

ANNEXURE-II



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of Govt. of Assam)

NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI – 32

Phone No. 9531462050, Email: ssuhs_assam@yahoo.in, Website: www.ssuhs.in

**APPLICATION FORM FOR SUPERVISOR/CO-SUPERVISOR/JOINT SUPERVISOR OF
Ph.D. PROGRAMME UNDER SSUHS**

1. Name (in Capital letters):.....

2. Date of Birth and Age:

3. Present Designation:

4. Address for correspondence with pin code:

.....

.....

Email id.Phone No

5. Permanent address with pin code:

.....

.....

6. Qualification (Starting from 10th Standard):

Sl. No.	Qualification & Name of Board/University	Year of Passing	Division / Class & % of marks obtained
1			
2			
3			

7. Teaching and Research:

Sl. No.	Name of Institution	Post Held	From	To	Duration
1					
2					
3					

- Separate sheets may be used if necessary.

8. Publications (only original full research papers with details of title, name of author(s), name of journal, vol. & issue nos. and year – photocopies of the publications are to be attached as necessary). Please submit only peer reviewed /indexed/national/international/refereed journals. E-journals are not acceptable.

9. Name(s) of students with research title (if any) who have been supervised by the Supervisor for Postgraduate degree in Health Sciences/Ph.D. thesis during the last 5 (five) years to be attached.

10. Proof of Ph.D. Degree (if applicable) to be attached.

11. Proof of eligibility to be Postgraduate teacher (if applicable) to be attached.

12. Proof of being Ph.D. Supervisor (Guide) in Health Sciences of any other University of Assam (if applicable) to be attached.

.....

Signature of the Applicant with Date
