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GONDWANA UNIVERSITY, GADCHIROLI

(Established by Government of Maharashtra Notification No. MISC-2010/(252/10) UNI – 4 Dated 27 th Sept. 2011 State University Governed by Maharashtra University Act, 1994)

APPLICATION FORM FOR RECOGNITION OF SUPERVISOR (Research Guide) FOR Ph.D. / M.E. (By Research)

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| IN THE FACULTY OF | | _SUBJECT | |
| To, The Controller of Examinations, Gondwana University, Gadchiroli | | | Passport photo |
| Sir/Madam, | | | |
| I hereby apply for acquiring recog (By Research) in the Faculty of Gondwana University, Gadchiroli. | | • | • |
| Demand Draft of Rs. 500/ -from favor of <u>Finance & Account Officer, Gon</u> Gondwana University Branch, Gadchiroli as follows:- | dwana Universi | <u>ty, Gadchiroli</u> , (paya | able at Bank of |
| 1. Name of Bank : | 2. Date o | of D. D | |
| 3. D.D. Number : | 4. Univer | sity Receipt No | |
| 1) Name in Full : | | | |
| (In Block Letters) | Surname | Middle Name | First Name |
| 2) Name of Father/Husband : | | | |
| 3) Date of Birth : | | | |
| | (In words | | |
| 4) Permanent Address : | | | |
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| 5) Address for | Correspor | ndence : | | | | |
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| | | | Telephone No | o. : | (M) | |
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| 6) Marital Stat | us: (Marri | ed/ Single) | | | | |
| 7) Religion : | | | | | | |
| 8) Nationality | : | | | | | |
| 9) Caste : | | | | . <u></u> | | |
| 10) (a) Whethe | er belong | to backward cl | ass: (Yes/ No) | | | |
| (b) If yes SO | C/ST/OBC/ | VJ/NT/SBC Spe | ecify category | | | |
| 11) Mother To | ngue : | La | nguages Know | /n | | |
| 12) Name of th | ne Univers | sity from where | e qualifying de | gree has bee | n obtained: | |
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| 13) Academic (University I | | | | c) Attach copie | s of mark sheets, cer | tificate etc.) |
| Examination | Year of passing | Name of Boar University | rd/ Division | Percentage of Marks obtained | Subject offered (Specialization) if any | Remarks, if any |
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| 14) Highest qu | alification | acquired: | | | | |

| 15) Topic of the | e Ph.D. thesis v | vith specialization | າ : | | | | | |
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| • | | t as a Full time te rtificate of the emp | | | • | if any: | | |
| Name of the Institution/ | Post held | Requisite qualification at | Teaching experience | | | | | |
| University | | the time of appointment as | Under graduate | | | Post graduate | | |
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| | II) | Post Graduate: | | | _ Years | | | |
| | iii) [.] | Total experience | : | | _ Years | | | |
| 17) Research Ex acquiring Ph.D. | - | ach testimonials/ | certificato | es) (Exclu | ding peri | od spent f | or | |
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| No. of Book authored | 1: | | |
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| 19) Professional experi | ence, if any: he certificate of the employer in su | oport of statement) | |
| Name of Institutions | Post held Administrative | experience in years | Remarks |
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| 20) Additional Informat | cion , if any : | | |
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| 21) List of documents e | nclosed : | | |
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INSTRUCTIONS:

| True copies of the mark list/degree certificate m Incomplete application will not be considered ur | |
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| I hereby undertake that I have read all the i promise to abide by the provisions of rules and reg time. | nstructions carefully in this regard and |
| | (Signature of the Candidate) |
| ENDORSEMENT OF THE P | PRINCIPAL/ EMPLOYER |
| Forwarded and recommended. | |
| Date: | Principal /Head of the institution |