

To,

The Registrar,

Dr. Ram Manohar Lohia Avadh University,

Faizabad-224001(U.P.)

Subject: Recognition/Approval as research supervisor in the subject/discipline.

Sir,

I want to get myself recognized as supervisor in the subject concerned _____ in the faculty of _____

I request you to kindly get me approved as a supervisor at the earliest. My bio-data along with necessary enclosures are attached here with.

Yours Sincerely,

Name: _____

Designation: _____

Address: _____

Phone/Mob.No.: _____

E-mail ID _____

Encl:

1. Application Form.
2. Other documents in support of the application (Please specify) _____

मुद्रास्थिति

Dr. Ram Manohar Lohia Avadh Univesity, Faizabad(U.P)

Application Form for Recognition/Approval as Research Supervisor

1. Name of Applicant in English: (Capital Letters) _____

2. Name of Applicant in Hindi: _____

3. Date of Birth: (as mentioned in H.S. Certificate): _____

4. Father's Name: _____

5. Mother's Name: _____

6. Permanent Address: _____

Phone/Mobile _____

7. Present Address: _____

Phone/Mobile _____

8. E-mail ID: _____

9. Designation: _____

10. Place of working as teacher in University Teaching Department/Affiliated College: _____

(Employer's certificate should be enclosed)

11. Date of first appointment as a regular faculty: _____

12. Qualifications:

Degree	Year	University	Class/Division

Paste Recent
Passport Size
Photograph

13. Ph.D. Degree:

TOPIC	SUBJECT	UNIVERSITY	YEAR OF REGISTRATION	YEAR OF AWARD

14. Teaching Experience: (produce latest certificate by concerned authority)

POSITION	DEPARTMENT	UNIVERSITY	PERIOD			
			UG		PG	

Undergraduate: _____ Years

Post Graduate: _____ Years

15. Details of Post Doctoral research work: (if any)

- A. _____
- B. _____
- C. _____

16. No. of papers published in refered journals: Submit the list of papers.

(Enclose three best papers for evaluation)

17. Whether the subject in which he /she wants to be supervisor is added at PG level or not?: _____

(Attach certificate from concerned Principal)

18. Remarks: (if any) _____

Signature of Head of the Department /

Signature: _____

Institution /Principal with seal and date

Name of Applicant: _____

Date: _____