

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: _____

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 checked="" type="checkbox"/>)	PROFESSOR		ASSOCIATE PROFESSOR		ASSISTANT PROFESSOR
DESIGNATION BASED ON (<input checked="" type="checkbox"/>)	REGULAR		PART TIME		CONTRACT
DATE OF JOINING					
COMPLETE OFFICIAL POSTAL ADDRESS					
PERMANENT POSTAL CORRESPONDENCE ADDRESS					
STREAM / FACULTIES (Tick Mark <input checked="" 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	AFFILIATING 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 <i>PhDs</i> 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 faculty _____ in this MRSPTU affiliated **PG-Institute** since _____.

DATE: / /

(SIGNATURE & NAME OF PRINCIPAL WITH SEAL)

(For Office Use)