APPLICATION FOR RECOGNITION AS A Ph.D GUIDE – 2024-2025

SUBJECT_____ DEPARTMENT _____

(To be completed and submitted to the University through proper channel by the senior Teacher/Scientist working in Colleges/ Research Institutions affiliated to this University, who are seeking recognition as Ph.D Guides.)

1.	Name of the Teacher (In Block Letters)	
2.	Age & Date of Birth	
3.	Present Designation	
4.	Faculty to which you belong (Medical/Dental/Ayurveda/Pharmacy/ Nursing/AHS) Department	
5.	Name & Address of the Institution working at present (Provide the PG affiliation of RGUHS)	
6.	Residential Address	
7	Telephone numbers: 1. Office No	
	2. Mobile No.	
	3. Residential No	
	4. Email / Fax	
8	Educational Qualifications	

- Degree, PG Degree, Super Specialty, Ph.D and any other qualifications.

Qualification	Faculty	Year of Passing	Name of the University	Whether recognized by the respective Apex body.

- Attested copies of all educational qualification should be enclosed.

9. Teaching Experience: (only full time teaching experience in a Teaching Institution should be mentioned.)

- After obtaining PG /Ph.D Qualification:

Name of the Institution	Designation	Courses	Subjects taught	Period	
				From	To

Years of teaching experience :   As UG teacher_____years, As PG teacher_____ years
Total _____years.

10. Research Experience:

No. of Scientific research papers published in indexed journals (copies of the reprints to be enclosed)

a) Research work/projects carried out and completed, if any (enclose the list)

b) Research projects in progress, if any (enclosed the list)

c) No. of presentations made in National/International Conferences/Seminars etc.(enclose the list as per the format)

Faculty :   Medical   /   Dental   /   AYUSH   / Nursing   / Pharmacy   / AHS

Name of the Teacher:

(At least 5 publication in indexed Journals including one publication in RGUHS Journals to be enclosed)

Title of article				
Name of journal				
Year of publication / Vol/issue/page no			Peer reviving status	Yes / no
Authorship number	First / second / Corresponding author / others			
Type of article	Systemic review / Review article / Original research Case report / Brief communication / Letter to editor			
Indexing agency	Pub med / Indmed/ Index Copernicus / specify others			
Pissn no/ Eissn No			DOI if any	

11. List of PG students/Ph.D students Guided so far (atleast 5 students details)

StudentsName	Year of Admission	Title of Dissertation

12. Any other relevant information(Attach separate sheet)

We hereby declare that all statements made in this application are true, complete and correct as per available documents. We understand that in the event of any information being found false or incorrect, the Ph.D application is liable to be cancelled by the University

Name and Address of Applicant	Name and Address of HOD	Name and Address of Head of Institution
Signature of Applicant	Signature of HOD	Signature of Head of the Institution
Date: Place:	Date: Place:	Date: Place:

Note: 1. Please enclose all the relevant documents, Appointment orders, Institution having PG Courses/Subjects, reliving orders, experience certificate, Ph.D completion certificate (Mandatory for Pharmacy & AHS) PG Guideship letter, Research Papers etc duly certified by College Principal.

2. For Eligibility Criteria kindly vist RGUHS website (R&D department)