

Office of the Director Research
Govind Guru Tribal University

JANJATI BHAWAN, COLLECTORATE CAMPUS, BANSWARA (RAJ.) 327001

Sr. F () GGTU/Bsw./2017-18/ 659

Date: 29⁸/₁₅

All the Principals,
Govt./Private colleges,
Banswara/ Dungarpur /Pratapgarh.

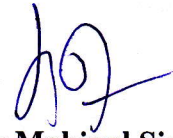
Subject : Application for registration as Ph.D. Supervisors.

Dear Sir/Madam,

This is to inform you that the University is going to undertake Ph.D. research work in various disciplines. The eligible faculty members of your college are advised to apply in the attached format (form 101 & 102) for registration as Ph.D. supervisors. The application duly forwarded by the principal should reach the university office before 16 Sept. 2017

The Supervisors already registered with the Sukhadia University will also have to apply for registration.

(Attached format 101 & 102)



(Dr. Mahipal Singh)
Director Research
Mob-9414688283

GOVIND GURU TRIBAL UNIVERSITY BANSWARA

JANJAATI BHAWAN, COLLECTORATE CAMPUS, BANSWARA-327001 (RAJASTHAN)

Phone: 02962-254066 Email : registrar@ggtu.ac.in

**PROFORMA TO BE FILLED BY THE APPLICANT FOR
REGISTRATION AS Ph.D. SUPERVISOR**

(TO BE SUBMITTED THROUGH THE PRINCIPAL TO THE DIRECTOR RESEARCH, GGTU)

1	Name of Applicant	
2	Designation	
3	Department	
4	College	
5	Mobile No.	
6	E-mail Address	
7	Research Experience (Years)	
8	Major areas of Research	
9	Brief Summary of research activities a) Major/Minor research projects b) Research papers published etc. c) Any other	
10	Research facilities available with the supervisor / College	
11	Number of Ph.D. Supervised in other universities/institutions (Give names of scholars and university)	
12	Number of students registered for Ph.D from other universities (both as supervisor and co-supervisor)	
13	Number of Ph.D. scholars currently registered (excluding the candidates submitted thesis)	

Please note that approved supervisors of the university are not allowed to supervise students for Ph.D. in other universities. **(Use extra sheet if needed)**

Date

(Signature of the applicant)

**Office of the Director, Research
Govind Guru Tribal University, Banswara (Raj.) 327001**

Recommendation for approval of Ph.D. Supervisor

01. Name of the Teacher -
02. Department -
03. College -
04. Date of the first appointment in the present position-
05. Academic record (From Graduation)

Examination	Board/University	Year	Div.	Remarks

06. Teaching experience (degree/post graduate classes)

Position	College/university	Period with date

07. Research Experience (supervision of Ph.D./M.Phil. students /publications etc.)

08. Any other significant experience. (Use extra sheet if needed)

Certified that the above information is correct.

Signature of the Applicant

Recommended and Forwarded

No.

Date

Principal of the college
(Seal & Signature)

Recommendation by the University Research Board

Signature of the members of University Research Board

1.

2.

3.

Name.....

Name.....

Name.....

Date-

Director Research