



(Estd. 1999)

AIIPPHS STATE GOVERNMENT UNIVERSITY, DELHI

(A NATIONAL IMPORTANCE UNDER PARLIAMENT ACT 371, ASSAM, GOVT. OF INDIA)

ISO 9001:2015 CERTIFIED UNIVERSITY / MEMBER OF QUALITY COUNCIL OF INDIA (QCI)

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IN COLLABORATION WITH :-

Unique World Records Limited, India

HONORARY DOCTORATE PROGRAMME NOMINATION FORM

Mr. Rev. Pastor Bro. Evang. Prof. Dr. Miss. Mrs. Sis.

Doctorate Subject : _____

Applicant Name : _____

Father's Name : _____

Mother's Name : _____

Category : _____

Experience (In Years) : _____

Physical State Normal Handicap Special Blind Deaf Dumb

Email Address : _____

Contact Number : _____

Date of Birth : _____

Gender : _____

Full Address : _____

City : _____

State : _____

Country : _____

Pincode :

Highest Qualification : _____

Board / University : _____

Passing Year : _____

Total Marks : _____

Obtained Marks : _____

Applicant Occupation : _____

Father Occupation : _____

Mother Occupation : _____

PLEASE TICK THE HONORARY DEGREE / DIPLOMA YOU BELIEVE TO THE MOST APPROPRIATE FOR YOUR NOMINATION.

NOTE:- IF YOUR NOMINATION IS ACCEPTED THE FINAL CHOICE OF HONORARY AWARD WILL BE DETERMINED BY SENATE AND ACADEMIC COUNCIL

CODE	COURSE NAME	CODE	COURSE NAME	CODE	COURSE NAME
01	DOCTOR OF DIVINITY <input type="checkbox"/>	13	DOCTOR OF MUSIC <input type="checkbox"/>	25	DOCTOR OF SPORTS <input type="checkbox"/>
02	DOCTOR OF HUMANITY <input type="checkbox"/>	14	DOCTOR OF PHILOSOPHY <input type="checkbox"/>	26	DOCTOR OF INFORM. TECH. <input type="checkbox"/>
03	DOCTORY OF LITERATURE <input type="checkbox"/>	15	DOCTOR OF ARTS <input type="checkbox"/>	27	DOCTOR OF PEACE STUDIES <input type="checkbox"/>
04	DOCTOR OF COMMERCE <input type="checkbox"/>	16	DOCTOR OF HONORS <input type="checkbox"/>	28	DOCTOR OF INT. RELATIONS <input type="checkbox"/>
05	DOCTOR OF THEOLOGY <input type="checkbox"/>	17	DOCTOR OF BUSINESS <input type="checkbox"/>	29	DOCTOR OF LAW <input type="checkbox"/>
06	DOCTOR OF ASTROLOGY <input type="checkbox"/>	18	DOCTOR OF ADMINISTRATION <input type="checkbox"/>	30	DOCTOR OF AGRICULTURE <input type="checkbox"/>
07	DOCTOR OF SOCIAL WORKS <input type="checkbox"/>	19	DOCTOR OF PERFORMING ARTS <input type="checkbox"/>	31	DOCTOR OF PSYCHOLOGY <input type="checkbox"/>
08	DOCTOR OF FINE ARTS <input type="checkbox"/>	20	DOCTOR OF VEDIC SCIENCE <input type="checkbox"/>	32	DOCTOR OF TRAD. MEDICINE <input type="checkbox"/>
09	DOCTOR OF SOCIAL SERVICE <input type="checkbox"/>	21	DOCTOR OF SCIENCE <input type="checkbox"/>	33	DOCTOR OF ATER. MEDICINE <input type="checkbox"/>
10	DOCTOR OF SOCIOLOGY <input type="checkbox"/>	22	DOCTOR OF SPIRITUALISM <input type="checkbox"/>	34	DOCTOR OF MARTIAL ARTS <input type="checkbox"/>
11	DOCTOR OF CULTURE <input type="checkbox"/>	23	DOCTOR OF HUMAN ARTS <input type="checkbox"/>	35	DOCTOR OF JOURNALISM <input type="checkbox"/>
12	DOCTOR OF LETTERS <input type="checkbox"/>	24	DOCTOR OF EDUCATION <input type="checkbox"/>	36	DOCTOR OF FOLK ARTS <input type="checkbox"/>

ARE YOU EMPLOYED:- YES NO

If employed, please provide name of the employer: _____

If employed, please provide the designation: _____

SPECIALIZATION / WORK EXPERIENCE OF APPLICANT / YOUR ACHIEVEMENTS (IN ANY FIELD) :-

ADDITIONAL DECLARATION FOR NOMINATION OF HONORARY DOCTORATE PROGRAMME PLEASE INFORM

YES OR NO IN THE FOLLOWING LIST:-

- | | | | | |
|------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| a) Have you been charged under Criminal Law. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Are you employed in government service. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Are you seeking this honor for political benefit. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Do you have any mental disorder. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Have you ever been engaged in human trafficking. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) Have you ever been engaged in illegal money laundering. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g) Have you ever been engaged in abusing women. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h) Have you ever been engaged in abusing transgender. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i) Have you ever been engaged in abusing children. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| j) Have you ever been engaged in abusing other coloured people. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| k) Have you ever been engaged in abusing other cast / community. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| l) Are you supporting terrorism by any means. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| m) Are you supporting and / or engaged unlawful prostitution. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| n) Have you ever been engaged violating religious freedom. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| o) Have you ever been engaged violating human rights. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

MANDATORY INSTRUCTIONS :-

Self-attested documents to be attached along with the application form. All Educational Certificates • Additional Certificates & Achievements • Passport Size Photo or ID Proof • Address Proof • Cast Certificate (If applicable).

IMPORTANT NOTE :-

This application form is not ordinary form, it is seeking higher degree in the society, so please fill the application form carefully and attach required documents. If all the fields are not filled required documents are not attached, the application will not be considered.

RECOMMENDATION FOR NOMINEE:-

1. Ministry Name : _____
2. Minister
3. Judge Designation : _____
4. University / School / College
5. Gazetted Officers Department : _____
6. Tehsil / Surpanch
7. Law Enforcement Officer
8. Old 20Yers NGO / Trust

Applicant's Signature

Sign with Stamp

DECLARATION :-

Self/on behalf of my ward hereby declare that:

- The information given by me in the application form and all enclosures are true to the best of my knowledge. However, should it, be found that any information/enclosures therein are untrue/wrong I am liable to be disqualified for admission.
- If I am selected for admission I am promise to abide by the rules & regulations of the University and maintain the discipline in the institute and the hostel.
- Initially the admission is provisional and is subject to confirmation from the counseling authority concerned University and State Government.
- It is compulsory for me to appear for online counseling at any place directed by the counseling authority within the specified date and time failing which I registration will be automatically cancelled without any refund of fee.
- I understand that my default exam centre will be nearest to my registered address with AIIPPHS STATE GOVERNMENT UNIVERSITY DELHI, until I request AIIPPHS STATE GOVERNMENT UNIVERSITY DELHI to change my exam centre to another place for me on the basis of my request and confirmation of AIIPPHS STATE GOVERNMENT UNIVERSITY DELHI.
- I understand that if I get my admission/registration cancelled the fee deposited by me is Non-refundable.
- Cancellation of admission/registration is not possible without paying the full fees for the entire course.
- **ANY DISPUTE IS SUBJECT TO DELHI JURISDICTION ONLY.**
- **EMPLOYMENT** - The University is a Recognized Educational University and is not responsible for any Employment on Successful Completion of All Courses.