

भारत सरकार, युवा कार्यक्रम एवं खेल मंत्रालय

National Sports University

(Central University)

Government of India, Ministry of Youth Affairs and Sports

Application Form for Approval as Ph.D. Supervisor

1.	Name of the Applicant:
2.	Designation:
3.	Name of the School:
4.	Name of the Department:
5.	Date of the appointment in the University:
6.	Nationality:
7.	Date of Birth:
8.	Present Postal Address:
9.	Permanent Postal Address:

10. Mobile	number/WhatsApp No:		
11. E-mail] 	ID:		
12. Subject	of Specialization:		
13. Areas o	f Research Interest:		
————14. Educati	onal Qualifications:		
Degree	Month and Year of the Award	Subjects	University
Ph.D.			
M Phil			
PG			
ПС			

15. Experience:(a) Teaching Experience:

	N 1 A 11 641 .		No. of years		
Sl. No.	Name and Address of the University	Designation	From	To	Total
P G					
UG					
Others					_

(b) Research Experience:

Sl. No.	Name and Address of the University/ Lab/ Industry	Designation	No. of years		Total
	emversity/ Euto/ maustry		From	To	

13. No. of Doctoral Degrees awarded under your Supervision:	
(List and Topics to be given in Annexure)	
14. No. of M Phil awarded under your Supervision:(List and Topics to be given in Annexure)	

15. Publications Details (For Professor/Associate Professor: 5 Research Publication in UGC listed, peer-reviewed or refereed journals after obtaining Ph.D. and For Assistant Professor: 3 Research Publication in UGC listed, peer-reviewed or refereed journals) – Self-Attested Copy to be placed in Annexure

Sl. No.	Name of the Authors	Title of the Research Publication	Journal Details (Name, Volume, Issue, Page No., and Year)	ISSN/Impact Factor (Clarivate Analysis)	UGC Care Listed/ Peer Reviewed/ Refereed Journals
1.					
2.					
3.					
4.					
5.					

16. A copy of Curriculum Vitae (To be placed as Annexure)
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Declaration

The Information given above is true to the best of my knowledge. I am willing to supervise. The Rules and Regulations of the National Sports University for the Ph.D. programme and relevant matters are fully acceptable to me and I shall abide by them.

Place:	Signature of the Applicant

Date:

Note:

1. Attach self-attested photocopies of all relevant documents for proof.