

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	THA
4	Faculty to which you belong (Medical / Dental / Engineering / the Unreache Basic Sciences)	
5	Name & Address of the Institution working at present	
6	Residential Address	Pin code :
7	Mob:Telephone NumbersE-MailOffice:	

Qualification		Spagialization		Name of the University		Remarks	
9		ttested copies of a	ll education	nal qualificat	ion should	be enclosed	
9 Experience : Designation Name of the Insti		itution	Experience in the specialized field		Period		
Desig			Reach the	(Research / 7		From	То

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

(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