

திருவள்ளுவர் பல்கலைக்கழகம் THIRUVALLUVAR UNIVERSITY

FOR OFFICE USE ONLY					
Form No.					

SERKKADU, VELLORE – 632 115

APPLICATION FOR SEEKING RECOGNITION AS A SUPERVISOR

Affix Passport Size Photograph

FOR M.PHIL DE	GREE IN						Thotograph
1. Full Name	(In BLOCK letters)	:					
2. Age & Dat	e of Birth	: _	Yea	ars / DI	D/MM/Y	YYY	
3. Designatio	n	: _					
4. Departme	nt	: _					
5. College Na	me with Code & Ac	ldress :					
		_					
6. Phone / M	obile Number	: _					
7. Email ID		: _					
8. Details of	Academic Qualificat	tion :					
Academic Qualification	Major			Universit	У	M	onth & Year of Passed
Master's Degree						N	MM/YYYY
M. Phil.						N	MM/YYYY
Ph.D.						N	MM/YYYY
9. Teaching e	experience (Enclose	Proof) :					
Name of the College / Institute					P.G.		
		From	То	No. of Year	From	То	No. of Year
		1	1	1	l		

10. Whether the Department is affiliated for M.Phil. Degree course in the subject concerned. If

, Date: DD/MM/YYYY

yes, the Number and Date of Communication should quoted (Enclose Proof)

	•	al has been obtained hould be quoted (End	from the University, If yes, the Num close Proof)	ıber
			, Date: DD/MM/Y	YYY
12. Research E M. Phil. De	•	earch Publications/Re	eprints (Enclose copies) after award	of
Book / National / International Journal	I ISSN NIIMher / I			
		DECLARATION		
will not be accept Place: Date:		ithout enclosing the	necessary documents mentioned b Signature of the Cand	
Signature of the F Department w			Signature of the Principal/Hea	
Complete Bio-Attested CopyAttested Copy	data furnishing the of PG Degree Certino of M. Phil. / Ph.D. I	details of Teaching a ficate.	ng enclosures as given below. nd Research experience. e Programme.	[[[
 Furnish origina 	al Teaching Certifica	ite from the Head of	the institution with nature of	•
 appointment (mentioning P.G. teaching experience). Copy of staff qualification approval [for other than Govt. College staff only]. 				[
3 0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	qualification approve		vt. College staff only].	[[

SERVICE CERTIFICATE

This is to certify that Mr./Ms./Dr.			is
working in the College as		in the Depa	artment of
The nature of appointment	ent is		He /
She is handling classes in the Department for	Years _		Months
U.G. classes from to	-		
 P.G. classes from to 			

Signature of the Principal with College seal