



**ANNEXURE - III**

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

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

Affix a  
recent  
passportsize  
photograph

2. Designation andpresent  
officialaddress : .....

.....

.....

.....PIN.....Phone (with areacode).....

Mobile.....

3. Permanentaddress : .....

.....

.....

.....PIN.....Phone (with areacode).....

Mobile.....

4. Address for communication : .....

.....

.....

.....PIN.....Phone (with areacode).....

Mobile.....



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

c) Email id : .....

d) Date of Joining (VMRF (DU)) : .....

e). Probable Date of Superannuation : .....

6. Academic Qualification (Details of all the degrees taken, starting with the highest degree)[Please attach attested copies of all the degree certificates]

Degree	Year	University	Subject	Faculty	Class / Division	Mode: Regular / Dist. Edu / etc...
a) Ph.D.						

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

Programme	Year(s) (From - To)	Institution	University	Subject
Postgraduate				
Graduate				



8. Research experience (Enclose the Proof)

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

9. Ph.D.details

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

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 :



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 candidature.

Date :

Seal

Signature

Forwarded

Head of the Department  
Name in BLOCK LETTERS:

Head of the Institution  
Name in BLOCK LETTERS:

Date :

Date :

Seal

Seal

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

**Proforma For Publication and Conference**



## VMRF(DU) – Ph.D Regulation

[illegible]