



DEPARTMENT OF PHYSICAL EDUCATION & SPORTS SCIENCES  
(Faculty of Inter-Disciplinary & Applied Sciences University of Delhi)  
B-BLOCK, VIKASPURI, NEW DELHI-110018

Website: [www.igipess.du.ac.in](http://www.igipess.du.ac.in) E-mail: [dudpess1@gmail.com](mailto:dudpess1@gmail.com) Ph.: 25593497, 25624753, Fax No.: 25549003

Ref. No. DPE/2015/45

Dated: 11.05.2014

**NOTICE**

This is for the information of all desirous candidates for Ph.D. registration in the Department of Physical Education & Sports Sciences that applications on the prescribed form (alongwith 8 copies of synopsis of their research proposal, a passport-size photograph and photocopies of all testimonials needed for the consideration of eligibility) are invited from *15<sup>th</sup> May, 2015 to 15<sup>th</sup> June, 2015* by the Department of Physical Education & Sports Sciences for provisional registration to the degree of Ph.D.

The application form may be obtained from the website [www.igipess.du.ac.in](http://www.igipess.du.ac.in) or personally from the office of the Department on any working day between *10:00 A.M. to 4:00 P.M.*

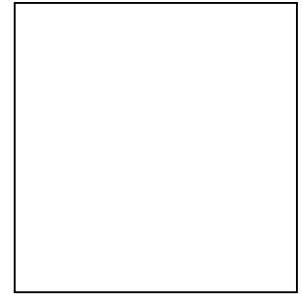
Please note that the last date for submitting the application alongwith 8 copies of synopsis is *Monday, 15<sup>th</sup> June, 2015*. No application will be entertained after the last date of submission.

A handwritten signature in blue ink, appearing to read 'Devinder K. Kansal', with a horizontal line underneath.

(Dr. Devinder K. Kansal)  
Head

**UNIVERSITY OF DELHI SOUTH CAMPUS  
FACULTY OF INTERDISCIPLINARY & APPLIED SCIENCES**

**Application Form for Admission to Ph.D. Course  
in the Department of.....**



To  
The Registrar,  
University of Delhi  
DELHI-1100007

Sir,

I apply for admission as a research student for the Ph.D. Degree of the University of Delhi in the Faculty of Interdisciplinary & Applied Sciences.

I certify that the statements made below in columns 1 to 24 are true to the best of my knowledge and belief.

Yours faithfully,

Date.....

Signature of Candidate

1. Name (in block letters) : \_\_\_\_\_  
Mr./Mrs./Miss
  
2. Present Address along with e-mail : \_\_\_\_\_  
and Mobile number : \_\_\_\_\_  
\_\_\_\_\_
  
3. Date of Birth : \_\_\_\_\_
  
4. Nationality : \_\_\_\_\_
  
5. University Enrolment Number : \_\_\_\_\_
  
6. Name of Father or Guardian : \_\_\_\_\_  
(with relationship)
  
7. Name, Address and Occupation of : \_\_\_\_\_  
Father/Guardian
  
8. Permanent Home Address : \_\_\_\_\_
  
9. Religion : \_\_\_\_\_
  
10. Whether applicant belongs to SC/ : \_\_\_\_\_  
ST or Backward class?

11. Educational Institutions attended and Examination Passed starting with Matriculation/Higher Secondary/SSC Examinations.

Name of Board/ University etc.	Examination passed	Year	Roll No.	Marks Obtained	Total No. of marks for the Examination	% age	Subjects offered and passed at the Examination

12. Precise Title of Research (In Block Letters)

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13. Details of previous experience in research with publication, if any (if the space is not sufficient please attach a separate sheet).

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14. State the name of the institution to which the candidate desires to attach himself/herself.

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15. State if residential accommodation is desired, if so, state name of the Hostel.

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16. Name of the European languages (French, German, Russian or Italian, any other), you can read and write and also state if you have passed any recognized examination.

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17 a. Is the candidate employed in any Institution? Give the name of the Institution, designation and nature of the work and date of appointment on the substantive post.

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17 b. If answer to 17a is yes, certificate to be signed by the Head of the Institution in which the candidate is employed.

It is certified that in case of selection, the candidate will be sanctioned two years study leave.

**Dated:** .....

**Signature of the Head of the Institution  
(Seal)**

- 18a. Has the student qualified a National Eligibility Test with research fellowship? : Yes/ No
- 18b. If yes, state the source : CSIR/UGC/DBT/ICMR/Any other
19. Date if the DRC Meeting in which the application was considered and approved.
20. If the candidate belongs to category IV-B, whether his/her case is recommended by DRC for a University fellowship.  
Yes/ No
21. Name and address of the supervisor recommended by the DRC for supervision of the candidate during the Ph.D.
22. Name the address of Co-supervisor, if any.
23. Names of the members of Advisory Committee with signatures
- |    |     |
|----|-----|
| i  | iii |
| ii | iv  |
24. No. of Scholars already registers with the proposed supervisor  
(Please give names and date of registration)

Name	Date of Registration
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**Signature of the Supervisor**

**Signature of the Head of the Department  
(Seal)**