(Established under Section 3 of UGC Act, 1956) Placed under Category 'A' by MHRD GoI Accredited with 'A+' Grade by NAAC

## APPLICATION FOR RECOGNITION AS Ph.D GUIDE

		nd submitted to the Un / Research Institutions					eachers/Scientists working in D Guide]
1.	Name of the Tea (in block letters)	cher/Scientist	:				
2.	Employ ID		:				
3.	Age & Date of I	Birth	:				
4.	Present Position	/Designation	:				Photo
5.	Department		:				
6.	Faculty to which (Dental/Medical/Pha/Biological Sciences	armacy/Nursing/Physiothera	: py				
7.	Name & Addres working at prese	s of the Institution ent	:				
8.	Residential Add	ress	:				
9.	Telephone Nos.: E-mail: Educational Qua		s.:	Cel	1:		
<i>J</i> .	_	egree, super specialty, Ph.	D and any other q	ualificatio	ns.		
	Qualification	Faculty	Year of Passing	N	Name of the Un	iversity	Whether recognized by MCI/DCI/AICTE etc., as applicable
		❖ Attested copies of all e	ducational qualifica	ation shoul	d be enclosed.		
10.	Teaching Experi	ience: (only full time to	eaching experie	ence in a	Teaching Inst	titution shou	ld be mentioned)
	(i) Befor	e obtaining PG Qualific	cation:-				
	Designation	Name of the Institution	on Courses	taught	Per From	iod To	Subjects taught
-							

(	(ii)	) After	obtaining	PG/Ph	.D Qual	ification:-

(iv)

Designation	Name of the Institution	Courses tought	Per	iod	Subjects tought
Designation	Name of the institution	Courses taught	From	То	Subjects taught

Years of Teaching Experience: As UG Teacher:years; As PG Teacher:years; Totalyears; T									
(iii) Research Experience:  a) No. of Scientific research papers published in indexed journals: (Copies of the reprints to be enclosed)  b) Research work/projects carried out and completed, if any (enclose the list)  c) Research projects in progress, if any (enclose the list)  d) No. of presentations made in National/International Conferences/Seminars etc.: (enclose the list)  Area of Research:  No. of the PG / Ph.D students guided so far:  Year No. of PG Students No. Ph.D Students  Administrative experiences, if any:  Designation Name of the Institution Period Nature of du									
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From To	De	ecionation	N	ame of the Instituti	ion	Per	riod		Nature of duties
				unic of the Instituti		From	То	)	ratare or daties

**Signature of the Head of Institution** Name: Signature of the HoD Name **Signature of the Applicant** Name Date: Date: Date: