



A1- Application Form for Recognition as Ph.D. Research Supervisor

A1

**SAI TIRUPATI UNIVERSITY, UDAIPUR**  
**(Application Form for Recognition as Ph.D. Research Supervisor)**

Faculty \_\_\_\_\_ Subject/Branch: \_\_\_\_\_

1. Full Name of the Teacher: \_\_\_\_\_

(In block letters)

Passport Size  
Photograph

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 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 attested copies of relevant certificates)

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

11. Research Experience

- (a) Ph.D. – Topic, Faculty, Department and University
- (b) M.Phil. – Topic, Faculty, Department and University
- (c) Sponsored Research Projects undertaken

(Enclose attested copies of relevant certificates/  
Documents)

12. Research Publications

(Enclose self attested copies of relevant certificates/ documents)

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

13. Books Authored/ Co-Authored and Publications

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

15. Paper Presentation in National/International Seminars & Conferences

(Please enclose attested copies of relevant certificates/ documents)

Theme of Conference/ Seminar	Title	Organizer	Date

16. Any other information(s) you would like to submit:

(Please enclose attested copies of relevant certificates/ documents)

17. Are you a registered supervisor of UGC recognized university

If Yes, Name & Address of University.

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18. 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**

**19. Remark of the Dean Faculty (STU, University)**

Application form of Dr. \_\_\_\_\_ for registration as Supervisor at the Doctoral Degree in faculty of Medical Sciences/Nursing/Pharmacy (Ph.D. Programme) conducted by Sai Tirupati University, Udaipur.

\_\_\_\_\_  
**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of the Dean Faculty with seal**

**20. Recognition by the University**

Application of Dr. /Prof \_\_\_\_\_

Is Approved /**Not approved** for Recognition as Ph.D. Research Supervisor in the Faculty of

\_\_\_\_\_ Of Sai Tirupati University, Udaipur.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Dean PG Studies**