

### **ANNEXURE - III**

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

1. Name inBLOCK Letters Affix a (as entered in the recent qualifying degree passportsize certificate) photograph 2. Designation and present officialaddress ......PIN.....Phone (with areacode)..... Mobile..... 3. Permanentaddress ......PIN.....Phone (with areacode)..... Mobile..... 4. Address for communication : :.... ......PIN.....Phone (with areacode)..... Mobile.....



# $VMRF(DU)-Ph.D\ Regulation$

5. a) Date o	f Birth (D	D / MM/YYYY	:		î	b) age:			
c) Email	id :								
d) Probab	ole Dateof	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	Degree Year University Subject Faculty Class 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 - T		Year(s) (From - To)	Institutio	n l	Universi	ersity		Subject	
Postgra	duate								
Gradı	ıate								
			•	•					



Research experience (Enclose the Proof)

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

	Tear(s)	institution	Offiversity	Subject	published in Referred / indexed journals
Ph.D.					,

9. Ph.D.details

8.

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 beused) (Enclose the latest two publications as Proof)

S. No.	Title of paper	Names of all authors in actual sequence	Name of the journal	Page No.	Vol. No.	Year

11.	Subject / Division	and Faculty in	which supervi	sorship is p	resently sought:

Subject(Division) Faculty



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### 12. Particulars of supervisorship held (in this and all otherUniversities)

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

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 oftheDepartment Name in BLOCKLETTERS:	Head of theInstitution Name in BLOCK LE	
Date :	Date :	
Seal	Seal	

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



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# **ProformaFor Publication and Conference**

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Fac	culty										
Dic	ripline										
		ırnal Publi	ication D			_	ndex	ed Jo	ourna	ıl	
ON'S	Name of the Authors	Title of the Paper	Name of the Journ al	Publicatio n Details (Volume / Issue Page Number ) if Book / Chapters ISSN No.	Mont h / Year	SCOPUS	Web of Science	PUBMED	IEEE	OBU	UR L Lin k
*Co	py of the Rep	rint to be	Enclosed								