



Faculty of _____
Subject: _____

RASHTRASANT TUKADOJI MAHARAJ NAGPUR UNIVERSITY
“(Established by Government of Central Provinces Education Department by Notification No. 513 dated the 1st of August, 1923 & presently a State University governed by Maharashtra Universities Act, 1994.)”
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**APPLICATION FORM FOR RECOGNITION OF SUPERVISOR (Research Guide) FOR
Ph.D./M.E. (By Research)
IN THE FACULTY OF _____ SUBJECT _____**

To,

The Controller of Examinations,
Rashtrasant Tukadoji Maharaj
Nagpur University, Nagpur.

Sir/Madam,

I hereby apply for acquiring recognition as a Supervisor (Research Guide) for Ph.D./ M.E. (By Research) in the Faculty of _____ Subject _____ of the Rashtrasant Tukadoji Maharaj Nagpur University, Nagpur.

The required fee of Rs. _____ has been paid in the University account vide receipt No. _____ dated _____. (A copy of the receipt is enclosed herewith)

1) Name in Full : _____
(In Block Letters) Surname Middle Name First Name

3) Name of Father/Husband : _____

4) Date of Birth : _____
(In words _____)

5) Permanent Address : _____

6) Address for Correspondence : _____

Telephone No. : _____ (M) _____

(E-mail) _____

7) Marital Status: (Married/ Single) _____

8) Religion : _____

9) Nationality : _____

10) Caste : _____

11) (a) Whether belong to backward class: Yes/ No _____

(b) If yes SC/ST/OBC/VJ/NT/SBC Specify category _____

12) Mother Tongue : _____ Languages Known _____

13) Name of the University from where qualifying degree has been obtained: _____

14) Academic record from U.G. onwards:
 (University Degree, Diploma, Diplomas Certificates etc) Attach copies of marksheets, certificate etc.)

Examination	Year of passing	Name of Board/ University	Division	Percentage of Marks obtained	Subject offered (Specialization, if any)	Remarks, if any

15) Highest qualification acquired : _____

16) Topic of the Ph.D. thesis with specialization : _____

15) Particulars of employment as a Full time teacher in College/University, if any:
(Attach true copies of the certificate of the employer in support of statement)

Name of the Institution/ University	Post held	Requisite qualification at the time of appointment as per UGC/State Govt.	Teaching experience					
			Under graduate			Post graduate		
			From	To	Total	From	To	Total

i) Under graduate : _____ years
ii) Post Graduate : _____ Years
iii) Total experience : _____ Years

16) Research Experience (Attach testimonials/ certificates) (Excluding period spent for acquiring Ph.D. Degree):

- i) Total Research Experience : _____
- ii) Number of papers published : _____

17) Details of publication indicating name of author/s, title of publication, publishers, Research Journal, Year etc. (Attach separate sheets, if necessary)

- i) No. of Book authored : _____
- ii) No. of books/ Journals edited : _____

18) Professional experience, if any:
 (Attach true copies of the certificate of the employer in support of statement)

Name of Institutions	Post held	Administrative experience in years	Remarks

19) Additional Information , if any :

20) List of documents enclosed :

Place : _____

Date : _____

(Signature of the Candidate)

INSTRUCTIONS:

- 1) True copies of the mark-list/degree certificate must be attached
- 2) Incomplete application will not be considered under any circumstances.

UNDERTAKING

I hereby undertake that I have read all the instructions carefully in this regard and promise to abide by the provisions of rules and regulations issued by the University, from time to time.

(Signature of the Candidate)

ENDORSEMENT OF THE PRINCIPAL/ EMPLOYER

Forwarded and recommended.

Date:

Principal /Head of the institution

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