

ANNEXURE 13

Dr. B. R. Ambedkar University Delhi

Delhi Doctor of Philosophy (PhD) Admission Form Please fill all columns in BLOCK LETTERS)

Paste latest Photo

Paste latest Photo

Pro	ogramme Name:				
1	Name:				
2	Date of Birth:				
3	Gender:				
4	Father's Name:				
5	Mother's Name:	Mother's Mobile	e no		
6	Address:				
A)	Correspondence Address:				
			Virtual District		
B)	Permanent Address:				
,			Tel. No.		
7	Emergency contact no				
8	Family income (Annual):				
9	Details of Examinations Passed: (1				
S.		Year of Passii	ng E	Board / University	Marks(%)
Na	me of Exam				
(l)					
(2)					
10	Do you wish to avail fee waiver, Ye				of the following
(i)	Income Certificate (ii) BPL Ration C	Card (yellow coloured	I) (iii) Inco	ome Ration Card (p	ink coloured)
	Whether applied in EWS category,	3.8	5.0 103 10500		F A = 8 8 8 8 8 8
12	12 ABC/APAAR ID :				
	13 Fee Payment Details (in case of Demand Draft)				
Name of the Bank:Branch::					
	aft No				



Debit Card Credit	card Name of the Bank: DECLARATION
ssion I shall abide by the rule	rs given above are correct to the best of my knowledge and that on s/regulations and discipline of Dr. B. R. Ambedkar University Delhi, lete in ragging in any form and will report any incident of ragging which lete in ragging in any form and will report any incident of ragging which lete in ragging in any form and will report any incident of ragging which leterates the second s
	Signature of the Candid
STUDY)	SE BY CONCERNED SCHOOL OF ocuments with the original certificates/documents and found in order as
Particulars	Please "WRITE" details below in block letter
Name of Student	
Date of Birth	
Father's Name	
Mother's Name	
Certificate of qualifying Exam	
Certificate for Date of Birth	
Document of NCT Category Delhi Region Outside Delhi Region	
Reservation Category/Caste Certificate	
EWS Certificate	Yes / No
Anti-Ragging Affidavit	Yes/No.
Migration Certificate	Yes No.
Provisional Certificate	Yes! No
ABC/APAAR ID	

(Admin Staff Student Services)

Amount of fee to be collected_

Dean Student Services





ANNEXURE 7



Dr. B.R. Ambedkar University Delhi (AUD)

MEDICAL CERTIFICATE**

(FOR THE ACADEMIC SESSION 2025-26)

(TO BE SUBMITTED AT THE TIME OF ADMISSION/DOCUMENT VERIFICATION)

Photograph duly attested by the officer who has certified this certificate

I certify that I have carefully examined Shri/Km/Smt.*son/ daughter/wife of Shri/Smt.*son/ daughter/wife of Shri/Smt.*signature is given below. Based on the examination, I certify that he/she is in good men					
and physical health and is free from any physical defects which may interfere with his/her studies including the active outdoor duties required of a professional. Visible Mark Identification					
Signature of the Candidate					
Place : Date :					
	Name & Signature of the Medical Officer with Seal and Registration Number				
* Strike whichever is not applicable.					

Note: Use photocopy of this Form

^{**} To be signed by a Registered Medical Practitioner holding a Medical degree.







Dr. B.R. Ambedkar University Delhi (AUD)

(UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING)

	S/D of Mr./ Mrs./Ms,					
Mer "Re	ng been admitted to , have received a copy of the UGC Regulations on Curbing the ace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the gulations") carefully read and fully understood the provisions contained in the said ulations.					
	I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.					
24 2	have also, in particular, perused clause 5 and clause 6.1 of the Regulations and amfully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.					
4)	 hereby solemnly aver and undertake that a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations. b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations. 					
6)	I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.					
Dec	ared thisday ofmonth ofyear.					
	Signature of deponent Name : Address : Telephone/Mobile No.					
	VERIFICATION					
of th	ied that the contents of this affidavit are true to the best of my knowledge and no part e affidavit is false and nothing has been concealed or misstated therein. ied aton this theof					





Dr. B.R. Ambedkar University Delhi (AUD)

(UNDERTAKING BY PARENT/GUARDIAN WITH RESPECT OF ANTI RAGGING)

	r./Mrs./Ms	tull name of parent/guardian)			
father	/mother/guardian of, (full name of student w	vith admission/registration/enrolment			
numbe	er), having been admitted to (name of the instituti	ion), have received a copy of the UGC			
	ations on Curbing the Menace of Ragging in H				
(herei	nafter called the "Regulations"), carefully read	and fully understood the provisions			
	ined in the said Regulations.				
2)	I have, in particular, perused clause 3 of the R	Regulations and am aware as to what			
-)	constitutes ragging.	legulations and am aware as to what			
2)		alassa C d afth a Damilation and			
3)	1 have also, in particular, perused clause 5 and	clause 6.1 of the Regulations and am			
	fully aware of the penal and administrative action				
	ward in case he/she is found guilty of or abettin	ig ragging, actively or passively, or			
es.	being part of a conspiracy to promote ragging.				
4)	I hereby solemnly aver and undertake that				
	 a) My ward will not indulge in any behave out 	r or act that may be constituted as			
	ragging under clause 3 of the Regulations	S			
	b) My ward will not participate in or abe	et or propagate through any act of			
	commission or omission that may be cor				
	the Regulations.	nemales actagging amac, stasses a cr			
5)	1 hereby affirm that, if found guilty of ragging	a my ward is liable for punishment			
٥,	according to clause 9.1 of the Regulations, wi				
	action that may be taken against my ward under				
	being in force.	rany penanaw or any law for the time			
6)	Thereby declare that my ward has not been expe	allod or dobarrod from admission in any			
0)	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	~ I I SECTION CONTROL OF THE SECTION			
	institution in the country on account of being fou				
	conspiracy to promote, ragging; and further affirm				
	to be untrue, the admission of my ward is liable to	be cancelled.			
Doolo	red thisday ofmo	anth of			
Decial	red triistric	ontroiyear.			
		Signature of Deponent			
		Name :			
		Address:			
		Telephone/Mobile No.			
	VERIFICATION				
Verifie	ed that the contents of this affidavit are true to the	best of my knowledge and no part of			
	idavit is false and nothing has been concealed or r				
Verified at on this the of					
www.commons.com		The second secon			
<u> </u>					



ANNEXURE 11a

UNDERTAKING

l,	S/o,
D/o	do hereby undertake that I will submit the
following documents at Student Services Division of the notified on University website).	of Dr. B.R. Ambedkar University Delhi (date to
SL	
	Name of the Document
fully understand that if I do not submit the above s admission will be cancelled.	aid certificate and marks sheets my provisional
Dated:	
	ure:
	rs)
	No
	D:-