RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR

APPLICATION FORM FOR RECOGNITION AS RESEARCH GUIDE FOR Ph.D. (Only for RUHS Affiliated & Constituent Colleges/Institute)

l. Nam	e of Applicant (In Block Capita	als)					
2. Date of Birth		••••					
3. Ado	lress	•••••	•••••		•••••	••••	
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		Tel. No		Mol	oile		
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4. Present Position						••••••	
5. Wh	ether Permanent / temporary / a	dhoc	• • • • • • • • • • • • • • • • • • • •				
6. Date	e of Retirement				•••••	•	
7 Aca	demic Qualification (Beginning	g from High	School o	r it equivalent	and onwards)	: -	
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2. 3.	Ph.D.						
3. 4.	Others (If any)						
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Experience of Research Guide

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-	No. of Publication	
	Place of Posting	
	Professor	
Experience	Associate Professor	
Ex	Assistant Professor	
	Lectures/Sr. Demonstrator	• .