

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.

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|------------|---|----------------------|-----------------------|--|
| 1. | Name of the Supervisor/ Co-Supervisor | | | |
| 2. | Designation | | | |
| 3. | Name of the dept. & Institution | | | |
| 4. | Address of the College / University / Institution where the applicant is currently working with Phone No, Fax, E-mail etc. | | | |
| 5. | Permanent Address of the Applicant with Phone Number | | | |
| 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) | | | |
| a. | P.G. Degree | Subject / Discipline | Year of Passing | Name of the University & College |
| b. | PhD | Subject / Discipline | Year of Passing | Name of the University & College |
| 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 recognized research centre of this University for doing PhD research | | Yes | No |
| 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) | | | |
| 14. | Posts, Offices and memberships held in Academic Bodies / Reviewer of papers in Academic Journals etc. | | | |
| 15. | National / International Conference / Seminar / Symposium / Workshop attended / conducted & any other current research activities (to be mentioned in separate sheet) | | State Level | National Abroad |
| 16. | Are you a PhD Supervisor in any other University (Give details) | | | |

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**

Signature of the Head of the Department 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: