

(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)

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

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. Recognition by the University

Application of Dr. /Prof. _____

is Approved /Not approved for Recognition as Ph.D. Research Supervisor in the Area of _____

_____ of GLS University, Ahmedabad.

Date: _____

Place: _____

Signature of Dean
School of Doctoral Research and Innovation