

Recognition / Approval of Guideship (OFFICE USE ONLY)		
File Number: (After Approval only)		
Application Number (To be recorded by Research Cell)	At University Level	
	School Level	
Registration Number	If Research Supervisor	
	If Joint-Research Supervisor	NIL
Date of Approval		



RAFFLES UNIVERSITY

Japanese Zone, NH-48, Neemrana, Alwar.

RESEARCH CELL

APPLICATION FORM FOR RECOGNITION AS PH.D. RESEARCH SUPERVISOR

Attested
Photo copy

Eligibility Criteria:

- Any Regular Professor/ Associate Professor / Assistant Professor can act as Research Supervisor with the following conditions only.
 - For Professor - At least five research publications in UGC CARE Journals.
 - For Associate Professor / Assistant Professor- At least two research publications in UGC CARE Journals.

Applying for the School of.....

Ph.D. inSpecialization

1. Name (in Block Letters) :
2. Date of Birth :
3. Designation :
4. Sex :

5. Address with Mobile / Phone No. & E-mail :

a. Official :

b. Residential :

6. Academic Background (Start with the latest Degree Obtained)

7. (Enclose copies of Degree/Diploma Certificates)

S.No.	Degree	Year of Passing	University	Major Discipline	Mark/class/Rank obtained
1	Ph.D.				
2	M.Phil.				
3	Post Graduate				
4	Graduation				
5	12 th				
6	10 th				

8. Professional Experience (Start from the present employment):

S.No.	Organization	Period		Designation	Nature of job
		From	To		
1					
2					
3					
4					
5					
6					

9. Membership in Professional Societies :

10. Number of Sponsored Research Projects
(As Principal Investigator: give details separately):

11. Research Guidance (No. of Thesis guided)

a. M.Phil. Thesis :

b. Ph.D. Thesis :

12. Examiner for Ph.D. Thesis:

a. Number of the Thesis Evaluated :

b. Name of the University / Universities :

13. Research Publications

a. Number of papers in UGC Approved Journals :

i. (i) National Journals :

ii. (ii) International Journals :

b. Number of papers published in refereed Journals:

c. Conference proceedings :

14. Are you an approved Research Supervisor / Co-Supervisor/Joint Supervisor? YES /NO

15. If Yes, Allotted Research Scholars in Previous Organization/ (s):

i. As Research Supervisor :

ii. As Co Supervisor :

I,.....certify that the particulars given above are true and I will abide by the rules and regulations of the Raffles University for Guideship of Doctoral Students for Ph.D. programme

Date:

Signature of the Applicant

Place:

Date:

Recommended / Forwarded

Signature of Dean

Date:

Recommended / Forwarded

Research Director
(With seal)

Place:

Encl.: List of Publications / Reprints / Details of Patent(s) filed or obtained.
Other Information & Xerox copy of Ph.D. Degree certificate.

(Office Use)

Approved / Not Approved

Authorized Signatory
PRESIDENT
(Vice Chancellor)

CHECK LIST OF APPLICATION FOR RECOGNITION AS Ph.D. SUPERVISOR

S. N	Documents	YES	NO
1	Latest Resume duly signed by applicant	<input type="checkbox"/>	<input type="checkbox"/>
2	10th & 12th Certificates <i>(Enclosed Self attested copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3	UG Degree Certificate <i>(Enclosed Self attested copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4	PG Degree Certificate <i>(Enclosed Self attested copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
5	M.Phil. Degree Certificate (if applicable) <i>(Enclosed Self attested copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
6	Doctoral Degree (Ph.D.) Degree Certificate <i>(Enclosed Self attested copy)</i>	<input type="checkbox"/>	<input type="checkbox"/>
7	List along with copies of Publications / Reprints / Patents <i>(Attach self-attested copies of latest research Papers published in UGC Care Journals in chronological order)</i> <ul style="list-style-type: none">• <i>(Professor- Five Research Papers</i>• <i>Associate Professor/ Assistant Professor – Two Research Papers</i>	<input type="checkbox"/>	<input type="checkbox"/>
8	Self-attested copies of Membership in Professional Societies/ Editorial Board/ Bodies <i>(If any)</i>	<input type="checkbox"/>	<input type="checkbox"/>
9	Self-Attested copies Teaching Experience Certificates in chronological order	<input type="checkbox"/>	<input type="checkbox"/>

Date:

Place:

Signature of the
Applicant/ Faculty Member