

MAHARAJA RANJIT SINGH PUNJAB TECHNICAL UNIVERSITY BATHINDA

(Estb. by Punjab Govt vide Punjab Act No. 5 of 2015 & under section 2 (f) of the UGC Act at SNo 428)

DABWALI ROAD, BATHINDA (Punjab) - 151 001

From the O/o Dean R&D

(2017-18)

(APPLICATION FORM FOR PhD SUPERVISOR/ CO-SUPERVISOR/ EXPERT UNDER MRSPTU)

APPLIED FOR: FACULTIES: _____ DISCIPLINE: _____ COGNATE/ INTER- DISCIPLINARY AREAS: _____
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PERSONAL DETAILS						
NAME (as per Matric Certificate)						YOUR RECENT PASS-PORT SIZED SNAP
MOTHER & FATHER's NAME						
DATE OF BIRTH (as per Matric C)	/ /					
EMAIL- ID						
NATIONALITY						
CONTACT NUMBER						
NAME OF THE INSTITUTION/ ORGANIZATION/WORKPLACE						
DESIGNATION/EQ (Tick Mark <input type="checkbox"/>)	PROFESSOR		ASSOCIATE PROFESSOR		ASSISTANT PROFESSOR	
DESIGNATION BASED ON (<input type="checkbox"/>)	REGULAR		PART TIME		CONTRACT	
DATE OF JOINING						
COMPLETE OFFICIAL POSTAL ADDRESS						
PERMANENT POSTAL CORRESPONDENCE ADDRESS						
STREAM / FACULTIES (Tick Mark <input type="checkbox"/>)	ENGG & TECH		HOSPITALITY & TOURISM MANAGEMENT			
	HUMANITIES & SOCIAL SCIENCE			ARCHITECTURE		
	SCIENCES		PHARMACY		COMMERCE & MANAGEMENT	
DISCIPLINE						
INTER-DISCIPLINARY/ COGNATE AREA						
CURRENT AREAS OF INTEREST						
HAVE YOU BEEN EVER CHARGED FOR PLAGIARISM BY ANY UNIVERSITY/ INSTITUTE (YES/NO)						

ACADEMIC RECORDS (UG ONWARDS, MOST RECENT FIRST): (Attach self attested copies)						
EXAM	DURATION	INSTITUTE	PASSING YEAR	SUBJECTS	% MARKS / CGPA	
PhD						
		Add / delete more lines, as applicable				
TITLE OF PhD THESIS:						
SUPERVISOR:			CO-SUPERVISOR:			
TITLE OF MTECH THESIS:						
SUPERVISOR:			CO-SUPERVISOR:			
EMPLOYMENT DETAILS/ OTHER TEACHING/ RESEARCH EXPERIENCE (Most recent first & attach extra sheet, if more than seven) (Attached self attested copies)						
EMPLOYER	TITLE OF POST	REGULAR/ TEMP	PAY SCALE	DATE		
				FROM	TO	
PUBLICATION DETAILS (in refereed unpaid journals)						
NUMBER OF 5 MAJOR PUBLICATIONS		JOURNALS= (National) + (Int'l)				
		CONFERENCES/Symposiums = (National) + (Int'l)				
		(List below 5-major publications): (Attach proofs)				
AUTHOR	TITLE	YEAR	JOURNAL	VOL/ NO	PUBLISHER	SCI (Y/N)
DETAILS OF PATENTS, IF ANY : (Attach proof)						
SPONSORED/CONSULTANCY/ RESEARCH PROJECTS (Attach proof)						
TITLE&PROJECT STATUS		FUNDING AGENCY	DURATION	AMOUNT		
Add / delete more lines, as applicable						

TEACHING EXPERIENCE				
CLASS(UG/ PG/ PRE-PhD Course Work)	TOTAL EXPERIENCE (DURATION)	SUBJECTS TAUGHT		DEPARTMENT
Pre-PhD				
PG				
UG				
ANY OTHER				
EXPERIENCE AS RESEARCH SUPERVISOR/CO-SUPERVISOR/ EXPERT:				
TOTAL NUMBER OF PhD SCHOLARS WHO ARE CURRENTLY WORKING UNDER YOUR SUPERVISION/ CO-SUPERVISION WITH MRSPTU OR ANY OTHER UNIVERSITY: (Attach proof)				
No	NAME OF THE CANDIDATE	A F F I L I A T I N G UNIVERSITY & Year	DISCIPLINE/ AREA & THESIS TITLE	SUPERVISOR/ CO-SUPERVISOR(if any)
			Add / delete more lines, as applicable	
TOTAL OCCUPIED SLOT till date:(SUPERVISION/ CO-SUPERVISION @ 1 SLOT/ CANDIDATE)				
No. of PhD candidates you are interested in taking up: (Maximum limit: Professor-8, Associate Professor-6, Assistant Professor-4)				
Specific Areas of Research in which you would like to supervise candidates		1. _____ 2. _____ 3. _____		
NUMBER OF <u>PhDs</u> COMPLETED UNDER YOUR SUPERVISION / CO-SUPERVISION:				
No	NAME OF THE CANDIDATE	AFFILIATING UNIVERSITY	YEAR OF START&COMPLETION	DISCIPLINE/ AREA/ TITLE OF THESIS
				Add / delete more lines, as applicable
NUMBER OF <u>POST-GRADUATE</u> STUDENTS WHO HAVE COMPLETED THESIS UNDER YOUR SUPERVISION/CO-SUPERVISION:				
NUMBER OF STUDENT THESIS EVALUATED BY YOU AT: (Attach list)			PG LEVEL =	PhD LEVEL=

DETAILS OF BOOK / CHAPTER PUBLISHED, IF ANY: (Attach proof)

ANY OTHER INFORMATION IN SUPPORT OF YOUR CLAIM (IN BRIEF):

DECLARATION BY THE CANDIDATE

I, hereby declare that above information provided by me is CORRECT to the best of my knowledge and ability. Further, if selected as Supervisor/ Co-supervisor/ Expert for PhD related work of MRSPTU, I shall abide by the 'HONOR CODE' of the university to uphold its Prestige and Ethics of Research.

DATE: / /

(SIGNATURE & NAME OF APPLICANT):

TO BE FORWARDED BY THE HEAD OF THE INSTITUTE / ORGANIZATION

The application of _____ is forwarded for further necessary action as per University rules. It is certified that he/she is serving as full time regular _____ in this MRSPTU affiliated Institution since _____.

DATE: / /

(SIGNATURE & NAME OF PRINCIPAL WITH SEAL)

(A hard copy of this form be sent via Registered post/by hand to Dean (R&D), MRSPTU, Bathinda by 20.3.2017)