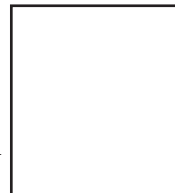




**APPLICATION FOR RECOGNIZING AS ELIGIBLE
RESEARCH SUPERVISOR
(For Eligibility Refer Ph.D Regulations)**

1. Name in BLOCK Letters :
(as entered in the
qualifying degree
certificate)

Affix a
recent pass
port size
photograph



2. Designation:

Official Communication address with Pincode

.....
.....

Mobile.....

3. Permanent Communication address with Pincode :

.....
.....

Mobile.....

4. Address for communication: :.....

.....
.....

.....PIN.....Phone (with area code).....

Mobile.....

5. a) Date of Birth (DD / MM/YYYY) :

b) Age :



ANNEXURE - III

c) Email id :

d) Date of Joining (VMRF (DU) :

6. Academic Qualification

[Please attach Self attested copies of all the degree certificates]

Degree	Year	University	Subject	Faculty	Class / Division	Mode: Regular / Dist. Edu / etc...
(Details of all the degrees taken, starting with the highest degree)						
a) Ph.D.						

7. Ph.D.details

University	Subject & title of thesis	Faculty/ Division	Date of Viva - Voce

8. Teaching experience (Regular) (Enclose the Experience Certificate as mandatory duly signed by the Employers)

Programme	Year(s) (From - To)	Institution	University	Subject
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ANNEXURE - III

Postgraduate				
Graduate				

9. Research experience (Enclose the Proof)

	Year(s)	Institution	University	Subject	No. of papers published in Referred / indexed journals
Ph.D.					

10. List of publications after the award of the Ph.D. degree, in referred/indexed journal(s) (If needed an additional sheet may be used) (Enclose the latest two publications as Proof)

S. No.	Title of paper	Names of authors	Name of the journal	Scopus/WOS, UGC Care (ISSN No.)	Vol. No.	Year

11. Subject / Division and Faculty in which supervisorship is presently sought

Subject(Division) :
Faculty :



ANNEXURE - III

12. Particulars of supervisorship held (in this and all other Universities)

S. No.	University	No. of candidates		Remarks (if any, on completion date etc)
		As Supervisor	As Co - Supervisor	

This is to certify that the particulars given above are correct and complete to the best of my knowledge and belief. I am aware that any wrong information or suppression of facts may result in punitive action in addition to cancellation of my candidate.

Date :

Head of the Department (HOD)
Name in BLOCKLETTERS:
With Seal

Head of the Institution (HOI)
Name in BLOCK LETTERS:
With Seal

Date :

Date :

Note: Journal publications should be listed as per proforma below.



Proforma for Publication and Conference

Name of the Supervisors											
Faculty											
Discipline											
Journal Publication Details						Indexed Journal					
S.NO	Name of the Authors	Title of the Paper	Name of the Journal	Publication Details (Volume / Issue /Page Number) if Book / Chapters ISSN No.	Month / Year	SCOPUS	Web of Science	PUBMED	IEEE	UGC	URL Link
1											
2											
3											
...											
*Copy of the Reprint to be Enclosed											