

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

Session :



# योजना तथा वास्तुकला विद्यालय, नई दिल्ली

(संसद के अधिनियम के तहत राष्ट्रीय महत्व का संस्थान  
शिक्षा मंत्रालय, भारत सरकार)

## School of Planning and Architecture, New Delhi

(An Institution of National Importance enacted by an Act of Parliament,  
Ministry of Education, Government of India)

प्रवेश एवम परीक्षा विभाग ADMISSION AND EXAMINATION SECTION

Payment of Rs. 2500/- (non-refundable) payable by visiting SPA, New Delhi website [www.spa.ac.in](http://www.spa.ac.in) & clicking on online payment (SBI Collect) tab.

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/ Mark sheets 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 relieving certificate at the time of registration.

(3) Whether you are enrolled in any other institution for doctoral studies.

(4) If Yes, please submit "No objection certificate" stating withdrawal of your Ph. D. candidature from that institution as it is mandatory.

(5) If No, please submit migration certificate where you were previously registered.

### PERSONAL RECORD

1. Name (in block letters) \_\_\_\_\_ (in hindi)

\_\_\_\_\_ (in english)

First Name

Middle Name

Surname

2. Postal Address for communication (in block letters) with telephone number  
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 \_\_\_\_\_  
 Pin Code. \_\_\_\_\_ Phone \_\_\_\_\_  
 Mobile \_\_\_\_\_ eMail ID \_\_\_\_\_
3. Mother's and Father's/ Guardian's Name \_\_\_\_\_
4. Permanent address (in block letters) with telephone number  
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 \_\_\_\_\_  
 Pin Code \_\_\_\_\_ Phone \_\_\_\_\_  
 Mobile \_\_\_\_\_ eMail ID \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ (Date) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)
6. Nationality \_\_\_\_\_
7. State of domicile \_\_\_\_\_
8. 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 of Certificate in the prescribed form) \_\_\_\_\_
9. Proposed broad area of research, nature, objectives and scope of the subject importance, tentative title on the proposed research work in approximately 500 words  
 (i) \_\_\_\_\_  
 (ii) \_\_\_\_\_  
 (iii) \_\_\_\_\_
10. Name of the Advisor of your choice, if any \_\_\_\_\_

**11. Educational record**

**N.B.** (i) Information in respect of all examinations passed from the first year Degree Course onwards to be recorded. 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)

## 12 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

## 13 Record of Enclosures

(Attested copies of certificates/documents)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
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 of/ 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 salary/will be paid salary/will not be paid salary or financial assistance for undergoing the Ph.D. Programme.

Name and address of Employer/ Organization

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Signature and 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 that the admission of \_\_\_\_\_

Approved

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

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

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

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

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

**(For office use only)**

5. (a) Medically examined on \_\_\_\_\_  
(b) School dues paid on \_\_\_\_\_  
(c) Joined the Department on \_\_\_\_\_  
(d) Scholarship released on \_\_\_\_\_

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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 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 position to attend the classes regularly as per the Ph.D. guidelines of SPA? Yes/No.
  9. Are you willing to take the classes (8 hours per week) or assist in Research work of the Centres as per Rules of the School? Yes/ No.