



**SCHOOL OF PLANNING AND ARCHITECTURE**

(Deemed to be a University)  
4 Block-B, Indraprastha Estate, New Delhi - 110 002  
Tel : 011-23702375 - 80, Fax : 011-23702383

**APPLICATION NO.** \_\_\_\_\_

Session :

**Application for Admission to Ph.D.  
Programme Full Time/Part Time  
in the Department of :**

**Please Affix  
Passport Size  
photograph**

**For office use only**

**Registration No.** \_\_\_\_\_

**Date of receipt** \_\_\_\_\_

**Enclosures received** \_\_\_\_\_

\_\_\_\_\_

**Note : (1) The application form duly completed and accompanied by attested copies of Degrees/Diplomas/ Marksheets should reach the concerned Head of the Department on or before the closing date.**

**(2) Sponsored/in-service applications should apply through their office/Institute/University and produce releving certificate at the time of registration.**

**PERSONAL RECORD**

	Name	Middle Name	Surname
1. Name (In block letters)	.....(in English)		
	.....(in Hindi)		
2. Postal Address for communication (In block letters) with telephone number	.....		
	Pin.....Phone.....Mobile.....		
	Fax No.....E-mail.....		
3. Mother's and Father's/Guardian's Name	.....		
. Permanent Address	.....		
	Pin.....Phone.....Mobile.....		
	Fax No.....E-mail.....		
4. Date of Birth	.....		
	Year	Month	Date
5. Nationality	.....		
	.....		
6. State of Domicile :	.....		
	.....		

7. Whether you intend to avail the benefit of belonging to SC/ST/PC/OBC community?  
 (If so, mention the category clearly and attach attested copy of the Certificate in the prescribed form

.....

8. Proposed broad area of research, nature, objectives and scope of the subject , importance, tentative title on the proposed reaearch work in approximately 500 words

1.....  
 2.....  
 3.....

9. Name of the Adviser fo your, choice, if any:

.....

**10. Education Record**

**N.B.** (i) Information in respect of all examinations passed from the first year Degree Course onwards to be reorded. All entries must be supported by attested copies of certificates/marks sheets

Name of the College University	Examination passed	Year of Passing	Class/ Division	Marks Obtained	Maximum Marks	* Percentage of Aggregate Marks Obtained

Aggregate percentage of marks be based on marks/grade in all the semester/annual examinations completed so far (if marks are shown in grades, numerical percentage is to be indicated

11. Details of Experience

**N.B.** (i) Information in respect of all examinations passed from the first year Degree Course onwards to be reorded. All entries must be supported by attested copies of certificates/marks sheets

S.No.	Name of Organisation	Post held with pay-scale/Pay Band with Grade Pay	Description and type of work in teaching/ research/professional practice	Period

12. Record of Enclosures

(Attested copies of certificates/documents)

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

**APPLICANT'S DECLARATION**

- (i) I hereby declare that the entries in this form are true to the best of my knowledge and belief. I have satisfied my self that i fulfill all the eligibility requirements.
- (ii) I understand that the admission is granted to me on the terms, conditions and rules of the School and such modifications thereof as may by the authorities concerned. I agree to abide by the rules and regulations of the School for the time being in force and such modifications thereof, which may hereafter be made. I understand that my admission may be cancelled if any information furnished by me is proved to be false even on a later date.
- (iii) I agree that the Director's decision in all matters concerning my admission, studies, scholarship, discipline and conduct will be final and binding on me.
- (iii) I understand that my association active or passive with any unlawful organizations is forbidden.
- (iv) I agree that the School shall have the right to forfeit my security deposits *inter alia* on the ground of my failure to claim the refund within two years from the date of leaving the school.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

## EMPLOYER'S CERTIFICATE

I the undersigned, do hereby declare that to my personal knowledge, the details furnished by the applicant in the form are correct.

Shri/Smt./Km.....is in our service as.....in the pay-scale/Pay Band with Grade Pay of Rs.....and drawing the total emoluments of Rs.....Per month. He/She joined our Office/Institute/University on..... His/Her application is forwarded for admission. He/She shall be treated as sponsored candidates/non-sponsored candidate and will be paid salary/will be paid salary/will not be paid salary or financial assistance for undergoing the Ph.D. Programme.

Name and address of Employer/Organisaioin

---

---

---

---

---

---

Signature & Seal of the Forwarding Authority

Dated : \_\_\_\_\_

2. Observation/Recommendations of the concerned Head of the Department of Studies
3. Recommendations of the Departmental Research Committee (DRC)  
The DRC recommends the admission of \_\_\_\_\_

\_\_\_\_\_  
Signature of the Chairman  
Deapatmental Research Committee

Approved

\_\_\_\_\_  
Signature of Dean of Studies

\_\_\_\_\_  
Signature of Director

4. Offer Letter No. \_\_\_\_\_ Dated \_\_\_\_\_ issued

\_\_\_\_\_  
Signature of Head of the Department

---

### (For office use only)

5. (a) Mdically examined on
- (b) School dues paid on
- (c) Joined the Department on
- (d) Scholarship released on

\_\_\_\_\_  
Signature of Head of the Department

**SCHOOL OF PLANNING AND ARCHITECTURE, NEW DELHI**

**PROPOSAL FOR DOING DOCTORAL DEGREE (Ph. D) in SPA**

From

Candidate's Detailed Address  
With E-Mail id and phone number(s).

Dear Sir/Madam,

I wish to submit my proposal on : \_\_\_\_\_  
to be carried out in the Department of \_\_\_\_\_  
in School of Planning and Architecture, New Delhi. I have consulted/not  
consulted Sh./Smt./Kum. \_\_\_\_\_, a faculty member in the  
department of \_\_\_\_\_, regarding my proposed research.  
Detailed proposal is attached for your information and necessary action. I wish  
to be considered for FULL /PART TIME doctoral programme.

Thanking you,

Yours truly,

Place: \_\_\_\_\_

Dt: \_\_\_\_\_

To

REGISTRAR

Copy to : Co-Ordinator, Doctoral Programme, SPA

**DOCTORAL RESEARCH PROPOSAL SHOULD FOLLOW THE FORMAT GIVEN BELOW:**

1. NAME OF THE CANDIDATE:\_\_\_\_\_
2. PROPOSED THESIS ADVISOR:NAME & DESIGNATION:\_\_\_\_\_
3. SIGNATURE OF THE PROPOSED ADVISOR(S) STATING THAT HE/SHE HAS SEEN THE PROPOSAL AND APPROVED.
4. SIGNATURE OF THE PROPOSED ADVISOR(S) :

:\_\_\_\_\_

:\_\_\_\_\_

DATE:\_\_\_\_\_

PLACE:\_\_\_\_\_

- 
1. PROPOSED TITLE OF THE THESIS:\_\_\_\_\_
  2. REASON FOR THIS TOPIC SELECTION: (STATE THE GAP IN RESEARCH & WHY DO YOU WANT TO DO THIS RESEARCH IN THIS FIELD)
  3. LITERATURE REVIEW (NOT MORE THAN A PAGE) STATING THE GAP & JUSTIFICATION FOR THE TOPIC
  4. RESEARCH HYPOTHESIS: (STRICTLY NOT MORE THAN A SENTENCE)
  5. RESEARCH METHODOLOGY: (HOW DO YOU WANT TO DO THIS RESEARCH?)
  6. CASE STUDY PROPOSED IF ANY:\_\_\_\_\_
  7. WHY DO YOU WANT TO DO THIS PhD: (Please tick the appropriate one)  
Academic Reasons/ Personal Interest/Promotions in Office
  8. If employed, will you be in a position to attend the classes regularly as per the Ph.D guidelines of SPA? Yes/NO.
  9. Are you willing to take classes (8 Hours per week) or assist in Research work of the Centres as per Rules of the School?: Yes/NO.