Adikavi Nannaya University

Rajahmahendravaram-533296

	Enrollment form for the Superv	visor /Co-Supervisor	
1. 2.	Name Address with E-mail and Mobile Nos.	:	Affix latest passport size photo attested by Gazetted Officer
	Official Address	:	Y
3.	Permanent Address Nationality	:	
4.	Date of Birth	:	
5.	Educational Qualification (from UG onwards)	:	

S. No.	Qualification	University/Institute	Specialization	Other remarks

:

6. Details of Doctoral Thesis

	Area of Thesis work	:
	Title of Thesis	:
	Supervisor	:
	Year of Completion work	:
	Year of award of Ph.D	:
7.	Professional Experience	:

/. 1	Totessional Experience	·		
S. No.	Institute / Organization	Position held	Date of joining	Duration

8. Research projects completed as Coordinator :

S. No.	Title of the Project	Funding agency	Sanctioned amount and Year of Sanction	Duration of the project	Present status

9. Research Experience

(A) Ph.D scholars guided

		I	1		
S.No.	Name of the	Title of the	Year of	University /Institute	Supervisor/
	Research Scholar	Thesis	Award	who has awarded the	Co-Supervisor
			of Ph.D	degree	_

(B) Ph.D scholars presently working

	, I	, 0			
S.No.	Name of the	Area of the	Year of	Registered	Supervisor/
	Research Scholar	work	Registration	University /Institute	Co-Supervisor

:

(C) Number of Publications

S. No	Status of Journal	During Ph.D programme	After Ph.D programme
1	International Journals		
2	National Journals		
3	International Conferences		
4	National Conferences		

(D) List of Publications:

(Please mention impact factor wherever applicable)

International Journals

National Journals

International Conferences

National Conferences

(E) Patents Applied

(E) Pate	ents Applied	:	
S. No.	Title of the Patent	Agency to which application is made	Year of application

(F) Patents Received

S. No.	Title of the Patent	Agency which has aware	ded the patent	Year
10	A			
10.	Areas of research inter	rests	:	
11.	Awards		:	
12.	Text Books authored		:	
13.	Membership in Profes	sional organizations	:	

13. Membership in Professional organizations

14. Other information (if any)

Declaration

I hereby declare that the information furnished is true to the best of my knowledge and belief.

Signature

Date:
Station:

: :

:

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