

Appendices

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

A1



**PACIFIC ACADEMY OF HIGHER
EDUCATION AND RESEARCH UNIVERSITY,
UDAIPUR**

(Application Form for Recognition as 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 attested copies of certificates)

Passport Size
Photograph

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 recognised university

If Yes, Name & Address of University.

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 (PAHER, University)

Application form of Dr. _____ for registration as Supervisor at the Doctoral Degree Programme Science/ Engineering/Dental Science/Pharmacy/Management/Hotel Management/Fashion Technology/Media & Mass Communication/Computer Science/Physical Education/Social Science & Humanities/Commerce/Education (Ph.D. Programme) conducted by Pacific Academy of Higher Education And Research 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 Pacific Academy of Higher Education And Research university, Udaipur.

Date: _____

Signature of Dean PG Studies