

# DAV UNIVERSITY, JALANDHR

(Established by a Legislative Act of the Punjab Government under Section 22 of the UGC Act 1956)

## Co-Supervisor Application Form

Date of Submission of form		Photo
Name		
Father's Name		
Date of Birth		
Gender		
Email ID		
Nationality		
Date of Appointment in current Institute		
Contact Number		
Name of the Institution/Organization		
Designation:		
Office Address:		Correspondence Address
Aadhar Number		PAN Number:
Pay Scale:		Academic Grade Pay:
Current Basic		Total Emolument:
Landline No.		Mb. No.:
Stream		Discipline
Specialization		

## Academic Records:

Examination	Institute	Passing Year	Subjects	%age of Marks
Matriculation				
10+2				
Graduation				
Post Graduation				
M.Phil				
PhD				
UGC-NET etc.				
Any other				

## Publications Details:

No. of Major Publications								
Author	Title	Year	Journal	Volume No.	Publications	ISBN/ISSN	SCI Journal	Impact Factor

## Sponsored/Consultancy Research Projects:

Title	Funding Agency	Duration	Amount

Teaching Experience:

Class	Years	Subject Taught	From	To

Date:

Signature

Name of Co-Supervisor

Designation:

Email ID:

Institute/ University:

To be forwarded by the Head of the Institute

Date:

Signature of Head of the Institute (with seal where co-supervisor is working)

**Documents required with application:**

1. PhD Degree (Notification or Provisional Degree also accepted)
2. Master Degree
3. Bachelor Degree
4. List of Publications along with reprint of front page of three publications (Preferably in SCI/SSCI)
5. Certificate from Principal/Director on College Letter Head Regarding Regular Faculty (Format attached)
6. Provide proof of SCI/SSCI Publications 1st page only)

**For Official Use Only**

Recommended as the research co-supervisor to guide doctoral research in PhD at DAV University, Jalandhar, in the area of \_\_\_\_\_.

**Department Research Committee**

Name	Signature
1. _____	
2. _____	
3. _____	
4. _____	

**Dean of Faculties**

**Coordinator (DRIC)**

**Vice-Chancellor**

**(To be printed on letter head of the Institute)**

**TO WHOM IT MAY CONCERN**

It is to certify that Mr./Dr./Mrs./Ms. \_\_\_\_\_ D/S/o Mr. \_\_\_\_\_ has been serving in the department of \_\_\_\_\_ at \_\_\_\_\_ College/Institute as Assistant Professor/Associate Professor/Professor w.e.f. \_\_\_\_\_ as a regular employee of the institute.

Date:

**Head of Institute**