Re-Accredited by NAAC with 'A' Grade



VEER NARMAD SOUTH GUJARAT UNIVERSITY

University Campus, Udhna-Magdalla Road, SURAT - 395 007, Gujarat, India.

વીર નર્મદ દક્ષિણ ગુજરાત યુનિવર્સિટી

યુનિવર્સિટી કેમ્પસ, ઉધના-મગદલ્લા રોડ, સુરત - ૩૯૫ ૦૦૭, ગુજરાત, ભારત.

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APPLICATION FOR RECOGNITION AS A **SUPERVISING TEACHER**

(For Ph.D. Degree)

To, The Registrar, Veer Narmad South Gujarat University, Surat-395007 Rs. 25/-Internet Copy

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for guiding the research students reading for Ph.D. degree in the subject/s for due consideration of the University authorities.

I have read the Statutes, Ordinances, Rules and Regulations of the University in this behalf and agree to abide by the same and work accordingly, if recognition is granted.

Yours faithfully,

ate:	:		(Signature of the applicant)			
	(To be filled	d in by the	'			
	Applicant's Name in full :					
	(Mr./Mrs./Miss)					
	(beginning with surname)					
	Name of the College / Institution					
	College Address :					
			Pin :			
	Residential Address :					
			Pin :			
	Telephone No :					
	Birth Date :	Age	Years (in complete years)			
	(i) Whether present appointment is					
	Permanent or Temporary :					
	(ii) Whether Full Time or Part Time :					
	(iii) Whether the appointment is approved by the University ?					
	If yes, please state the reference of	the Univers	sity letter.			
	* Latter No		dated			

(* Zerox copy of the letter must be attached)

4.	(i) T	The actual p	present positio	n of the	applicant	on the teaching	staff of the College/In	stitution
		where he	e/she is worki	ng and th	e date fro	m which he/she	is holding the position.	
		Positi	on :					
		Date o	of Appointme	nt :				
	(ii	i) Date of jo	ining the Colle	ege/Instit	tution:			
5.	Pa	articulars o	f all the Unive	ersity Deg	gree/ Dip	loma obtained by	y the applicant, and the	e type of
	th	ne Degree/s	s, (i.e. whether	r obtaine	d (i) by p	apers (ii) by rese	earch (iii) partly by pa	pers and
	pa	artly by res	earch or (iv) fo	r publish	ed work.)			
		(* Zer	ox copy of the	e letter m	ust be atta	ached)		
		Degree/	University	Class	Year	Subject	By Papers/Research	
		Diploma				Branch /	or Published Work	
						Specialization		
								I
6.	 Ті	itles of thes	is/theses Or n	ublished v	work for v	which the researc	h degree/s was/were	
0.			_			vineri the researe	9	
	av	warded. 11	TLL					
7.	(i)	No. of Bool	ks and Researc	h Publica	tions incl	uding Articles en	nbodying the results of	research
, .	(1)		ations publish			<u> </u>	ibodynig the results of	rescurer
	(E	_	_				arate sheet as Annexure)
	•				_	_	should be specially indi	,
	•		_			rch experience in		icaieu.)
	•					-	years.	
	(1	uriusn deta		, ,		et as Annexure -)	
 8.	 T1	he Branch c					l, with details of special	
0.								

9. (i) If recognised as a Post-Graduate Teacher **by this or any other University**, furnish the following details :

(Please mention the subject/s and the date from which such recognition is given)

Subject	Degree	University		Period	
Subject	Degree	Chiversity	From	To	Years

(ii) If recognised as a Supervisiting Teacher **by any other University**, furnish the following details : (Please mention the subject/s and the date from which such recognition is given)

Subject	Degree	University		Period	
Subject	Degree	Cinversity	From	То	Years

10. Previous / Present teaching experience :

Level	University/College	Subject/Papers	Class	Years	
	/Institution			From	То
Under-Graduate					
(Class)					
Graduate					
(Class)					

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тотаг	teaching	experience	in the	2 Supiect		
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- (1) Years _____ months____ At Degree Classes
- (2) Years _____ months _____ At PG Degree Classes

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11. Previous/Present experience of teaching for Post-Graduate Degrees by papers : (Please state the special subject and/or topic and/or paper/s taught)

University/	Subject/	Degree		Period	
Centre	Specialization	Degree	From	То	Years

12.	A complete statement of the actua	l Teaching work
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(i) Under Graduate level:

<u>Period per week :</u>		Total Hours / Minutes
Lectures of	duration	
Seminars of		
Tutorials of		
Laboratory Supervision _	of "	

(ii) Post-Graduate level:

Period per week:		Total Hours / Minutes
Lectures of	_duration	
Seminars of	- "	
Tutorials of	- "	
Assignment of		
Laboratory Supervision of		
Library Supervision of		

Total work load per week		
Leval	Hours	Minutes
UG		
PG		

13. Previous experience of Guiding Post-Graduate student by research

	Number of Students			
Name of University	Master's Degree by research	Ph.D. Degree	Branch of Subject	Years

14.	Number of student guided by the applicant, whose Dissertation/Theses have been accepted. (i) For M.Phil. Degree (ii) For Ph.D. Degree				
15.	(i) Number of research students at present receiving guidance, with dates of their registration For Master Degree				
	M.Phil. Ph.D.				
	(ii) The place in which the applicant proposes to guide research.				
	(iii) The details as to the facilities available for the purpose (e.g. Library, Laboratory, Equipment etc.)				
	(iv) Number of weekly hours devoted to the students for guidance registered under the applicant.				
16.	Other particulars in support of the application : Details of Posts held in College, University by the applicant :				
	Post Subject/s Class/es Years College University				

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Post	Subject/s	Class/es	Years	College	University
	taught				
(1) Professor					
(2) Associate Professor					
(3) Reader					
(4) Assistant Professor					
(5) Senior Lecturer					
(6) Junior Lecturer					
(7) Lecturer					
(8) Associate Lecturer					
(9) Assistant Lecturer					
(10) Tutor					
(11) Demonstrator					
(12) Registrar					
(13) Houseman					
(14) Research Officer					
(15) Research Assistant					

<u>No</u>	insufficient. (iv) Application lacking of the requisite information/particulars will not be taken into consideration					
No	(iv) Application lacking of the requisite information/particulars will not be taken into					
No	(ii) Fill in the form carefully and furnish all details as required (iii) Supply the information in separate sheet (Annexure-) where the space is found					
Dai	te: (i) Strike off which is not applicable.					
the who	Head of the Institution through om the application is submitted					
	This is to certify that, to the best of my knowledge and belief, the above information is correct. The application may be / cannot be taken into consideration under relevant Ordinance 108					
	Certificate of the Principal / Head of the College / Institution					
Dat	e:(Signature of the applicant)					
	duties per day in the Medical College / Institution.					
	I am Honorary/Part-Time Teacher in hours clinical and teaching Department and have been putting in hours clinical and teaching					
	(e) Applicable to Honorary/Part-Time teachers:					
	Higher Specialty Degree (MD/MS etc.) in the year (In Super Specialty subject)					
	PG Degree (MD/MS etc.) in the year (In Broad Specialty subject) (ii) Teaching experience of years as Lecturer or Assistant Prof. after obtaining					
	(d) (i) Teaching experience of years as Lecturer or Assistant Prof. after obtaining					
	(c) Date of Joining :					
	(b) Whether the applicant is holding Full-Time or Part-Time appointment					
	(i.e. Professor/Associate Professor/Assistant Professor)					
	/: D (/A ', D (/A ', LD ()					