

**SREE CHITRA TIRUNAL  
INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY**

**DIVISION OF ACADEMIC AFFAIRS**

**APPLICATION FOR RECOGNITION AS Ph.D GUIDE**

1	Name of the candidate (In Block letters)	:	
2	Employee Code No.	:	
3	Date of Birth	:	
4	Qualification	:	
5	Present Designation	:	
6	Name of the Department	:	
7	Residential Address	:	
8	Telephone No. (Office & Res.)	:	
9	Email-ID /Fax	:	

**Graduate and Postgraduate**

Name of Degree	Name of the Institution	Year of Passing	Name of University & Place

**Doctoral Degree**

<b>Name of Degree</b>	<b>Year of Passing</b>	<b>Subject</b>	<b>Name of University &amp; Place</b>	<b>Area of Specialties</b>	<b>Title of Dissertation</b>

**10. Experience**

<b>Designation</b>	<b>Name of the Institution</b>	<b>Period</b>		<b>Nature of duties</b>
		<b>From</b>	<b>To</b>	

**11. Teaching Experience**

(Only full time teaching experience in a teaching Institution should be mentioned)

<b>Name of the Institution</b>	<b>Name of Course</b>	<b>Period</b>		<b>Subjects Taught</b>
		<b>From</b>	<b>To</b>	

12. **Research Experience** :

- a) Research work carried out and completed, if any place enclose the list.
- b) Research Projects in progress, if any please enclose the list
- c) Please furnish the following :-

<b>No. of Research Projects undertaken/involved</b>	<b>:</b>
<b>TITLE/S OF RESEARCH PROJECTS:</b>	

13. **Publications** :

Publication of scientific papers/ presentation made in National and International Journals/ Conference proceeding/Seminars etc., if any. **Please enclose** Bibliographic list.

14. **Any other relevant information :**

(Attach separate sheet)

Place :

\_\_\_\_\_  
Signature of the applicant

Date :

**Remarks of the Head of the Department**