



PROFORMA – A
KRISHNA UNIVERSITY
Machilipatnam – 521 001, Krishna District, A.P. INDIA.

APPLICATION FOR REGISTRATION AS RESEARCH SUPERVISOR

| | |
|------------------|--|
| Subject | |
| Area of research | |

Affix recent
Photograph &
Sign across
photograph

1. Name : _____
2. Present designation and
Details of institutions : _____
3. DOB / AGE : _____
4. Communication Address : _____
Office : _____

Residence : _____
5. Phones (s) Office :STD code_____ phone_____
- Residence : STD code_____ phone_____
- Mobile :
6. Fax :
7. E-Mail :

8. Educational Qualifications: (Enclose list separately if required)

| S. No | DEGREE / DIPLOMA | UNIVERSITY / INSTITUTE | YEAR | TOPIC / SPECIALIZATION |
|-------|------------------|------------------------|------|------------------------|
| 1. | P. G. | | | |
| 2. | M.Phil. | | | |
| 3. | Ph.D. | | | |
| 4. | Others | | | |

Note: Please attach true copies of original degree (OD) certificates of UG, PG & Ph.D.

9. Teaching/Work Experience: (Enclose list separately, if required)

| S. No | Designation | Date | | Total years and months | Type of service Govt. Aided/ Un Aided / Private/ recognized |
|-------|-------------|------|----|------------------------|--|
| | | From | To | | |
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Note: Please attach true copies of the service certificates.

10. Total years of service :

11. Present Designation :

12. Research Experience :

A. Details of Research Publications : (Enclose list)

| S.NO | Author (s) Name | Title of Research Paper | Year of Publication | Name of Journal | Vol. | Issue. No. | Pages (pp) |
|------|-----------------|-------------------------|---------------------|-----------------|------|------------|------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Note: Please attach a maximum of three best publications after obtaining your Ph.D.

B. Research Guidance if any : (Enclose list as per the given format)

| S.No | Name of the Scholar | Research Degree | University | Year | Topic |
|------|---------------------|-----------------|------------|------|-------|
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C. Any other Distinctions achieved :(Enclose list)

DECLARATION OF THE CANDIDATE

I hereby declare that all the entries made by me in this application are true to the best of my knowledge and belief. If anything is found false at any stage, my recognition as research supervisor may be cancelled without assigning any reason thereof.

Place :
Date :

SIGNATURE
(With office seal)

SERVICE CERTIFICATE FROM PRESENT EMPLOYER

This is to certify that
is an employee of this institution (name of the institution)
and working with the designation of
from till date.

The details of his / her total service in this institution are as follows:

| S. No | Designation | Date | | Total years and months | Type of service Govt. Aided/ Un Aided / Private/ recognized |
|-------|-------------|------|----|------------------------|--|
| | | From | To | | |
| | | | | | |

He/She has a total service ofyears..... months in this institution in the designations mentioned above.

The candidate is hereby accorded permission to register his/her name as research supervisor of Krishna University to guide the M.Phil. and Ph.D. scholars.

Place :
Date :

Signature of principal/Employer
Office Seal