

RAJASTHAN UNIVERSITY OF HEALTH SCIENCES, JAIPUR

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

1. Name of Applicant (In Block Capitals)

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2. Date of Birth

3. Address

.....

Tel. No.....Mobile.....

4. Present Position

5. Whether Permanent / temporary / adhoc

6. Date of Retirement

7. Academic Qualification (Beginning from High School or it equivalent and onwards): -

S.No.	Name of Examination	Year	Roll No.	Board/ Univ.	Division	Subject(s)
1.	U.G.					
2.	P.G.					
3.	Ph.D.					
4.	Others (If any)					

Note: - please attach photo copies of the degrees.

8. Total Post graduate Teaching experience classes: (Details therefore be given hereunder): -

S. No.	Place of posting	Position held	Subject/Paper taught	Period (Detail wise)
1.				
2.				
3.				
4.				
5.				
6.				

9. Details of published paper, if any: (Separate to be attached if necessary)
(1) P.G. teaching experience certificate on the letter pad of the principal.
(2) Photocopy of letter of Confirmation of service.

I certify that the details given above are correct to the best of my knowledge.

Dated..... **Signature of applicant**

Forwarded to the Registrar, Rajasthan University of Health Sciences, Jaipur for necessary action. I have verified the above details and I am satisfied about their correctness.

Dated.....
**Signature of the principal / Head of the Deptt.
(Seal)**

Experience of Research Guide

Experience				Place of Posting	No. of Publication	Remarks
Lectures/Sr. Demonstrator	Assistant Professor	Associate Professor	Professor			