

**GITA AUTONOMOUS COLLEGE, BHUBANESWAR
(AFFILIATED TO BPUT, ODISHA)
APPLICATION FORMAT FOR RECOGNITION OF PROSPECTIVE
RESEARCH SUPERVISOR / CO-SUPERVISOR FOR CARRYING OUT
Ph.D. PROGRAMME FOR THE ACADEMIC
YEAR 2021-22**

Faculty: Engineering / Management / Computer Application & Science

Paste a recent Colour
Photograph
(Size 25 x 35 mm)

1.	Name in full (in block letters)	
2.	Department with Designation	
3.	Name of the Institution/ Organisation with detailed address	
4.	Nature of Present Appointment as Teacher / Scientist (Full time Regular / Contractual / Part-time / Guest / Resource Person)	
5.	Date of Birth (DD/MM/YYYY)	
	Age as on last date of application (in years)	
6.	a) Marital Status:	b) Gender:
7.	a) Permanent address:	b) Correspondence address:
8.	Phone (with STD)/	E-mail:
	Mobile No. :	
9.	Nationality:	
10.	Discipline & Specialization:	
11.	Aadhaar Card No.	

Full Signature of the Applicant with date

12. Educational Qualification (from Matriculation onwards)
(Attach self-attested photo Copies of the relevant documents as Annexures)

Exam. Passed	Specialization	Board/ University	Year of Passing	Class/ Division	% marks / CGPA
HSC					
+2					
Graduation					
Post-Graduation					
Ph.D.*					

*Ph. D. should be from a recognized institute.

*If Ph. D. in from Foreign University, please enclose an Equivalence certificate.

13. Title of own Ph.D. Thesis _____

14. Details of full time Employment
(Attach self-attested copies of the experience certificate from the employer)

Sl. No.	Name and address of employer	Designation	Pay Scale	From	To	Full time Regular or Part time or Contractual	Appointment order & date

Total Full-time Experience in regular position in AICTE / UGC / Govt. recognized

institution only (in years): _____

(i) Teaching experience (years): _____

(ii) Research experience (years): _____

Full signature of the applicant with date

15. Details of the publication in Journals during last five years (SCI/SCOPUS indexed Journal/):

Provide details of at least one publication (published / accepted) as the First / Corresponding Author and attach one photo copy of the full paper

Sl. No.	Title of paper	Author(s)	Name of the Journal	Vol & Year, Page	Indexing
1					
2					
3					
4					
5					

Provide hard copy of the front page of the best Five publications (published/accepted)

16. Details of Ph.D. students presently supervising

Total Number: _____ (a) As Supervisor: _____ nos.

(b) As Co-Supervisor: _____ nos.

Un reserved (UR): _____ nos., ST/SC : _____ nos., Differently Abled: _____ nos.

*National Test Qualified: _____ nos. Any other _____ nos.

GATE/UGC-NET/CAT/SLET/QIP/FIP/NDF/UGC-CSIR NET/GPAT or other similar national tests

(Copy of the University/Institute notification to be enclosed in this Tabular format)

Sl. No.	Name of student	Supervisor/Co-supervisor	University Regd. No./Enrolment No. & Present Status (Continuing/Submitted)	Name of the University

Full Signature of the Applicant with date

18. Have you ever been debarred from supervising from any university: YES / NO
If yes, give reason and attach the details documents.
19. Any other relevant information (if any):

DECLARATION

I hereby, solemnly declare that the information furnished in this application are true and correct to the best of my knowledge and belief. If at any time, I am found to have concealed / suppressed any material / information or given any false details, the University shall have every right to take action against me for which I shall have no objection.

Place: _____

Signature of Applicant with date

Date: _____

(Name, Designation and Affiliation address)

CERTIFICATE FROM EMPLOYER

This is to certify that Dr. _____ <Designation> is working as a full-time regular faculty since _____ years. Forwarded with the remarks that the facts stated in the above application have been verified and found correct and this institution / organization has no objection to the candidature of the applicant being considered for the recognition as Research Supervisor / Co-Supervisor for Ph.D. programme. This is to further certify that the applicant fulfils all requirements of GITA Autonomous College, Ph.D. Regulation 2021.

Date:

Signature of the Head of the Institution
Organization (with date & seal)

Place:

Designation:
Address:

Telephone:

E-mail Id: