



(Application Form for Ph.D. Research Supervisor)

Faculty _____ Subject/Branch: _____

1. Full Name of the Teacher: _____

(in block letters)

2. Organization & Designation: _____

3. Date of the first appointment in College: _____

4. Date of Birth: _____

5. Age at the time of application: _____

6. Official address: _____

7. Permanent address: _____

8. Address for correspondence: _____

E-mail Address: _____

Phone No. (O) _____ (R) _____ Mobile No.: _____

9. Educational qualification

(Enclose self attested copies of certificates)

Sr. No.	Name of the Examination (Starting from Graduation)	Institute/ University	Year of Passing	Percentage/ CGPA & Division	Specialization

10. Experience (Enclose self attested copies of relevant certificates)

Sr. No.	Name of the organization	Designation	Duration	Remarks, if any

Passport Size
Photograph

11. Research Experience

(a) No. of Ph.D./M.Phil. Scholars: Guided:-_____, Awarded:- _____

(b) Sponsored Research Projects undertaken: _____

(c) Industrial/ Scientific Research experience:-

(Enclose self attested copies of relevant certificates/ documents)

12. Research Publications/Presentations:

Sr. No.	Title	Name of Journal/ Conference	Vol./ Year/ Page No.

13. Books Authored/ Co-Authored and Publications (Please attach necessary documents)

14. Other Publications (Please enclose self attested copies of relevant certificates/ documents)

15. Any other information(s), if required:

16. Are you a registered supervisor of UGC recognised university

If Yes, Name & Address of University:

17. Declaration by the Applicant:

I _____ solemnly declare that, the information given in the application form is correct to the best of my knowledge and belief. I shall also abide the by rules and regulations of Ph.D. programme as well as the code of conduct for recognized research supervisor.

Date: _____

Place: _____

Signature of Applicant

18. Recommendation by the Head of Institute:

It is hereby Recommended/ Not Recommended the application of _____
_____ of _____ as Ph.D. Research Supervisor in the
Faculty of _____ of Sankalchand Patel University.

Comments, if any:- _____

Date: _____

Place: _____ **Sign of the Head of Institution with seal**

19. Remarks by dean of the faculty:

Application of Dr./ Prof. _____ may be
Approved/ Not approved for Recognition as Ph.D. Guide in the Faculty of _____
_____ of Sankalchand Patel University, Visnagar.

Date: _____ **Signature of Faculty Dean**

(For University use only)

As per the recommendation received from Faculty Dean, _____
_____ may be approved for recognition of Ph.D. Research Supervisor for Faculty of
_____ in Sankalchand Patel University.

Members of Doctoral committee:-

	Name	Sign
1)	-	-
2)	-	-
3)	-	-