



St. Peter's Institute of Higher Education and Research
(Deemed to be University under section 3 of the UGC Act, 1956)
AVADI, Chennai - 600 054.

APPLICATION FOR RECOGNITION AS RESEARCH SUPERVISOR FOR
Ph.D. PROGRAMME

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

1.	Name	:	
2.	Date of Birth & Age	:	
3.	Designation & Department	:	
4.	Residential Address	:	
5.	Mobile No.	:	
6.	Email	:	
7.	Subject / Discipline in which recognition is sought	:	
8.	Details of Educational Qualification (Starting from the highest, include additional rows if required)	:	

Qualification	Subject / Discipline	University	Year of completion
Doctoral			
PG			
UG			

9.	Area of Specialization at Doctoral Level / PG Level (Medical Science)	:					
10.	Title of the Thesis /Dissertation	:	<table border="1"><tr><td>Ph.D. Thesis</td><td>PG Dissertation (Medical Science)</td></tr><tr><td></td><td></td></tr></table>	Ph.D. Thesis	PG Dissertation (Medical Science)		
Ph.D. Thesis	PG Dissertation (Medical Science)						
11.	Total number of paper & books published (in the subject/discipline in which recognition is sought)	:					

12.	Publications in Journals (Attach full list of Publications and reprints of latest 3 articles published)	<i>Indexed</i>	<i>UGC</i>	<i>SCOPUS</i>	<i>Sci/ WoS</i>	<i>Google & others</i>	<i>Total</i>
		Numbers					

13.	Number of papers accepted for publication in the subject (if any)	:					
14.	Teaching Experience (in years)		UG :	PG :			
15.	Research Experience after Ph.D.						
16.	Areas of Academic / Research interest						
17.	Any other relevant information (Please use additional sheets if required)						

DECLARATION

I hereby declare that the information furnished in this application is true, complete, and correct to the best of my knowledge and belief. I understand that recognition as a Ph.D. supervisor requires compliance with the eligibility criteria of St. Peter's Institute of Higher Education and Research. In case of any discrepancy or non-fulfillment of requirements, my recognition may be withdrawn at any stage without prior notice

Place:

Signature of the Applicant

Date:

Recommendations of the
Head of the Department

Recommendations of the
Head of the Institution.

Enclosures Required:

1. Copy of Educational Qualifications
2. Full list of Publications and reprints of latest 3 articles published
3. Full list of books authored and copies of cover page of latest 2 books published
4. Attach copy of appointment order
5. Certificate for PG teaching experience

Kindly submit the completed application with all the enclosures through the Head of the Institution to

The Dean (R&D)
St.Peter's Institute of Higher Education and Research
AVADI, Chennai - 600 054