



ರಾಣಿ ಚನ್ನಮ್ಮ ವಿಶ್ವವಿದ್ಯಾಲಯ

ವಿದ್ಯಾಸಂಗಮ, ರಾಷ್ಟ್ರೀಯ ಹೆದ್ದಾರಿ - 04, ಭಾರತರಾಜಮಹಲ್, ಬೆಲಗಾವಿ - 591 156

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Application for recognition as a Guide for the Ph.D. Degree

Name in Full : (Block Letter)			
Address: a) Official:		b) Residential :	
Mobile			
E-mail			
Ph.D Programme in respect of which the applicant is eligible as per regulations			
Title of the thesis or published work for which the Research degree was awarded.			
Research publications with ISBN/ISSN No		A. Publication from Ph.D work	
		1	
		2	
		.	
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		B. Publication out of Ph.D work after submission	
		1	
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n			
Previous research experience or projects undertaken in the concerned field(Give details) with relevant documents			
Previous experience in the guidance of students for M.Phil/Ph.D Programmes or any other research degrees, with subjects, area, dates , the number of students and the University (relevant documents to be attached.			

Teaching Experience as Regular Faculty: certification from the Head of the Institution to be attached. (Not necessary for University Teachers)	University/ Institution :	PG	UG
	Period :		
DD Particulars in case the applicant is from Rani Channamma University Belagavi recognised Research Centre.	DD No		
	DD Amount		
	Bank Details	Name of the Bank	Branch
	DD Date		
	DD in favour of	Finance Officer Rani Channamma University, Belagavi.	
DD payable at	Belagavi		
Other particulars in support of the application, if any.			

Note:

1. Enclose the full papers of research articles.
2. Research Center teachers have to enclose the proof of Date of Birth

CERTIFICATE BY APPLICANT

This is to certify that, all the information given above are correct.

Place : _____

Signature of the applicant

Date: _____

CERTIFICATE BY HEAD *

- In case of PG Department of University the signature from Chairman of department may be obtained.
- From reorganized research center signature of the head of the institution need to be taken.

This is to certify that, the information submitted by Dr _____ in application are verified and found correct. It is recommended to consider the application of Dr _____, for reorganization of Guideship.

Place : _____

Signature of the Head of the Department/Institution

Date: _____

Note: Any false information provided and incomplete application and enclosures will lead to the rejection of the application.