VINAYAKA MISSION'S
RESEARCH FOUNDATION
(Deemed to be University under section 3 of the UGC Act 1956)

ANNEXURE - III

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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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 :

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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.

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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