

# How to Apply

## Important Guidelines for filling PG and Ph.D. Application

Please read the instructions given in the Admission Brochure regarding various Courses of IGDTUW carefully before filling up the application form.

**STEP 1:** Kindly ensure that the following documents are ready before filling the online application form:

*Note: Image (Photo & Signature) size limit is 500KB and other documents must be uploaded in PDF with size limit of 2MB for each.*

<b>ESSENTIAL- Documents need to be uploaded on IGDTUW Admission Portal</b>	
1	Date of Birth Certificate or the High School (class X) Certificate with Date of Birth( <b>in single PDF</b> )
2	Class XII or equivalent marksheet.( <b>in single PDF</b> )
3	Consolidated Marksheet (for Graduation Degree)( <b>scanned both sides in single PDF</b> ) <b>OR</b> Marksheets of all the years/semesters for Graduation Degree, for result awaited candidates ( <b>scanned both sides in single PDF</b> )
4	Consolidated Marksheet for Post-Graduation Degree ( <b>If applicable</b> )( <b>scanned both sides in single PDF</b> ) <b>OR</b> Marksheets of all the years/semesters for Post-Graduation Degree ( <b>If applicable</b> ), for result awaited candidates ( <b>scanned both sides in single PDF</b> )
5	GATE score card /JRF / NET CERTIFICATE ( <b>PDF</b> ) ( <b>if applicable</b> )
6	Certificate/s for Reserved Categoryas applicable for SC/ST/OBC-NCL /KM/ PD / CW/EWS.( <b>If applicable</b> ) Candidates belonging to OBC-Non-Creamy Layer& EWS will be required to submit the Certificate issued on or later than 1st April 2021( <b>PDF</b> )
7	ID. proof Aadhar Card/Driving License/Voter ID/Pan Card ( <b>in single PDF</b> )
8	Work Experience Certificate for Part-Time Applicants ( <b>in single PDF</b> ) ( <b>Only for Ph.D. Applicants</b> )
9	No Objection Certificate (NOC) from the current employer ( <b>PDF</b> ) ( <b>Only for Part-Time Ph.D. Applicants</b> )
10	CoA (Council of Architecture) registration certificate of CoA Approved program (in case of B.Arch.) Temporary Registration number from COA.( <b>PDF</b> ) ( <b>Only forM. Plan.</b> )
11	Scanned coloured photograph ( <b>only in JPEG, PNG</b> )
12	Digital/scanned copy of signature ( <b>only in JPEG, PNG</b> )
13	NIMCET (Common Entrance Test) scorecard (if applicable) <b>only for MCA Applicants</b> ( <b>scanned on both sides in single PDF</b> )
14	Proof of CGPA conversion to Percentage ( <b>PDF</b> ) ( <b>if applicable</b> )

<b>NON-ESSENTIAL- Documents may need to be uploaded on IGDTUW Admission Portal</b>	
1.	An Affidavit in case of change of name after marriage. ( <b>PDF</b> ) ( <b>if applicable</b> )

**STEP 2:** Candidates must follow the following Steps for filling online application through Admission Portal on University Website [www.igdtuw.ac.in](http://www.igdtuw.ac.in)

**STAGE-I:** [Personal Details](#)

- Enter the correct credentials for Personal Details (Name, DOB & Email ID etc.), Reservation Category (if applicable), and Correspondence/Permanent Address while registering to the IGDTUW PG Admission portal.
- The site does not offer automatic saving of the data. The data on a page gets saved once you click on the "Save & Next" or "Save as Draft" button provided in every page.

**STAGE-II:** [Course Details](#)

- Select Department/Course in which you need to apply and proceed with the form of that course
- In case you want to apply in more than one course then you need to submit a separate **application for each course and pay separate application fee additionally.**

**STAGE-III:** [Academic Details](#)

- Please fill "Qualifying Degree Details" as per eligibility criteria of the course you are applying for.
- You may fill "Qualifying Test Details" (GATE/CET/ CSIR or UGC-NET/CSIR or UGC-NET-JRF etc.) if it is applicable on you.
- Please fill "Previous Education Details" with details of marks at secondary and higher secondary level.

**STAGE-IV:** [Experience Details](#) (if applicable)

- Please give details of Designation, Roles & Responsibilities and Duration of Work Experience.
- In case you want to add details of more previous records for employment indicating multiple employers, you need to click on the "+" button shown on the page.

**STAGE-V:** [Document Upload Details](#)

- Refer to the Section "Documents need to be uploaded on IGDTUW Admission Portal" given in Admission Brochure. Please ensure the documents enlisted there are ready before filling the online application form.
- Photo & Signature must be uploaded in JPEG / PNG formats with size limit up to 500 KB. Other relevant documents must be uploaded in PDF with size limit up to 2 MB for each.

**STAGE-VI:** [Online Application Fee Payment](#)

- After successfully completing STAGE-I to STAGE-V, the candidate needs to pay the fees online. Applications without the payment will be rejected. The bank charges if any will have to be borne by the candidate.
- A print button is provided to save a PDF copy of the application form. After making the payment, please make sure that the "Payment Status" is complete.
- Save the PDF copy of complete application form with you for future reference/communications. Candidate need not send the hard copy or print out of the application form to University.

### **General Instruction for Applicants**

1. The candidates are advised to read each and every instruction given in the Admission Brochure very carefully before applying Online.
2. Mere possession of eligibility condition does not entitle the candidates for admission.
3. University reserves the right to restrict the number of candidates to be called for Ph.D. interview to a reasonable number, on the basis of qualifications, result of RAT Exam and/or experience etc.
4. All entries should be carefully made while applying online. University will not be responsible for wrong entries. Candidates shall be sole responsible for the correctness and authenticity of the information/ documents provided in the online application.
5. Eligibility of candidate with regard to qualification & experience shall be calculated / considered with reference to last date of the online application.
6. Candidates must fill/enter their CGPA or percentage of marks as applicable as issued by their Institute/College/University.
7. Online application submitted by the candidates shall be considered final and binding. Requests for making correction in the online application shall not be entertained.
8. Please follow the Certificate formats given in Recent Notices for different reserved categories (if applicable) as enlisted below:
  - a. **Annexure A- Kashmiri Migrant**
  - b. **Annexure B- Defence Category**
  - c. **Annexure C -EWS**
  - d. **Annexure D- Certificate for PD**
  - e. **Annexure E- Disability Certificate for Amputations /Permanent Disability/ Blindness cases**
  - f. **Annexure F- Disability Certificate for multiple disabilities**
  - g. **Annexure G- Suitability Certificate for PD**
  - h. **Annexure H- Disability Certificate for all cases except mentioned in Annexure 'E' or Annexure 'F'**

## Help Desk

**For any query, please email:**

- For MCA Course: [mcaadmissions@igdtuw.ac.in](mailto:mcaadmissions@igdtuw.ac.in)
- For M.Plan. Course: [mplanadmissions@igdtuw.ac.in](mailto:mplanadmissions@igdtuw.ac.in)
- For M.Tech. Courses: [mtechadmissions@igdtuw.ac.in](mailto:mtechadmissions@igdtuw.ac.in)
- For Ph.D. Courses: [phdadmissions@igdtuw.ac.in](mailto:phdadmissions@igdtuw.ac.in)

**For more details, please refer FAQs on Admission Portal.**

**For any technical query, please email:** [noreply.igdtuw@gmail.com](mailto:noreply.igdtuw@gmail.com)

**In case candidate is not satisfied or needs any additional assistance, she may contact**

**Prof. Jasdeep Kaur Dhanoa**

**Admission Officer (MCA, M.Tech., M.Plan., and Ph.D. Courses),**

**Dean (Academic Affairs),**

Academic Branch, IGDTUW, Kashmere Gate,

New Delhi –110006.

**Email ID:** [pgphdadmissionofficer@igdtuw.ac.in](mailto:pgphdadmissionofficer@igdtuw.ac.in)

**Ms. Bhawna Narwal**

**MCA Admission Coordinator**

**Email ID:** [mcaadmissions@igdtuw.ac.in](mailto:mcaadmissions@igdtuw.ac.in)

**Ms. Sneha Maji**

**M.Plan Admission Coordinator**

**Email ID:** [mplanadmissions@igdtuw.ac.in](mailto:mplanadmissions@igdtuw.ac.in)

**Ms. Khyati Ahlawat**

**M.Tech Admission Coordinator**

**Email ID:** [mtechadmissions@igdtuw.ac.in](mailto:mtechadmissions@igdtuw.ac.in)

**Dr. Richa Yadav**

**Ph.D. Admission Coordinator**

**Email ID:** [phdadmissions@igdtuw.ac.in](mailto:phdadmissions@igdtuw.ac.in)

Certificate formats for the following reserved categories are given below:

- a. Annexure A- Kashmiri Migrant**
- b. Annexure B- Defence Category**
- c. Annexure C -EWS**
- d. Annexure D- Certificate for PD**
- e. Annexure E- Disability Certificate for Amputations /Permanent Disability/  
Blindness cases**
- f. Annexure F- Disability Certificate for multiple disabilities**
- g. Annexure G- Suitability Certificate for PD**
- h. Annexure H- Disability Certificate for all cases except mentioned in Annexure  
'E' or Annexure 'F'**

## **Annexure “A”**

### **CERTIFICATE FOR AVAILING ADMISSION AGAINST KASHMIRI MIGRANT QUOTA**

#### **Kashmiri Migrant Quota (To be submitted at the Time of Admission)**

Certified that Shri/km/Smt. \_\_\_\_\_  
Son/daughter/wife Shri/\_\_\_\_\_ resident of  
\_\_\_\_\_ is registered as migrant from  
Jammu & Kashmir. The Registration number is \_\_\_\_\_  
dated \_\_\_\_\_.

It is also certified that Shri/Km/Smt. \_\_\_\_\_ is registered in  
Delhi/ \_\_\_\_\_ as J & K Migrant on  
\_\_\_\_\_

Name & Signature of

Deputy Commissioner/Competent Authority

(Office Stamp)

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

Date \_\_\_\_\_

Note: No document other than this will be accepted by the University for claiming reservation against the Kashmiri Migrant Seat.

## Annexure “B”

### CERTIFICATE FOR PERSON WITH DISABILITY

To be issued by Medical Board from Government Hospital

Name of the candidate: Mr./Ms.\* \_\_\_\_\_

Father's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Percentage loss of earning capacity (in words):

\_\_\_\_\_

Whether the candidate is otherwise able to carry on the studies and perform the duties of an engineer/architect satisfactorily: \_\_\_\_\_

Name of the disease-causing handicap: \_\_\_\_\_

Whether handicap is temporary or permanent: \_\_\_\_\_

Whether handicap is progressive or non-progressive: \_\_\_\_\_

The candidate is FIT / UNFIT to pursue further studies.

(\*Strike out whichever is not applicable)

Member  
(Orthopaedic Specialist)

Member

Principal Medical Officer

Date: \_\_\_\_\_

Seal of Office

Government of \_\_\_\_\_

(Name & Address of the authority issuing the certificate)

#### NOTE:

1. The medical board must have one orthopaedic specialist as its member.
2. Candidate having temporary or progressive handicap will not be considered against these seats.

Recent  
Passport size  
attested  
photograph  
of the  
applicant

## Annexure “C”

### INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No \_\_\_\_\_ Date \_\_\_\_\_

VALID FOR THE YEAR \_\_\_\_\_

1. This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_, Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/Union Territory Pin Code whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income of his/her family is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_.

His/her family does not own or possess any of the following assets:

1. Residential flat of 1000 sq. ft. and above;
2. 5 acres of agricultural land and above;
3. Residential plot of 100 sq. yards and above in notified municipalities;
4. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph of  
the applicant

Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

Note 2: The term “Family” for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

Note 3: The property held by a “Family” in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.



## **Annexure “D”**

### **Certificate in Respect of Defence Category (CW)**

#### **CERTIFICATE FOR AVAILING ADMISSION AGAINST DEFENCE QUOTA OFFICE OF THE ZILA/RAJYA SAINIK BOARD**

This is to certify that Master/Miss \_\_\_\_\_ son/daughter  
\_\_\_\_\_ resident  
of \_\_\_\_\_ the above named officer/JCO/OR pertains to the  
category marked below:- (Select one from below)

a. Killed in Action  
on \_\_\_\_\_ during \_\_\_\_\_

b. Disabled in Action on \_\_\_\_\_ and boarded out from service  
on \_\_\_\_\_ .during \_\_\_\_\_ Died in  
peace time on \_\_\_\_\_ with death attributable to military  
service.

c. Disabled in peace time and boarded out from service with disability attributable military  
service.

d. Gallantry Award Winner ( \_\_\_\_\_ )

e. Ex-Serviceman.

f. Serving Soldier

(Category \_\_\_\_\_ above)

Mr./Miss \_\_\_\_\_ son/daughter of the above named  
officer/JCO/OR is eligible for Admission against the Defence quota under priority  
his/her Ex-Serviceman Widow Identify Card No. is DLH-  
01 \_\_\_\_\_.

NO \_\_\_\_\_  
(Round stamp of office)

RSB SECRETARY  
(Zila/Rajya Sainik Board)

## Annexure “E”

Form –I

### DISABILITY CERTIFICATE

(In case of amputation or complete permanent paralysis of limbs and in cases of blindness)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)

Recent PP size  
Attested Photograph  
(Showing face only)  
of the person with  
disability

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum.  
\_\_\_\_\_ son/wife/daughter of Shri  
\_\_\_\_\_

Date of birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,  
Male/female

\_\_\_\_\_ Registration No. \_\_\_\_\_ permanent resident of

House No.- \_\_\_\_\_ Ward/Village/Street \_\_\_\_\_  
Post Office \_\_\_\_\_

\_\_\_\_\_ District \_\_\_\_\_ State  
\_\_\_\_\_

Whose photograph is affixed above, and I am satisfied that:

1. He/she is a case of:
  - a. Locomotor disability
  - b. Blindness

(Please tick as applicable)

2. The diagnosis in his/her case is \_\_\_\_\_

3. He/ She has \_\_\_\_\_ % (in figure) \_\_\_\_\_ percent  
(in words) permanent physical impairment/blindness in relation to his/her \_\_\_\_\_  
(part of body) as per guidelines (to be specified).

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb impression of the person  
in whose favour disability certificate is  
issued.

## Annexure “F”

Form II

### DISABILITY CERTIFICATE

(In cases of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)

Recent PP size  
Attested Photograph  
(Showing face only)  
of the person with  
disability

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have carefully examined  
Shri/Smt./Kum. \_\_\_\_\_ son/ wife/daughter  
of Shri \_\_\_\_\_ Date of Birth (DD/MM/YY)  
\_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_ Registration No.  
\_\_\_\_\_ permanent resident of House No.  
\_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ Post office  
\_\_\_\_\_ District \_\_\_\_\_ State  
\_\_\_\_\_ whose photograph is affixed above, and are satisfied that:

1. He/she is a Case of **Multiple Disability**: His/her extent of permanent impairment/disability has been evaluated as per guidelines as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S.NO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1.	Locomotor disability	@		
2.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	£		
5.	Mental retardation	X		
6.	Mental-illness	X		

@- e.g. Left/Right/both arms/legs

# - e.g. Single eye/both eyes

£- e.g. Left/Right/both ears

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_ percent

In words: \_\_\_\_\_ percent

3. The above condition is progressive/ non-Progressive/likely to improve/not likely to improve.

4. Reassessment of disability is

a. not necessary

b. Is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_.

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Authority:

Name and Seal of Member	Name of Seal of Member	Name and seal of the Chairperson

Signature/ Thumb impression of the person in whose favour disability Certificate is issued.

## **Annexure “G”**

### **SUITABILITY CERTIFICATE FOR AVAILING ADMISSION AGAINST DIFFERENTLY ABLED PERSON (PD)**

**(To be submitted at the Time of counselling/Admission)**

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certified that Shri / Km / Smt.\* \_\_\_\_\_

Son/daughter/wife of Shri/Smt. \_\_\_\_\_ is physically

Handicapped due to \_\_\_\_\_ and he/she is fit for  
undergoing the course(s) \_\_\_\_\_ at  
IGDTUW.

Name & Signature of

The Officer In-charge

Vocational Rehabilitation Centre for Physically Handicapped 9, 10, 11

Karkardooma, Vikas Marg, delhi-110092.

## Annexure “H”

### DISABILITY CERTIFICATE

(In cases other those mentioned in Forms I and II)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)

Recent PP size  
Attested  
Photograph  
(Showing face  
only) of the person  
with disability

Certificate No. \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

\_\_\_\_\_ son/ wife/daughter of Shri \_\_\_\_\_ Date of

Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_

Registration No. \_\_\_\_\_ Permanent resident of House No.

\_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ Post office

\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ whose photograph is affixed above and am satisfied that he/she is  
a case of disability.

1. His/her extent of physical impairment/disability has been evaluated as per guidelines  
(to be specified) and is shown against the relevant disability in the table below:

S.NO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1.	Locomotor disability	@		
2.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	£		
5.	Mental retardation	X		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable)

**@- e.g. Left/Right/both arms/legs**

**# - e.g. Single eye/both eyes**

**£- e.g. Left/Right/both ears**

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

1. Reassessment of disability is:

a. Not necessary

b. Is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_

2. The applicant has submitted the following document as proof of residence:

Nature of the Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

(Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificate is issued by a medical authority who is not a government servant (with seal)

Signature/Thumb impression of the person in whose favour disability certificate is issued.

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District

Note: The principal rules were published in the Gazette of India notification number S.O. 908(E), dated the 31<sup>st</sup> December, 1996.