



Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA – 520 008

Regn. No: _____

**APPLICATION FOR RECOGNITION
AS RESEARCH GUIDE / CO-RESEARCH GUIDE**

1)	Name (IN BLOCK LETTERS)		Affix self attested photograph
2)	Date of Birth		
3)	Father's Name / Spouse name		
4)	Educational Qualifications		
	Degree	Year	University
	MBBS /BDS		
	MS/MD/DNB/MDS		
	DM/M.Ch/DNB		
	M.Sc		
	Ph.D.		
	Any other		
5)	Address for Correspondence		
	a) Office		
	b) Residence		
	c) Mail ID.		
	d) Contact No.		
6)	Details of Experience (full details, if necessary on a separate sheet have to be furnished along with supporting documents)		
	A) Teaching Experience		



	B) Research Experience	
7)	No. of Papers Published in peer reviewed and indexed journals (full details are to be furnished on a separate sheet and enclose the reprints)	
8)	No. of PG and Ph.D. students guided	
9)	Any other relevant information (Honours, distributions, fellowships, memberships etc)	
10)	Subject for which recognition is applied	

Signature of the Applicant

Signature of the Head of the College/Institute

Station:

NOTE:

1. The Applicant should include documentary proof for the Teaching / Research Experience and the Reprints of the publications.
2. The applicant should sign each page of the Xerox copies.
3. The Principal of the college where the applicant is working should certify that the originals have been verified and the application should be forwarded with comments.

(For office use only)

- 1) Date of receipt
- 2) Recommendations of the University

Accepted / not accepted.

Reasons for non-acceptance.