



Dr.NTR UNIVERSITY OF HEALTH SCIENCES::AP::VIJAYAWADA-520 008

APPLICATION FORM FOR RENEWAL OF GUIDESHIP/ CO-GUIDESHIP

1.	NAME (IN BLOCK LETTERS)		Affix self attested photograph
2.	Designation		
3.	Name of the affiliated institution in which the Guide/Co-guide is attached now		
4.	Date of Birth & Age		
5.	Issue of year of Recognition Order vide letter number & date as a Guide / Co-guide		
6.	No. of candidates guided till date		
7.	No. of candidates pursuing Ph.d under your guideship		
8.	Postal address for communication		
9.	E-mail address		
10.	Contact Numbers :		
	Land line No. (Res)		
	Land line No.(Off)		
	Mobile No.		



11.	No. of original research articles published in pubmed/ scopus indexed journals (enclose copy of first page of articles)	
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STATION:

SIGNATURE

DATE:

SIGNATURE OF THE HOD
(WITH STAMP & SEAL)

SIGNATURE OF THE PRINCIPAL
(WITH STAMP & SEAL)