



**TEZPUR UNIVERSITY**

**(Application form for recognition as Supervisor / Co-Supervisor)**

1. Name: Mr./Ms/Dr/Prof. :

2. Designation :

3. Department/Centre :

4. University/ Institute/ Organization :

5. Address:

i) For correspondence

ii) Permanent

e-mail:

Tel:

Fax:

6. Date of Birth :

7. Date of Joining at Tezpur University :

8. Date of joining at other Organization prior to joining at Tezpur University (if any) :

9. Length of service completed at Tezpur University :

10. Date of superannuating :

11. Date of Award of Ph.D. Degree :

12. Post-Doctoral Teaching / Research Experience :

13. Date of Confirmation of service at Tezpur University:

(Please enclose a copy of confirmation order)

14. Details of educational qualifications:

University/ College	Degree obtained	Month & Year	Division	Subjects/Specialization

15. Professional experience:

(a) Teaching:

Organization	Position Held	Type of Work	Period

(b) Research experience:

Organization	Position Held	Type of Work	Period

16. Areas of research :
17. No. of publications (*Attach list of publications in separate sheet*) :
- a) Refereed Journals (National/ International)
    - (i) National (nos.):
    - (ii) International (nos.):
  - b) Non-Refereed Journals (National/ International):
    - (i) National (nos.):
    - (ii) International (nos.):
  - c) Post Ph.D. publications (nos.):
  - d) Citations of Publications :  
(*Attach reprints of 3 publications of last five years*)
18. Ph.D. Supervision :
- (a) Number of students already awarded with Ph.D.:
  - (b) Number of Students presently working for Ph.D.:
19. Conference/Workshops attended (*Indicate status- National/ International*):  
(*Attach separate sheet*)
20. Conference / Workshop organized :
21. Membership/Fellowship in professional Societies/ Editorial Board of Journal / any other:

### **Declaration**

I hereby declare that the information made in this application form are correct to the best of my knowledge and belief.

Date:

Signature of the applicant

### **Recommendation of the Departmental Research Committee (*copy of the resolution of the DRC may be enclosed*)**

Date:

Signature of the Chairperson of the DRC

Dept. of .....