



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 of the Faculty Member	:	
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 SEVEN / FIVE / THREE** Papers only (For Professors : 7 Research Publications; Associate Professors : 5 Research Publications ; Assistant Professors : 3 Research Publications) published in the subject / discipline in which recognition is sought after Ph.D. Degree. Provide the details (Authors, Title, Journal Name, Year, Volume, Page Number). **Additionally, the faculty member should be first author in all research papers and should have the following credentials:**

For Science Subjects: 'h' – index:
Google Scholar: 5 or Scopus: 3

For Other Disciplines: 'h' -index
Google Scholar 3 or Scopus 1

(Note: Exception from the above “h” index requirement is given for vernacular subjects.)

S.No	Name of all Authors as in the paper	Title of the Research Paper	Journal Name, ISSN and G-I/G-II-Scopus /G-II-WOS/G-II-MLA	Year, Volume and Page No.
1.				
2.				
3.				

Publication Quality Metrics	Google Scholar	Scopus
<i>h-index</i>		

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

15. Any other relevant information:

DECLARATION BY APPLICANT

This is to certify that I do not have Research Advisorship in any discipline of Bharathidasan University. The information's furnished above are 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-620 024)

**RESEARCH SECTION
BHARATHIDASAN UNIVERSITY
TIRUCHIRAPALLI – 620 024**

CHECK SHEET FOR RESEARCH ADVISORSHIP FORM

S. No.	Particulars	Whether Enclosed/ enclosed (Tick in the respective column)	Not in the
1.	DD / E-Receipt for Rs. 3000/-		
2.	Self Attested Copy of the P.G. Degree Certificate		
3.	Self Attested Copy of the Ph.D. Degree Certificate		
4.	Whether completed Two years continuous service in the present institution		
5.	Copy of the Qualification Approval		
6.	Original Service Certificate with GPF/EPF No.		
7.	Best THREE papers for Assistant Professors, FIVE papers for Associate Professors, SEVEN papers for Professors		
8.	Screenshot taken from the UGC Website		
9.	Complete Paper of the Best Three / Five / Seven articles which you have published		
10.	The Original Printed Volume of Book is to be enclosed if the paper is published in a printed journal		

NOTE: The application will be returned by the Research Section to the respective faculty member if any of the item (Sl. No. 1-10) is not enclosed along with application.