

माँ शाकुम्भरी विश्वविद्यालय, सहारनपुर
(पुँवारका, सहारनपुर-247120)

पत्रांक: शोध/02/2022

दिनांक: 26.04.2022

सेवा में,

समस्त प्राचार्य/प्राचार्या/निदेशक
समस्त सम्बद्ध महाविद्यालय एवं
स्ववित्त पोषित महाविद्यालय
माँ शाकुम्भरी विश्वविद्यालय,
सहारनपुर।

विषय: विभिन्न विषयों में शोध निर्देशकों हेतु महाविद्यालय के अर्ह/इच्छुक सहायक/सह आचार्य के पंजीकरण के संबंध में।

महोदय/महोदया

विश्वविद्यालय के पत्रांक शोध/01/2022 दिनांक 08.04.2022 जो कि कुलपति महोदय के आदेशानुसार सम्बद्ध महाविद्यालयों के अर्ह/इच्छुक सहायक/सह आचार्यों के शोध निर्देशक पंजीकरण हेतु उनके प्रार्थना पत्र एवं निर्धारित प्रारूप को आवश्यक अभिलेखों/प्रमाण पत्रों सहित अग्रसारित कर विलम्बतम 25 अप्रैल 2022 तक डा0 मुकेश चन्द, शोध समन्वयक, माँ शाकुम्भरी विश्वविद्यालय, सहारनपुर को डाक द्वारा रसायन विज्ञान विभाग, डी0ए0वी0 कॉलेज, आर्य समाज रोड़, मुजफ्फरनगर 251001, उत्तर प्रदेश को संलग्न निर्धारित प्रारूप पर भरकर प्रेषित करने के संबंध में था, के अनुक्रम में कुलपति महोदय के निर्देशानुसार उक्त तिथि को 10.05.2022 तक विस्तारित किया जाता है।

धन्यवाद।

संलग्नक- प्रारूप।

भवदीय

शोध समन्वयक

प्रतिलिपि:-

1. वैयक्तिक सहायक कुलपति को कुलपति जी के संज्ञानार्थ प्रेषित।
2. वैयक्तिक सहायक, कुलसचिव को कुलसचिव जी के संज्ञानार्थ प्रेषित।

शोध समन्वयक

PERMISSION CERTIFICATE FROM PRINCIPAL/DIRECTOR

This is to certify that _____ is an
employee of the college/institution _____ and
working with the designation of _____
from _____ till to date.

He/She has a total service of _____ years _____ months in this college/institution.

The candidate is hereby accorded permission to register his/her name as research supervisor
of MAA SHAKUMBHARI UNIVERSITY, SAHARANPUR to guide the M.Phil and Ph.D. scholars.

Place : _____

Date : _____

Signature of Principal/Director

MAA SHAKUMBHARI UNIVERSITY, SAHARANPUR
(Punwarka, Saharanpur - 247120)

Application form for Registration of Research Supervisor in the Subject _____

1. Name (In Block letters) _____	Paste a self attested passport size photo
2. Father's/Mother's/Husband's Name _____	
3. Date of Birth _____	
4. Gender _____	
5. Department _____	
6. Current Designation. _____	
7. College Name & Address _____	

8. Permanent Address _____

9. Mobile No. _____

10. Email Address _____

11. PAN No. _____

12. Aadhar Card No. _____

13. College Website _____

14. Academic Qualifications :-

S.No.	Degree/Diploma	University/Institution	Passing Year	Subject /Specialization
1				
2				
3				
4				
5				
6				
7				
8				

15. Teaching Experience :-

S. No.	Post/ Designation	Service Period		Total years/ months	Type of Service (Govt./Aided/Un Aided/SFC/Recognized College/Institution)
		From	To		
1					
2					
3					
4					
5					
6					

16. Total Teaching Experience _____
17. Research Experience _____
18. Total No. of Research Papers _____
19. List of Last five years Research Papers. _____

S.No.	Title of Research Paper	Journal Name	UGC Sr. No./ Care List No.	Year

20. Number of Research Scholars already registered with you through CCS University, Meerut. _____

Note :

- Any Regular Professor / Associate Professor of the University / College, with at least **five research publications** in peer-reviewed or refereed journals after obtaining Ph.D. and any regular Assistant Professor of the university/College with a minimum of **five years teaching/research** experience with a **Ph.D. degree** and at least **three research publication** in peer-reviewed or refereed journals may be recognized as research Supervisor.
- A Research Supervisor/Co-Supervisor who is a Professor can guide upto eight (8) Ph.D. scholars. An Associate Professor as Research Supervisor can guide upto a maximum of six (6) **Ph.D.** scholars and an Assistant Professor as Research Supervisor can guide upto a maximum of four (4) **Ph.D.** Scholars.
- Only a full-time regular teacher of the University/College concerned can act as a Research Supervisor. **An approved teacher** working in Self Finance courses can also act as a Supervisor if He/She is having more than **10 years of approved teaching experience**.

Declaration by the Applicant

I certify that the Information provided is true to the best of my knowledge and extend my service to the university obeying the Rules and Regulations in operation as per the norms of the university.

Place :

Date :

Signature of Faculty

Name _____

Designation _____