Guide Performa For Registration As Research Supervisor and Visiting Professor

1. Name of Research Supervisor:

2. Designation: (DD) (MM) (YYYY)

3. Date of Birth

4. Sex (Male / Female)

5. Name and Address of the Institution where: the Research Supervisor is working

6. Research Supervisor for Ph.D.: University which has approved as and Address of the University

7. Broad discipline (recognized for research guidance): Specialization :

8. Educational Qualifications: UG Degree onwards

<table>
<thead>
<tr>
<th>Degree</th>
<th>Subject</th>
<th>Institution/University</th>
<th>Passing Year</th>
<th>Marks/Class/Rank</th>
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<td>UG</td>
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<td>PG</td>
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<td>M.Phil</td>
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<td>Ph.D.</td>
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9. No of candidates under his / her guidance:

   a) Completed Ph.D. :
   b) Working :

10. a) No. of Publications with first or second author:
    in Citation Indexed Journals (List must be attached)

   b) No. of other publications :
    (List may be attached limited to two pages)
11. (A) Teaching Experience

or

(B) Research Experience

<table>
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<tr>
<th>Sl. No.</th>
<th>Position</th>
<th>Institution/University</th>
<th>From</th>
<th>To</th>
<th>Period</th>
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12. a) Whether facilities are available and provided to the scholar for Ph.D. Research work in the institute where the Research Supervisor is working: 

b) If not which facility, the candidate proposes to utilize:

13. Any other relevant information:

**DECLARATION**

I ___________________ aged __________, S/O, D/O, W/O, H/O __________________________________ certify that the particulars given above are true to the best of my knowledge and belief. I will abide by the rules and regulations of the Ph.D.

I also undertake that my Employer does not have any objection to my guiding Ph.D. Scholars. I also certify that I am guiding number of Ph.D. Scholars as per UGC Norms.

Place: ............................
Date: ............................
Name : ............................
Mob. / Ph. : ............................
E-mail : ............................
Address: ............................
14. THE SCHOLAR

(i) Name : ……………………………………………………………………………………………

(ii) Sex : …………………

(iii) Subject : …………………

(iv) Address : ……………………………………………………………………………………………

(v) Mobile / Ph. : ……………………………………………………………………………………………

(vi) E-mail : ……………………………………………………………………………………………

Topic For Ph.D. :

15. THE GUIDE

(i) Name : ……………………………………………………………………………………………

(ii) D.O.B. : ……………………………………………………………………………………………

(iii) Sex : …………………

(iv) Institution (Where Working) : ………………………………………………………………………

(v) Academic Qualification : ………………………………………………………………………

(vi) Ph.D. (Award Year) : ………………………………………………………………………

Ph.D. (Specialization) : ………………………………………………………………………

(vii) Address : ……………………………………………………………………………………………

(viii) Mobile / Ph. : ……………………………………………………………………………………………

(ix) E-mail : ……………………………………………………………………………………………

I,……………………………………………………………………………………………………………… do hereby accord my consent to guide Ms/Mr…………………………………………………………………………………………………………………………………… Ph.D. Degree Scholar of the Mewar University, Chittorgarh, Rajasthan-312901, INDIA.

Signature of Candidate : 

Signature of Guide : (with seal)

Date: 
CERTIFICATE

This is certified that the proposed Research work of the Synopsis of Ph. D thesis has not been done earlier by anybody in any University.

(Research Scholar) (Supervisor)
Name Name
Subject:

Date: