**Application Form for Recognition of Research Centre**

*(Separate form for individual teaching department is required)*

1. Name of Institute with postal address: …………………………………….
2. Contact Details

Landline ………………………………………

Mobile ………………………………………

Fax ………………………………………

E-Mail id ………………………………………

1. Teaching department seeking recognition as

Research Centre………………..………………………………………..

1. Details of the existing P.G. Programs in Department ( last 5 years details)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.N | Academic year | Name of PG program | AICTE Approval No. | Sanction strength | No. of students admitted | No. of M.Tech completed |
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1. Details (with bio-data) and application (in prescribed format) of the eligible Research supervisors

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1. Details of the Post Graduate level laboratories in the department (separate list for each) in which recognition is requested.

(i) Major equipment (cost more than 1.0 lacs)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Name of Equipment | Laboratory | DSR Page No. | Date of purchase & cost | Bill no. & Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(ii) Computational facility

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No. | Type of Computers | Laboratory | No. of computers | DSR page No. | Bill no. & Date |
|  |  |  |  |  |  |

(iii) Details of application Software

(iv) Internet bandwidth & type of connection

1. Library facilities

List of International/National Journals in print & electronic form in relevant field

1. National/International Conferences/Seminars /Workshops conducted in last 5 years in relevant department with titles and coordinator’s name.
2. National/International Conferences/Seminars/Workshops attended by faculty members of the relevant department in last 5 years.

The information submitted to the RTU for the recognition of Research Centre in the Institute is correct and may be verified at the time of inspection.

Principal/Director

(Signature with seal)

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**Application for Registration of Research Supervisor**

Recent colour photograph

1. Name:
2. Date of Birth:
3. Designation:
4. Department:
5. Name of Institute/College with complete address: ………………………………………….

………………………………………………………………………………………………………………………………………………………………….………………………………

1. Personal contact details:

Phone No:

Mobile No:

Fax No.:

Email:

1. Academic Qualifications:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree | Branch / Specialization | Name of Institute | Name of University | Year of passing | Grade/ Division |
| PhD |  |  |  |  |  |
| PG M.Tech./M.E./M.Sc. /Other…… |  |  |  |  |  |
| UG  BTech/BE/B.Sc./Other |  |  |  |  |  |

(Attach self attested photocopy of PhD degree)

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1. Title of own PhD thesis:
2. Number of PhD students completed thesis under supervision so far (if any):

(Minimum one completed PhD is essential for External Research Supervisor as per RTU PhD Ordinance O5.5, attach necessary proof)

1. Number of years of teaching experience:
2. PG level…………………………. (b) UG level…………………………………..

(Attach experience certificate for duration of PG and UG teaching)

1. Post doctoral research experience (if any):
2. Duration:
3. Name of Institute/Employer:
4. Designation/Post held:

(Attach the proof)

1. No. of publications:

|  |  |  |  |
| --- | --- | --- | --- |
| International Journal | National Journal | International Conference | National Conference |
|  |  |  |  |

(Attach the list of publications on separate sheet)

Date: Signature

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The application form of ……………………………………….working in…………..Dept as a permanent employee is hereby forwarded for registration as research supervisor in Rajasthan Technical University.

Date: Head of the Institute

(Official seal)

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