The West Bengal University of Health Sciences

APPLICATION FOR RECOGNITION AS SUPERVISOR FOR PhD PROGRAM

This application should be filled in by the applicant and forwarded to the office of the Dean, WBUHS through Head of the Department & Head of the Institution affiliated to the University.

1.	Name of the Super							
2.	Designation							
3.	Name of the dept. 8							
4.	Address of the College / University / Institution where the applicant							
	is currently working							
5۰	Permanent Address							
6.	The subject & Faculty in which the applicant is seeking recognition as Supervisor:			Subject		Faculty (Medical/ AYUSH / Dental / Nursing /Allied & PM)		
7.	EDUCATIONAL QUALIFICATION OF THE APPLICANT: (evidence should be produced)							
	P.G. Degree	Subject / Discipline	Year of Passing	Name of the University & College				
a.								
	PhD	Subject / Discipline	Year of Passing	Name of the University & College				
b.		F						
c.	Any other post PG Higher Degree	Subject / Discipline	Year of Passing	Name of the University & College				
8.	TEACHING AND RESEARCH EXPERIENCE							
a.	Service put in as Professor / Associate Professor / Assistant Professor / Scientist in Grade-D,E,F & G			Position		Years		
b.	PG Teaching Experience in Total (Years)							
9.	No. of PhD research scholars being supervised by the applicant till date			Full Time / Part Time		Awarded /Awaiting award		
10.	No. of PhD research scholars being supervised at present		Full Time		Part Time			
11.	Whether your Department / Centre / Institution has already been a			Yes No		No		
	recognized research							
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12.	Research papers published in peer reviewed journals after obtaining PhD/during Professorship (give list separately)			Total		Last 5 years		
13.	Research projects currently being undertaken							
	(Field of Research / Specialized area of Research) Posts, Offices and memberships held in Academic Bodies / Reviewer							
14.	of papers in Academ							
15.	of papers in Academic Journals etc. National / International Conference / Seminar / Symposium /			State Level	Natio	nal	Abroad	
J .	Workshop attended / conducted & any other current research							
	activities (to be me	ntioned in separate sheet)						
16.	Are you a PhD Sur	ervisor in any other Univer	sity (Give details)		1		1	

Note: The application (for recognition of PhD Supervisor) should be submitted with required supportive documents. Applications received without evidence will not be considered.

Date:

Signature of the Supervisor / Co-Supervisor

<u>Signature of the Head of the Department</u> of Constituent College / affiliated College / Approved Research Centre:

Signature of Principal or Head of the concerned Institute / Centre:

Signature of the Officer of Academic section (Dean) of the University: