

## श्रीशङ्कराचार्यसंस्कृतसर्वकलाशाला, कालटी SREE SANKARACHARYA UNIVERSITY OF SANSKRIT, KALADY <u>Application for Recognition as Research Guide</u>

1. Name in full (in Capital Letters)	:Sri/Smt.(Dr.)
2. Date of Birth	:
3. Designation	:
4. a) Official Address	:
b) E-mail ID	•
c) Mobile No.	:
5. Details of existing Research Guideship	
a) Faculty	:
b) Department	:
c) Subject (Specialisation, if any)	:
6. Academic Qualification	:

Programme	University	Year of passing	Faculty, Department and Subject
Post Graduation			
M.Phil			
Ph.D			
Any other			

:

:

:

7.	Details of Teaching Experience	:
	a) Degree Level	:
	b) P.G.Level	:
8.	Details of Research Experience	:

- 9. Department/Study Centre to which additional research guideship is sought
- 10.Details of Publications or Papers with titles, name of journal, year etc. (copies to be enclosed) pertaining to he Dept./ Centres of Study for which research guideship is sought
- 11. Any other relevant information

Certified that the information furnished above are true to the best of my knowledge and belief.

Station : Date :

## **CERTIFICATE**

Certified that the articles authorised by Sri/Smt(Dr.)..... as indicated in the

table below are published in UGC listed journals/Peer reviewed journals.

Sl.No.	Name of Journal with ISSN	Title	Year & Volume
1			
2			

## Name and Signature of the HOD/Co-ordinator (Department Seal)

Counter signature of the Dean :

Name of the Faculty :