SHAHEED BHAGAT SINGH STATE UNIVERSITY
NH-05, Moga Road, Ferozepur
(Established by the Government of Punjab)

(APPLICATION FORM FOR Ph.D. SUPERVISOR/CO-SUPERVISOR)

DISCIPLINE:

PERSONAL DETAILS

NAME (as per Matric Certificate)		YOUR RECENT PASSPORT SIZED SNAP
FATHER's NAME		
MOTHER 's NAME		
DATE OF BIRTH (as per matric certificate)		
EMAIL-ID		
NATONALITY		
CONTACT NUMBER		
DESIGNATION		
DATE OF JOINING		
ARE YOU REGULAR FACULTY (Y/N)	IF YES THEN WRITE DATE OF COMPLETION OF PROBATION PERIOD	
COMPLETE OFFICIAL POSTAL ADDRESS		
PERMANENT POSTAL CORRESPONDENCE ADDRESS		
STREAM		
DISCIPLINE		
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					

TITLE OF PhD THESIS:

NAME OF SUPERVISOR

NAME OF CO-SUPERVISOR (IF ANY)

EMPLOYMENT DETAILS/OTHER TEACHING RESEARCH EXPERIENCE (Most recent first & attach extra sheet, if more than seven
(Attach self-attested copies)

EMPLOYER	TITLE OF POST	REGULAR/TEMP	PAY SCALE	DATE	
				FROM	TO

PUBLICATION DETAILS (In referred unpaid journals)

NUMBER OF 5 MAJOR PUBLICATIONS			JOURNAL= (NATIONAL)+ (Int'l) CONFERENCE/Symposiums= (National)+ (Int'l) List below 5 major publications) (Attach proofs)				
AUTHOR	TITLE	YEAR	JOURNAL	VOL/NO	PUBLISHER	SCI/SCIE/SCOPUS/UGC CARE LIST	THOMPSON ROUTER IMPACT FACTOR (IF ANY)
DETAILS OF PATENTS, IF ANY (Attach proof)							
SPONSORED/CONSULTANCY /RESEARCH PROJECTS (Attach proof)							
TITLE & PROJECT STATUS	FUNDING AGENCY	DURATION	AMOUNT				
TEACHING EXPERIENCE							
CLASS(UG/PG/PRE-PhD Course work)	TOTAL EXPERIENCE (DURATION)	SUBJECTS TAUGHT	DEPARTMENT				
Pre-PhD							
PG							
UG							
ANY OTHER							
TOTAL OCCUPIED SLOT AT PRESENT AS SUPERVISOR/CO-SUPERVISOR SLOT/CANDIDATE							
No. of PhD candidates you are interested in taking up: (maximum limit: Professor-08, Associate Professor-06, Assistant Professor-04							

Specific Areas of Research in which you would like to supervise candidates	1._____ 2._____ 3._____

NUMBER OF PhDs COMPLETED UNDER YOUR SUPERVISION/CO-SUPERVISION:				
NO.	NAME OF THE CANDIDATE	AFFILIATING UNIVERSITY	YEAR OF START & COMPLETION	DISCIPLINE/AREA/TITLE OF THESIS

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

DECLARATION BY THE CANDIDATE

I, hereby declare that the above information provided by me is CORRECT to the best of my knowledge and ability

DATE:

(SIGNATURE & NAME OF APPLICANT)

TO BE FORWARDED BY THE HEAD OF THE DEPARTMENT

The application of _____is forwarded for further action as per University rules. It is certified that he/she has been serving as full–time regular faculty _____in this University since _____

DATE: (SIGNATURE & NAME OF HOD WITH SEAL)

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