



**SANT GADGE BABA AMRAVATI UNIVERSITY AMRAVATI**  
**APPLICATION FOR RECOGNITION AS Ph.D. SUPERVISOR**

*Faculty :-* \_\_\_\_\_  
*Subject :-* \_\_\_\_\_

**To,**  
**The Deputy Registrar (Ph.D. Cell),**  
 Sant Gadge Baba Amravati University,  
 Amravati.

1. Name of the Applicant : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. College/ Institution : \_\_\_\_\_
4. University Approval No. and Date : \_\_\_\_\_  
 \_\_\_\_\_
5. Name of Recognized Research Center : \_\_\_\_\_
6. Address for Correspondence : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Mobile No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_
8. Subject in which recognition is sought : \_\_\_\_\_
9. Faculty in which recognition is sought : \_\_\_\_\_

10. Academic Qualifications :

Sr. No.	Degree	Subject	Name of University	Year/Date of Award	Percentage of Marks
1	P.G.				
2	Ph.D.				
3	Any Other				

11. Experience (Teaching/Research/Administration) :

Sr. No.	Experience	Subject	Duration		No. of Years & Months
			From	To	
1	Teaching : UG				
2	Teaching : PG				
3	Professional (Librarian/DPE/Coaching in Games & Sports/Scientist)				
4	Post-Doctoral Research				

12. Research Publications in the concern subject in referred journals after award of Ph.D. degree:

*(List of research publications along with reprints necessarily to be attached with each application)*

Sr. No.	Title of the Paper	Name of Authors	Name of Journal	Publisher	Vol. No. (Issue No.)	Page No.	Year	Impact Factor (if any)
1								
2								
3								
4								

13. Major Research Project as Principal Investigator : \_\_\_\_\_

Sr. No.	Title of the Project	Funding Agency	Amount	Duration	Complete / Ongoing
1					
2					
3					
4					

14. Number of Patents Published : \_\_\_\_\_

Sr. No.	Title of the Patent	Author/s	National / International	No. and Date of Publication
1				
2				
3				
4				
5				

15. Any Other information: \_\_\_\_\_

Date :- \_\_\_/\_\_\_/\_\_\_

Place :- \_\_\_\_\_

Signature of the applicant



Signature & Name of Head/Principal

Note: Attach the self attested photo copies of the relevant documents.



**SANT GADGE BABA AMRAVATI UNIVERSITY AMRAVATI**  
**APPLICATION FOR THE RECOGNITION**  
**AS A RESEARCH CENTER FOR Ph.D. PROGRAMME**

To,

**The Deputy Registrar (Ph.D. Cell),**  
 Sant Gadge Baba Amravati University,  
 Amravati.

1. Name of the College/Institute : \_\_\_\_\_
2. Year of Establishment of the Department (Specify the subject) : \_\_\_\_\_
  - a) U.G. Department : \_\_\_\_\_
  - b) P.G. Department : \_\_\_\_\_
3. Type of Affiliation : Permanent / Temporary (Duration) : \_\_\_\_\_
4. Whether the College/Institute is under section 2 (f) & 12(B) of the UGC Act 1956? : Yes/No
5. Whether the College / Institute is accredited by NAAC/NBA? : Yes / No  
 Date of accreditation / reaccreditation: \_\_\_\_\_
6. Subject in which the recognition is sought : \_\_\_\_\_ Faculty: \_\_\_\_\_
7. Name of the Recognized Supervisor/s : \_\_\_\_\_  
 \_\_\_\_\_
- Notification No. : \_\_\_\_\_
8. Number of Teachers / Scientists with Ph.D. Degree : \_\_\_\_\_
9. Infrastructural facilities exclusively available for Ph.D. Program:
  - a. Space of the Research Laboratory in Sq. Meter : \_\_\_\_\_  
 Expected Intake Capacity : \_\_\_\_\_
  - b. Number of sophisticated instruments
  - c. Library facilities :  
 Total Space for Research Scholars: \_\_\_\_\_  
 Working Hours: \_\_\_\_\_
- Details of Reference Books and Journals exclusively available for Ph.D. Programme :
  - i) No. of Titles in the concerned subject : \_\_\_\_\_
  - ii) No. of Journals in the concerned subject : \_\_\_\_\_
  - iii) No. of e-Journals in the concerned subject : \_\_\_\_\_
- d. ICT facilities :
  - i) No. of PCs (Latest configuration)  
 with Internet connectivity (exclusively for research students) : \_\_\_\_\_
  - ii) Speed of internet Connectivity (in Mbps) : \_\_\_\_\_
  - iii) Essential Legal Software : \_\_\_\_\_
  - iv) UPS Facility : \_\_\_\_\_

e. Administrative and Research Promotional Facilities :

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**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_



**(Signature & Name of the Head/Principal)**

*Note: Attach the attested photo copies and list of the relevant documents.*



**SANT GADGE BABA AMRAVATI UNIVERSITY AMRAVATI**

**REPORT OF THE COMMITTEE FOR RECOGNITION AS A RESEARCH CENTER**

1. Name of the College/Institute : \_\_\_\_\_
2. Year of Establishment (Specify the subject):
  - a) U.G. Department : \_\_\_\_\_
  - b) P.G. Department : \_\_\_\_\_
3. Type of Affiliation: Permanent / Temporary (Duration) : \_\_\_\_\_
4. Subject in which the recognition is sought : \_\_\_\_\_ Faculty : \_\_\_\_\_
5. Number of the Recognized Ph.D. Supervisor/s : \_\_\_\_\_
6. Number of Teachers / Scientists with Ph.D. Degree : \_\_\_\_\_
7. Infrastructural facilities exclusively available for Ph.D. Program:
  - a. Space of the Research Laboratory : Adequate / Inadequate
  - b. Sophisticated Instruments : Adequate / Inadequate
  - c. Library Facilities : Adequate / Inadequate
  - d. ICT Facilities : Adequate / Inadequate
    - i) No. of PCs (Latest configuration) : \_\_\_\_\_
    - ii) Speed of Internet Connectivity (in Mbps) : \_\_\_\_\_
    - iii) No. of Essential Legal Software : \_\_\_\_\_
    - iv) UPS Facility (kVA) : \_\_\_\_\_
  - e. Administrative and Research Promotional Facilities : Adequate / Inadequate
8. Date of visit : \_\_\_/\_\_\_/\_\_\_\_\_

**Based on the overall observations, the committee recommends the recognition of research center in the subject \_\_\_\_\_ for the capacity \_\_\_\_\_ at the college / institute.**

**OR**

**Based on the overall observations, the committee does not recommend the recognition of research center in the subject.**

**Signature & Name  
Chairperson**

**Signature & Name  
Member**

**Signature & Name  
Member**

**Date:** \_\_\_/\_\_\_/\_\_\_\_\_

**Place:** \_\_\_\_\_



**SANT GADGE BABA AMRAVATI UNIVERSITY AMRAVATI**  
**DECLARATION BY THE Ph.D. SUPERVISOR**

1. Name of the Supervisor : \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Name of the College/  
Department/Institute : \_\_\_\_\_  
: \_\_\_\_\_
4. Subject : \_\_\_\_\_
5. Faculty : \_\_\_\_\_
6. Recognition / Notification No. : \_\_\_\_\_
7. Address for Correspondence : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
8. E-mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

I, the undersigned, hereby declare that following registered research scholars are working under my supervision as a supervisor / co-supervisor.

S.N.	Name of Research Scholar	Registration No.	Name of the University
1			
2			
3			
4			
5			
6			
7			
8			

9. Total number of candidates registered in the University : \_\_\_\_\_
10. Total number of candidates registered in other Universities : \_\_\_\_\_

I, further declare that, the number of scholars registered under my supervision for the Ph.D. programme shall not be more than the required number (i.e. 4/6/8) in the University under this ordinance.

**Date :** \_\_\_ / \_\_\_ / \_\_\_

**Signature of Supervisor**



**SANT GADGE BABA AMRAVATI UNIVERSITY AMRAVATI**  
**APPLICATION FOR THE ADMISSION TO Ph.D. PROGRAMME**

**To,**

The Head of Research Center,

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dear Sir,

I, the undersigned, hereby apply for the admission to Ph.D. program in the subject \_\_\_\_\_ in the faculty of \_\_\_\_\_ at the Research Center.

1. Name in Full : \_\_\_\_\_  
**(In Block Letters)**                      Surname                      First Name                      Middle Name

2. Name of Father / Husband : \_\_\_\_\_

3. Name of Mother: \_\_\_\_\_

4. Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Gender : Male / Female

6. Whether physically challenged : Yes / No

7. Address for Correspondence : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail ID: \_\_\_\_\_

8. Religion: \_\_\_\_\_ Caste: \_\_\_\_\_ Category : SC/ST/OBC/VJ/NT/SBC/GENERAL

9. Nationality : \_\_\_\_\_

10. (A) Details of Qualifying Examinations :

Examination	University	Year	Subject Offered	Division/ Grade	Percentage
PG					
Any Other					

(B) Details of Ph.D. Entrance Test (PET)

Date of Examination	Roll No.	Score	Validity

(C) Details for Exemptions to PET:

Sr. No.	Category	Awarding Agency/University	Year	Roll No.
1	UGC/CSIR-NET (Including JRF) / SLET / GATE / GPAT /M.Phil. Qualified			
2	Teacher Fellowship			

11. Employment Status: Employed / Not Employed

If employed

(a) Designation : \_\_\_\_\_

(b) Address of organization where employed :

\_\_\_\_\_

\_\_\_\_\_

12. List of documents enclosed : \_\_\_\_\_

(Self Attested)

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION**

I, hereby declare that above information is true, correct and authentic.

**Place:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Signature & Name of the Applicant)**

*Note: Attach the attested photo copies of the relevant documents.*





**SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI**

**APPLICATION FOR REGISTRATION AS A RESEARCH SCHOLAR FOR DEGREE OF  
DOCTOR OF PHILOSOPHY(Ph.D.) IN THE**

**SUBJECT :** \_\_\_\_\_

**FACULTY :** \_\_\_\_\_

**Self Attested  
Passport size  
photo**

**To,**  
**The Deputy Registrar (Ph.D. Cell),**  
Sant Gadge Baba Amravati University,  
Amravati.

Dear Sir/Madam,

I, the undersigned, hereby apply for registration as a research scholar for the degree of Doctor of Philosophy (Ph.D.) in the Subject \_\_\_\_\_ in the Faculty of \_\_\_\_\_.

1. Name in Full : \_\_\_\_\_  
(In Block Letters)                      Surname                      First Name                      Middle Name

2. Name of Father/Husband : \_\_\_\_\_

3. Name of Mother : \_\_\_\_\_

4. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Gender : Male / Female

6. Whether physically challenged : Yes / No

7. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. : \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail ID : \_\_\_\_\_

8. Religion : \_\_\_\_\_ Caste : \_\_\_\_\_ Category: SC/ST/OBC/VJ/NT/SBC/GENERAL

9. Nationality : \_\_\_\_\_

10. (A) Details of Qualifying Examinations :

Examination	University	Year	Subject Offered	Division /Grade	Percentage
PG					
Any Other					

(B) Details of Ph.D. Entrance Test (PET)

Date of Examination	Roll No.	Score	Validity

(C) Details for Exemptions to PET:

Sr. No.	Category	Awarding Agency/University	Year	Roll No.
1	UGC/CSIR-NET (Including JRF) / SLET / GATE / GPAT / M.Phil.Qualified			
2	Teacher Fellowship			

11. Employment Status : Employed / Not Employed

If employed

(a) Designation: \_\_\_\_\_

(b) Address of organization where employed:

\_\_\_\_\_

\_\_\_\_\_

12. Proposed Title of the Research : \_\_\_\_\_

\_\_\_\_\_

13. Name of the Supervisor : \_\_\_\_\_

14. Name of Research Centre : \_\_\_\_\_

15. Date of completion of Course Work : \_\_\_\_\_

**DECLARATION**

I, hereby declare that above information is true, correct and authentic.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature & Name of the Applicant)

16. Details of Supervisor :

i.	Name	
ii.	Designation	
iii.	Registration No.	
iv.	Subject / Faculty	
v.	Address for Correspondence	
vi.	E-mail ID	
vii.	Contact No.	

17. Details of Registered scholars presently working under the Supervisor

S.N.	Name of the Student	Supervisor / Co-Supervisor	Name of University where the scholar is registered	Remarks
1				
2				
3				
4				
5				
6				
7				
8				

I, hereby declare that the information given above is true, correct and authentic. Further, the number of scholars registered under my supervision and co-supervision does not exceed the limit as prescribed by this ordinance.

I hereby consent to supervise the proposed research work of the scholar.

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Signature & Name of Supervisor

\_\_\_\_\_

18. Details of Co-Supervisor :

i.	Name	
ii.	Designation	
iii.	Registration No.	
iv.	Subject / Faculty	
v.	Address for Correspondence	
vi.	E-mail ID	
vii.	Contact No.	

19. Details of Registered scholars presently working under the Co-Supervisor

S.N.	Name of the Student	Supervisor / Co-Supervisor	Name of University in which the candidate is registered	Remarks
1				
2				
3				
4				
5				
6				
7				
8				

I, hereby declare that the information given above is true, correct and authentic. Further, the number of scholars registered under my supervision and co-supervision does not exceed the limit as prescribed by this ordinance.

I hereby consent to supervise the proposed research work of the scholar.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature & Name of Co-Supervisor

\_\_\_\_\_

**RECOMMENDATION BY HEAD OF THE RESEARCH CENTRE**

The application is hereby recommended and forwarded to Research and Recognition Committee (RRC) for the consideration of registration for Ph.D. programme.

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Place : \_\_\_\_\_



Signature & Name of  
Head of Research Centre

*Note: Attach the attested photo copies and list of the relevant documents.*

**SANT GADGE BABA AMRAVATI UNIVERSITY, AMRAVATI****CERTIFICATE**

This is to certify that Mr./Mrs./Ms. \_\_\_\_\_ has successfully completed the Ph.D. Course work in the subject \_\_\_\_\_ in the faculty of \_\_\_\_\_ as prescribed for the fulfillment of requirement of registration for Ph.D. programme of the University in accordance with the University Grants Commission (Minimum Standards and Procedure for Award of M.Phil/Ph.D Degrees) Regulations, 2016.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Place:** \_\_\_\_\_

**(Competent Authority)**  
**SGBAU, Amravati.**

(Name of the Research Center along with Recognition No.)

**CERTIFICATE**

This is to certify that Mr./Mrs./Ms. \_\_\_\_\_ is the registered scholar whose registration no. is \_\_\_\_\_ has completed the research work entitled, “ \_\_\_\_\_ ” in the subject \_\_\_\_\_ in the faculty \_\_\_\_\_ under the supervision of Dr. \_\_\_\_\_. He/she has successfully completed the pre-defense of the thesis and the thesis is hereby forwarded to the University for evaluation.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Place:** \_\_\_\_\_

**(Signature of Head, Research Center)**

**COVER PAGE OF THESIS/ FIRST INNER PAGE OF THESIS**

<Title of the Thesis (In Block Letters)>

Thesis submitted for the award of the degree of Doctor of Philosophy (Ph.D.) in (...Subject...) in the faculty of  
(.....Name of faculty.....)

**by**

<Name of the scholar>

**under the supervision of**

<Name of supervisor>

<Designation>

<Research Centre>

and

<Name of Co-Supervisor>

<Designation>

<Research Centre >

to

**Sant Gadge Baba Amravati University, Amravati**

<Month and Year>

**DECLARATION**

I, the undersigned, hereby declare that the work presented in this thesis entitled,“

\_\_\_\_\_”

in the subject \_\_\_\_\_ in the faculty \_\_\_\_\_ is the original contribution carried out by me conforming to research norms under the supervision of \_\_\_\_\_. This work has not been submitted to any other university / institution for the award of any degree.

I further declare that, this work is free from any kind of plagiarism.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Place:** \_\_\_\_\_

**(Signature and Name of Scholar)**

**Registration No.** : \_\_\_\_\_

**Date of Registration** : \_\_\_\_\_



**CERTIFICATE OF THE SUPERVISOR / CO- SUPERVISOR**

This is to certify that the work presented in this thesis entitled, ” \_\_\_\_\_

\_\_\_\_\_”

is the own and original work of Mr./Mrs./Ms. \_\_\_\_\_  
carried out under my supervision. The work embodied in this thesis has not been submitted earlier to any  
university/institution for any degree to the best of my knowledge.

I further certify that, this work is free from any kind of plagiarism.

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**(Signature of Supervisor/ Co-Supervisor)**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Registration No. : \_\_\_\_\_

Date : \_\_\_\_\_