UNIVERSITY OF CALICUT
(DIRECTORATE OF RESEARCH)

(Form - III)
APPLICATION FOR RECOGNITION AS RESEARCH GUIDE

1. Name in Block Letters
   (as per the official records) :

2. Designation & Name of the
   institution in which employed :

3. Address of the Applicant with
   contact No. [Mobile and Landline]
   & E-mail ID :

4. Age, Date of Birth and remaining
   period of service :

5. Academic Qualifications :
   (Copy of PG/Ph.D Certificates
   to be attached)

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<tr>
<th>Degree</th>
<th>Subject</th>
<th>Year</th>
<th>University/Institution</th>
<th>Class/Rank</th>
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<td>P.G.</td>
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<td>Ph.D</td>
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<td>Others if any</td>
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Particulars of Ph.D. Thesis
Title of the Thesis :

Faculty & Branch of subject
(in which PhD obtained) :

6. Experience; Teaching/Research in
   Industry/ Field (proof to be attached)
   & Specify whether permanent
   (attach copy of the Appointment Order) :

7. Name & Address of the Institution/
   Department recognised by the University
   in which he/she proposes to work.
   Specify the Faculty and Branch in which
   guideship is sought :

8. Whether applied for recognition previously
   If so, the result of such application :
9. Whether original e-chalan receipt for Rs. 580/- (Recognition fee + Application fee) enclosed

10. Whether recognised as Research Guide elsewhere in India/Abroad. If so particulars of the name and address of the University/Institute, number of Scholars (if any) registered under you

11. Whether engaged in any special project or research programme

12. No. of research papers published in referred journals, approved by UGC / University. (Copy of the publications should be attached)

13. Details of Post-Doctoral work (if any) or engaged at present

14. Such other information as may be pertinent or helpful in determining whether recognition should be granted

(Note: Wherever necessary the required information may be furnished in statements attached Annexure)

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

Place :
Date :

Signature of the Applicant

Specific recommendation of the Head of the recognised Institution/Department where the candidate desires to work as guide.

Place :
Date :

Name and Signature of the Head of the Institution where the candidate works

(Office Seal)

**Undertaking**

The centre shall provide all the necessary research facilities to the scholars registered with the candidate in compliance to the Research Regulations of the University.

Name and Signature of the Head of the Institution/ opted Research Centre

(Office Seal)
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<tr>
<th>Sl. No.</th>
<th>Authors in order and Title of Publication*</th>
<th>Journal Name, Volume, Number, Year &amp; Digital Object Identifier (DOI) Number</th>
<th>International/ National **</th>
<th>Publisher with ISSN</th>
<th>Web Address of the Journal</th>
<th>Page charges paid or not ***</th>
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Specific Remark/recommendation of the Chairperson, PGBS /Head of the Research Centre, based on the above criteria:

Signature with date
Name & Designation
Address