



BHARATHIDASAN UNIVERSITY, TIRUCHIRAPPALLI-620 024

**APPLICATION FORM FOR
RECOGNITION OF RESEARCH
ADVISOR (Ph.D. PROGRAMME)**

(Kindly go through the Ph.D. Regulations before filing up the application form)

Photo
(Stamp size)

Payment of Research Advisorship fee : Rs. 3000/-

Bank: _____ Place: _____

DD / E-Receipt No.: _____ Date: _____

Office : +91 431 2407106

E-Mail : director.research@bdu.ac.in

1. Name	:	
Date of Birth and Age	:	
2. Gender	:	
Date of Retirement	:	
3. Designation and Address	:	
Pincode	:	
4. E-Mail id	:	
Mobile Number	:	
5. Employment Nature		Regular / Self-Financing
6. GPF/CPF/EPF No	:	
7. Name of the Subject Studied in P.G. Degree Programme	:	

8. a) Details of Ph.D. Degree Obtained

Subject / Discipline	University	Month & Year

b) Name of Your Ph.D. Research Supervisor :

9. Subject / Discipline in which Recognition is sought	:
10. Area of Specialization at Doctoral level	
11. Title of the Thesis (in CAPITAL Letters)	

12. List of **Best two Papers** published in the subject / discipline in which recognition is sought after Ph.D.Degree (For Scientist and Professors - 5 papers).

S. No	Name of all authors as in the article	Title of the research article	Journal Name, ISSN and Group (G- I/G-II-Scopus /G-II-WoS/G-II-MLA)	Year, Volume and Page No.
1.				
2.				

13. Teaching Experience (copy to be enclosed)	P.G U.G	Years Years
14. Research Experience after Ph.D. (copy to be enclosed)		

15. Any other relevant information :

CHECK-SHEET FOR RESEARCH ADVISORSHIP FORM

S. No.	Particulars	Tick the applicable word
1.	DD / e-Receipt for Rs. 3000/- in favour of BHARATHIDASAN UNIVERSITY Payable at TIRUCHIRAPPALLI-24	Enclosed / Not enclosed
2.	Self Attested Copy of the P.G. Degree Certificate	Enclosed / Not enclosed
3.	Self Attested Copy of the Ph.D. Degree Certificate	Enclosed / Not enclosed
4.	One year continuous service in the presently working institution	Enclosed / Not enclosed
5.	Copy of the Qualification Approval for the post of Assistant Professor obtained from the University	Enclosed / Not enclosed
6.	Original Service Certificate with GPF/CPF/EPF No.	Enclosed / Not enclosed
7.	Reprint of the best Two papers published as provided in application S. No. 12	Enclosed / Not enclosed
8.	Screen-shot taken from the UGC Website	Enclosed / Not enclosed
9.	Original Printed Volume is to be enclosed if the paper is published in a Printed Journal instead of online.	Enclosed / Not enclosed

NOTE: The application will be returned by the Research Section to the respective faculty member if any of the above required items are not enclosed along with application.

DECLARATION BY APPLICANT

This is to certify that I do not have Research Advisorship in any discipline of Bharathidasan University. The information furnished above is correct to the best of my knowledge.

Place :

Date :

Signature of the Faculty Member

Recommendation of the
Head of the Department

Recommendation of the
Principal / Head of the Institution

Send the Original filled-in application form to Director-Research, Bharathidasan University, Tiruchirappalli-60024