



MEDI-CAPS UNIVERSITY
A B Road, Pigdamber, Rau, Indore, 453331.

Application Form for Recognition as Ph.D. Supervisor/Co-Supervisor

1. Name (in Block Letters) : _____
2. Designation & Official Address : _____
3. Date of Birth : _____
4. Phone No. : _____
5. Email. ID : _____
6. Qualifications : _____
7. Area of Specialization : _____
8. (i) Experience as (No. of Years)
a. Assistant Professor : _____ b. Associated Professor _____ c. Professor _____
Total Experience: Teaching _____ Industrial: _____
9. Department and Faculty in which recognition is sought : _____
10. Ph. D Research Guidance (Attach list separately , if space is not sufficient):

S.No.	Candidate's Name	Thesis Title	University	Status	Supervisor or Co-Supervisor
1					
2					
3					

Total Awarded: _____

Total in progress: _____

11. Publications (Please attach list of Publications and their reprints in refereed National/International Journals/)
a. National Journals : _____ b. International Journals : _____
12. Any other information : _____

Declaration:

The above information furnished by me is true and correct to best of my knowledge.

Applicant Signature

Date and Place:

Encl.:

1. List of Publications & Reprints, (Atleast five)
2. Xerox copies of UG, PG & Ph.D Degree certificates.

Note: Refereed Journal means the journals listed in Scopus or Web of Science (Thomson Reuters) only or as per decision of the Vice-Chancellor.