Dr. Babasaheb Ambedkar Technological University
Ph. D Supervisor Recognition Form 2024

1. Name:

2. Cell Phone No & Email ID:

3. Address:

4. Date of Birth:

5. Qualifications: Year of Award (attach relevant documents)

1. Doctoral Degree:
2. Postgraduation Degree:
3. Graduation Degree:

6. Designation:

7. Date of Appointment in cadre claimed for recognition:

8. Department:

9. Organization/Institute:

10. Publications: (Refer to the qualifying criteria**)** Attach relevant documents**:**

11. Scopus/SCI Journals:

12. Peer-reviewed or refereed journals:

13. Author ID as Scopus / ORCID / Google Scholar / other:

14. Proof of being Permanent faculty member of University Departments or permanently recognized faculty of affiliated colleges (a faculty member approved by DBATU)

15. Whether Registered as Ph. D Supervisor in any other University (attach relevant documents):

a) Name of University:
b) Date of Recognition:

16. No of candidates enrolled /Awarded, if any:

17. Whether the institute/College is Recognized research Centre: Yes/No (Attach relevant documents if yes)

Signature of Applicant

Certificate

This is to certify that the information provided by _____is correct and forwarded for consideration.

Place:

Date:

Seal of the Institute   **Name & Sign of Principal**