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**UNIVERSITY OF CALICUT**  
**(DIRECTORATE OF RESEARCH)**

**(Form-III)**  
**APPLICATION FOR RECOGNITION AS RESEARCH GUIDE**

1.	Name in Block letters (as per the official records)	:	
2.	Designation & Name of the institution in which employed	:	
3.	Address of the Applicant with contact No. [Mobile and Landline] & E-mail ID	:	
4.	Age, Date of Birth and remaining period of service	:	
5.	Academic Qualifications(Copy of PG/Ph.D Certificates to be attached)	:	

Degree	Subject	Year	University/Institution	Class/Rank
P.G				
Ph.D				
Others if any				

**Particulars of Ph.D Thesis**

	Title of the Thesis	:	
	Faculty & Branch of subject (in which Ph.D obtained)	:	
6.	Experience; Teaching/Research in Industry/Field(proof to be attached) & Specify whether permanent(attach copy of the Appointment Order)	:	
7.	Name & Address of the Institution/Department recognised by the University in which he/she proposes to work. Specify the Faculty and Branch in which guideship is sought	:	
8.	Whether applied for recognition previously If so, the result of such application	:	
9.	Whether original e-chalan receipt for Rs.610/- (Recognition fee + Application fee) enclosed	:	
10.	Whether recognised as Research Guide elsewhere in India/abroad. If so particulars of the name and address of the University/Institute, number of scholars (if any) registered under you	:	
11.	Whether engaged in any special project or research programme	:	

12.	No. of research papers published in referred journals, approved by UGC/University.(copy of the Publications should be attached)	:	
13.	Details of Post-Doctoral work (if any) or engaged at present	:	
14.	Such other information as may be pertinent or helpful in determining whether recognition should be granted	:	

(Note: Wherever necessary the required information may be furnished in statements attached annexure)

Certified that the information furnished above are correct to the best of my knowledge and belief.

Place :

Date :

Signature of the Applicant

Specific recommendation of the Head of the recognized Institution/Department where the candidate is working at present.

Place :

Date :

Name and Signature of the Head of the Institution  
where the candidate works

(Office Seal)

#### **Undertaking**

The center shall provide all the necessary research facilities to the scholars registered with the candidate in compliance to the research regulations of the University.

Place :

Date :

Name and Signature of the Head of the Institution /  
opted research centers

(Office Seal)

#### **Undertaking**

I have submitted the publications as per the criteria regarding clause 5.1 of research regulations 2016 and certified that ..... publications are included in the UGC CARE list/Scopus or Web of Science

Place :

Date :

Name & Signature of the Candidate

#### **Enclosures**

1. List of Publications
2. Chalan Receipt.
3. Copy of PG Certificate.
4. Copy of Ph.D Certificate.
5. Copy of U.O granting approval of appointment
6. Copy of Publications
7. Proof of Publication included in the UGC-CARE list/Scopus or Web of Science.

**DIRECTORATE OF RESEARCH, UNIVERSITY OF CALICUT**

**General format for submitting Report on Peer-reviewed Research Publication (latest first)**

Sl. No.	Authors in order and Title of Publication*	Journal Name, Volume,Number, Year & Digital Object Identifier (DOI) Number	Inter-national/ National **	Publisher with ISSN	Web Address of the Journal	Page charges paid or not ****	Indexed by *****	Impact factor if any
1								
2								
3								

**Specific Remark/recommendation of the Chairperson, PGBS /Head of the Research Centre, based on the above criteria:**

**Signature with date  
Name & Designation  
Address**