



## AWADHESH PRATAP SINGH UNIVERSITY, REWA (M.P.)

### APPLICATION PROFORMA FOR RECOGNITION AS Ph.D. SUPERVISOR / CO-SUPERVISOR

(As per APSU, Rewa Ph.D. Ordinance No. 11, Clause 11)

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#### PART – A : PERSONAL & SERVICE DETAILS

1. Name of Applicant (Dr./Mr./Ms.):
2. Designation (Professor / Associate Professor / Assistant Professor / Scientist):
3. Faculty (Arts/Science/Life Science/ Commerce/ Management/ Eng. Sci./Law/Education/Home Science/Social Science etc.):
4. Department / Subject:
5. Name of Institution (UTD / Affiliated College / Research Centre):
6. Whether the Department/College is recognized as a Ph.D. Research Centre of  
Awadhesh Pratap Singh University, Rewa? If yes, mention the
  - (i) Faculty
  - (ii) Subject(s)
  - (iii) Year of recognition
7. If not recognized, whether the applicant is willing to act only as Co-Supervisor, as per University norms (Yes/No).
8. Nature of Appointment:
9. Date of Appointment in Present Post (Attach appointment order):
10. Pay Band: Pay Level: Current Basic Pay:
11. Total Teaching / Research Experience (in years):
12. Date of Birth:

13. Age on the date of application:.....Years.....Months.....Days.....

14. Official Address:

15. Email:

16. Mobile:

**PART – B : ACADEMIC QUALIFICATIONS**

Degree	University / Institution	Year	% / Grade	Subject / Specialization

**PART – C : ELIGIBILITY AS PER ORDINANCE 11**

Eligibility Requirement	Applicant Response
Requesting recognition as (Supervisor / Co-Supervisor):	
Whether previously recognized/approved as Ph.D. Supervisor/Co-Supervisor in APS university or any other University? If yes, provide following details-  (i) University (ii) Faculty: (iii) Subject: (iv) Year: (v) No. of Currently Resisterd Scholars	

<b>Must be a Permanent Faculty Member ONLY (Professor/Associate Professor/Assistant Professor):</b>	
<b>Ph.D. Degree (Mandatory):</b>	
<b>Required Publications: (Prof/Assoc = minimum 5; Assistant Prof = minimum 3) (Please attach published papers):</b>	
<b>Gap of 5 years without publications (otherwise ineligible) (Yes/NO):</b>	
<b>Minimum 3 years of service remaining before superannuation (Yes/NO):</b>	
<b>Willingness for interdisciplinary research guidance (Yes/NO):</b>	

**PART – D : PUBLICATION DETAILS (LAST FIVE YEARS) (Attach published papers)**

S.No.	Title of Paper	Journal Name	ISSN	Year	Volume/Issue/Pages	Peer Reviewed/Referred Journal

**PART – E : CURRENT / PREVIOUS PH.D. GUIDANCE (IF ANY)**

S.No.	Research Scholar Name	Supervisor/Co-Supervisor	University	Status

**PART – F : DECLARATION**

I hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. I affirm that I fulfil all the eligibility conditions for recognition as Ph.D. Supervisor / Co-Supervisor under Ph.D. Ordinance No. 11 of Awadhesh Pratap Singh University, Rewa.

I understand and agree that if any information furnished by me is found to be false, misleading, or incorrect at any stage, my application shall be liable to be rejected, and if already approved, my recognition as Ph.D. Supervisor / Co-Supervisor shall stand cancelled and my name shall be deleted from the approved list of supervisors, without any further notice or claim.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**PART – G : RECOMMENDATION & CERTIFICATION OF HEAD OF INSTITUTION / PRINCIPAL**

Certified that I have personally verified all the particulars furnished by the applicant in this proforma, including service status, nature of appointment (permanent/regular), academic qualifications, eligibility as per APSU Ph.D. Ordinance No. 11, publication details, research experience and recognition status of the Department/College as a Ph.D. Research Centre of Awadhesh Pratap Singh University, Rewa.

I certify that the applicant is a regular (permanent) faculty member of this Institution and is eligible for recognition as Ph.D. Supervisor / Co-Supervisor under the provisions of the said Ordinance.

I understand that in case any information certified by me is found to be false, misleading, incomplete, or incorrect, this recommendation shall be liable to be withdrawn and I shall

be responsible for the incorrect certification as per the rules and regulations of the University.

**Name of Head / Principal / Director:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature (with Seal):** \_\_\_\_\_

#### **PART – H : FOR USE OF RAC**

Name of Applicant:

Designation:

Name of Institution:

Eligibility Verified:  Eligible  Not Eligible

Recommended as:  Supervisor  Co-Supervisor

Allocated Seats

Filled Seats

Vacant Seats

Remarks: \_\_\_\_\_

**Signature**  
**DEAN**

**Signature**  
**Chairman(BOS)**

**Signature**  
**HOD**

**Signature**  
**Member**  
**Nominated**  
**by VC(UTD)**

**Signature**  
**Member**  
**Nominated**  
**by VC(UTD)**