

1. Name of the Candidate: (In Block Letters)

## D. Y. PATIL EDUCATION SOCIETY, KOLHAPUR

(Deemed to be University)
(Declared u/s 3 of the UGC Act 1956 vide Notification No. F.9-26/2004-U.3 dt. 01-09-2005 of the GOI)

# Accredited by NAAC with 'A+' Grade

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## APPLICATION FOR RECOGNITION AS P.G./Ph.D. GUIDE

D D M M Y Y Y

2.	Date of B	irth:										
	Date of Su	perannuation:	D	D	M	M	Y	Y	Y	Y	]	
3.	3. Present Designation:											
4.	Name & A	Address of the	Insti	tutior	ı:							
5.	Residenti	al Address:										
6.	Telephon	e: Office:				Res	s:				Me	obile:
7.	Email/Fax	<b>κ</b> :										
8.	8. Subject in which recognition is requested											
	Faculty											
9.	9. Qualifications											
•	• Graduate*											
	ne of the egree	Name of the Institution		ear o assin		Nam€	e of U & Pl	Jnive lace	rsity	re	Whether degree is cognized by concerned council	Whether institution is recognized by concerned council
										,		

• Post Graduate\* & above

Name of the Degree	Year of Passing	Subject	Name of University & Place	Whether degree is recognized by concerned council	Whether institution is recognized by concerned council	Area of Specialities	Title of dissertation

• Attested copies of graduate and post graduate Degree/Diploma Certificate to be enclosed

10. Experience

Designation	Name of the	Period		Nature of	Nature of
	Institution	From	То	Appointment FT/PT/CHB/Ad-hoc	duties

## **11.** Teaching Experience:

(Only full time teaching experience in a teaching Institution should be mentioned)

• Before PG Qualification

Before 1 o Quantication							
Name of the	Name of the	Per	Subject Taught				
Institution	Course	From	To				

• After PG Qualification

Name of the Name of the		Pe	Subject Taught	
Institution	Course	From	To	

12. Research Expe	erience:
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- a. Research work carried out and completed, if any, please enclose the list
- b. Research Project in progress, if any, please enclose the list
- c. Please furnish the following:

Course	No. of research projects guided	Title of thesis
P.G.		
Any other (with supporting documents)		

d. Please furnish the following: No. of research projects Title of research projects undertaken/involved **13**. A) Whether recognized by any other University as a P.G. Guide? Yes/No B) If yes, state: i) Name of the University\_\_\_\_\_ ii) Subject in which recognized\_\_\_\_\_ iii) Class for which recognized\_\_\_\_\_ iv) Date of recognition\_\_\_\_\_ v) Years of experience of teaching as a recognized P.G. Guide\_\_\_\_\_ vi) No. of student who have completed under your guidance\_\_\_\_ **14.** Publications: Publication of scientific papers/presentations made in National and International **15.** Any other relevant information:

Journals/conference proceeding/seminars, etc., if any please enclose Bibliography list.

(Attach separate sheet)

Place: Signature of Applicant Date:

Forwarded through Principal/Dean.

Signature of Principal/Dean