
<td>MAE</td>
<td>20th July, 2018</td>
<td>09:30 am</td>
<td>MAE Department</td>
</tr>
<tr>
<td>ASH (Physics, Chemistry, English)</td>
<td>20th July, 2018</td>
<td>09:30 am</td>
<td>Seminar Hall Administrative Block</td>
</tr>
</tbody>
</table>

Instructions to Applicants appearing for interview

1. All applicants shortlisted for interviews are required to report at 09:30 am as per the schedule and venue mentioned above.
2. Without the original documents applicants shall not be allowed to sit in the interview.
3. Document verification shall not be done after 10:30 am.
4. In case an applicant fails to fulfil the eligibility criteria for admission to Ph.D Programme as per the Admission Brochure, 2018 of IGDTUW, she may not be allowed to appear in the interview.

Documents required at the time of interview for Ph.D Program:

1. Two copies of the Printout of PDF application form generated at the time of applying, duly signed by the applicant along with two passport size photographs.
2. Receipt of application fee of Rs. 1000/- paid by the applicant.
4. Original and self attested copy of GATE Score card / JRF scorecard/ NET scorecard (whichever is applicable).
5. Original and self attested copy of Mark sheets and Degree of class 12th, UG and PG examination.

In case of result awaited applicants, original and self attested copy of the pre-final year/semester (whichever applicable) would be required.
6. Original and self attested copy of class 10th certificate/ Mark-sheet in support of Date of Birth.
7. Proof of CGPA/FGPA conversion to Percentage (if applicable).
8. Original and self attested copy of Caste/ Category certificate at Annexure “A” (for the reserved categories only) issued by one of the following authorities of competent jurisdiction:
   a. 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.
   c. Revenue Officer not below the rank of Tehsildar.
   d. Administrator/ Secretary to Administration/ Development Officer. (Lakshadweep and Minicoy Islands)
9. The original certificate and self-attested copy for the reserved category, if other than the General Category. For candidate belonging to OBC-Non Creamy Layer will be required to submit the Certificate issued on or later than 1st April 2018 along with Annexure “H”
10. Certificate at Annexure “B” for Physically Challenged (PH) Candidates: 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.
12. Affidavit (In case of change of name after marriage).
13. Certificate of Financial Assistance(if Applicable)
14. Applicants are required to fill in the Check List as given in Annexure-C & attach it on top of their documents.
UNDEARTAKING CUM DECLARATION TO BE GIVEN BY PARENT(S) 
OF CANDIDATES FOR OBC(NCL) CATEGORY 
(An affidavit to be produced on Rs. 100/- stamp paper) 

TO WHOMSOEVER IT MAY CONCERN 

1. Mr./Ms. _________________ (father/mother) of _________________ resident of village/town/city _________________ district _________________ State hereby declare that my ward belongs to the (community) which is recognized as a backward class by the Government of Delhi for the purpose of reservation in PG./Ph.D Admissions 2018 of IGDTUW Delhi. I hereby undertake and state that the OBC(NCL) certificate provided by my ward for claiming reservation under OBC (NCL) category fulfils the eligibility conditions for OBC(NCL) as per the admission norms of PG./Ph.D admissions, 2018.

I declare that total family income of candidate (including income from all the sources) is fall under eligibility of NCL-OBC for the financial year 2017-18. My family details are given as under for further verification

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name</th>
<th>Occupation</th>
<th>Organisation</th>
<th>PAN No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>List other source of income (if any)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby declare that the above information provided by me is true to the best of my knowledge.

If any discrepancy is found in the details, PG./Ph.D admission Committee has all rights to cancel admission of my ward and legal action may be taken as per norms.

Place: __________________________
Date: __________________________

Name & Signature of Candidate

Name & Signature of Parent
Annexure “A”

CERTIFICATE OF CASTE

(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.
Annexure “B”

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 orthopedic specialist as its member.

2. Candidate having temporary or progressive handicap will not be considered against these seats.
## Annexure- “C”

### CHECKLIST

<table>
<thead>
<tr>
<th>No.</th>
<th>Tick</th>
<th>Particulars</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>Date of Birth Certificate or the High School (class X) Certificate with Date of Birth.</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>An Affidavit in case of change of name(after marriage)</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>SC/ST//PH certificate (if applicable). As per the format attached in instructions to applicants at (Annexure “C” &amp; “E”)</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>The original certificate and self-attested copy for the reserved category, if other than the General Category. For candidate belonging to OBC-Non Creamy Layer will be required to submit the Certificate issued on or later than 1st April 2018 as given in Annexure “H”</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>Copies of degrees, Marks/Grade sheets of all the examination passed.</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>GATE SCORE CARD / JRF/NET CERTIFICATE</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>Work Experience Certificate(For Part Time Applicants)</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td>Print out of application form duly signed by candidate</td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td>Original &amp; Self attested copy id proof Aadhar Card/Driving License/Voter ID/Pan Card</td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td>NO Objection Certificate from the employer (for Part time applicants) at Annexure “D”</td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td>Receipt of Application fee</td>
</tr>
</tbody>
</table>

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Member, Document Verification Team

Applicants Signatures

Ph.D Admission Coordinator
Annexure-D

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)