



SRI SIDDHARTHA UNIVERSITY

Comprising of Sri Siddhartha Medical College , Sri Siddhartha Dental College &
Sri Siddhartha Institute of Technology.
(DEEMED TO BE UNIVERSITY)

Declared under Section 3 of the UGC Act, 1956, MHRD GOI No. F.9-31/2006-U.3 (A) dated: 30/05/2008
Agalakote, B.H.Road, Tumkur – 572 107.KARNATAKA, INDIA.

APPLICATION FOR RECOGNITION AS A Ph.D GUIDE

(To be completed and submitted to the University through proper channel by those eligible as per the Notification dated 19.07.2011 relating to the enrollment of Ph.D Guides)

1	Name of the Teacher / Scientist / Guide (in block letters)	
2	Age & Date of Birth	
3	Present Position / Designation	
4	Faculty to which you belong (Medical / Dental / Engineering / Basic Sciences)	
5	Name & Address of the Institution working at present	
6	Residential Address	Pin code :
7	Telephone Numbers	Mob : E-Mail : Office :

Contd...2

8	Educational Qualifications :				
Qualification	Specialization	Year of Passing	Grade / Class Obtained	Name of the University	Remarks

Attested copies of all educational qualification should be enclosed

9	Experience :			
Designation	Name of the Institution	Experience in the specialized field (Research / Teaching)	Period	
			From	To

Year of Teaching experience – As UG teacher _____ years, As PG teacher _____ years, Research Experience _____ Total _____ years.

10. Publication details :

No. of Scientific research papers published in indexed journals with details.

- a) Research work / projects carried out and completed, if any (enclosed the list)
- b) Research projects in progress, if any (enclosed the list)
- c) No. of presentations made in National / International Conferences / Seminars etc., (enclosed list)

11. No. of the PG students/ Ph.D students Guide and guiding presently (with the university details).

Sl. No.	Name of the University in which the applicant is guide	No. of students guided so far	No. of students presently being guided	
			Name of student	Specialization (Title of the Thesis)

(use separate sheet)

12. Any other relevant information: (Attached separate sheet)

Signature of Applicant Name and Address	Signature of HOD Name and Address	Signature of Head of Institution Name and Address
Date : Place	Date : Place	Date : Place