

**MANONMANIAM SUNDARANAR UNIVERSITY** 

<u>TIRUNELVELI – 627 012 TAMILNADU, INDIA</u>

# **APPLICATION FOR RECOGNITION AS Ph.D. GUIDE**

SU	BJECT:		Are	a of Specia	alization		
1.	Name (in Blo	ock Letters)		:			
2.	Designation	with Official <i>I</i>	Address	:			
3.	Residential A	Adress		:			
4.	Age and Date	e of Birth		:			
5.	Sex			:			
6.	Name of the	College work	king now	:			
7.							
8.	Date of appo	intment					
	as a Perman	ent Faculty		:			
9.	Date of Retire	ement		:			
10.	Aided Strean	า					
	Self – Financ	ing Stream					
11.	Guideship Re	ecognition fe	e payment	details			
			Amount	t			: Rs.3000/-
			Indian E	Bank Challa	n (A/c No.	6596950914)	
40			Date		,	,	:
ı∠. ۲	Educational						
	Degree	Subject	Institutio	n(College/L	Jniversity)	Year of Passing	Mark/Class/Rank obtained
	Under						
-	Graduate						
	Post Graduate						
	Master of						
_	Philosophy						
	Month and year of						
	acquiring Ph.D						

#### 13. Teaching /Research Experience (No. of Years)

SI. No.	Position	Institution (College/University)	From To	Period

:

- 14. Name of any other University / affiliated colleges with in Manonmaniam Sundaranar University Jurisdiction in which you are an Approved Guide for Ph.D (Copy of the communication should be enclosed)
- 15. If Yes, No. of Candidates registered for Ph.D under your guidance
  - a. Completed
  - b. Guiding :
- 16. Details of Publications after Ph.D. enclosed:

Title	Name of the Journal	Volume, Issue, Year	ISSN
	National / International	of Publication, Page	
	( UGC Care Listed	No	
	Journals UGC Care		
	Group I /Group II/		
	Scopus/ UGC Care)		

17. Whether Your date of service in the Present working Institution is two years from the date of Qualification Approval Yes/No :

:

18. Any Other relevant information

## **Declaration**

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

Place :

Date :

Address for communication:

Phone (Land Line) : (with ISD/STD code) Mobile : E-Mail ID :

Signature:

:

Name

### Enclosures:

- 1. Qualification Approval Order Copy
- 2. Service Certificate mentioning Regular Aided Stream / Self-Financing Stream.
- 3. Attested copies of certificates and mark sheets should be attached
- i. X /XII (for age proof)
- ii. UG
- iii. PG
- iv. M. Phil
- v. Ph.D.,

### Signature of the Principal/Head of the University Department (With Seal)

Note:

• For the faculty of Science and Social Science belonging to Professor/ Associate Professor cadre should have published Five research articles (after PhD and as first author or second author), out of five papers three shall be of UGC care listed journal as in UGC care website and two papers shall be of SCI and SSCI journals as in UGC care website and for Assistant Professor, three research articles (after PhD and as first author or second author), out of three papers two shall be of UGC care listed journals as in UGC care website and one paper shall be of SCI and SSCI journal as in UGC care website.