

App	lication Form Price: Rs. 100/-	Form	No.
	KRANTIGURU SHYAI	MJI KRISHNA VERMA	
	KACHCHH U Application for recognition as a Uni	UNIVERSITY versity Teacher for the Ph.D	
			Affix your Pass- port size latest photo (front view)
Subj Fact	ect or Subjects for which recognition is alty:	s sought:	
1.	Name		
	(in Block letters - as entered in the qualifying Degree)		
2.	Designation & Official Address		
3.	Date of Birth		
	Age in D/M/Y		
	Date of superannuation		
4.	Permanent Address		
5.	Address for correspondence (With Phone/Mobile No. and e-mail)		
6.	Academic Qualification		

Degree	Year	University	Subject	Class/Division
Graduation				
Post-graduation				
M. Phil.				
Ph.D.				
Other				

7.	Title of the P Candidate	h.D. Thesis	s of the				
8.	Date of Awar D/M/Y	rd of Ph.D.	degree				
9.	Teaching Exp	perience :					
		Sr.	•	Year	Institution/U	niversity	Subject
		No.	From	То			
Un	der-Graduate						
Po	ost Graduate						
10.	Experience in	Years		:			
a.	Degree Class	es					
b.	Post-Graduat	e Classes					
c.	Hours per we	ek Laborat	tory				
	Supervision						
11.	Experience in Guiding Post-Graduate Students: Dissertation & Publication (if any)						
12.	Research Exp						
Sr. N		ear	_ I1	nstitution/U	niversity	Sub	oject
	From	То					
Rese	arch Experienc	ce in Years	(D/M/Y)	<u> </u>			

13.	Details of Publications (Name & I or Book Name, Vol. No., Pages) (A		
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14.	List of Patents:		
15.	No. of papers published after the award of Ph. D. Degree.		
16.	State whether recognized as a Ph.D. Guide from this or any other University. If so give particulars:		
17.	Number of Ph.D. Students Guided under you supervision	Awarded	Registered
18.	Give a brief statement giving details of the research work conducted by the Applicant		
19.	Name of the Research Centre/ University where applicant intends to work as guide		
20.	List of Facilities available at the Host Institute and to the Guide		
21.	Any other relevant information: (Add separate sheet, if necessary)		
22.	Give a detail account of the Points (API) accredited to the research guide with supportive evidences (as per UGC guidelines: attached)		

## **DECLARATION**

I declare that the information's provided by me in the form are true to the best of my knowledge. I have gone through the rules and regulations of the University and will abide by the same.

Signature of Applicant	Signature with stamp of Head of the Institution
Date:	
Place:	

## Office Seal

## **Enclosures:**

- 1. Copies of all the Educational Qualification and Experience Certificates listed in column 3, 6, 9 & 16 of the form.
- 2. Copy of all the documents which support research as in 12, 13, 14 & 22 column of the form.
- 3. No Objection Certificate from the Head/ Principal/Director of the Parent Institute.