



Duly filled-in form to be sent to Registrar, MGMIHS, Navi Mumbai, through proper channel.

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector-1, Kamothe, Navi Mumbai - 410209

Tel. No. 022-27432471, 022-27432994, Fax No. 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Application for Ph.D. Guide Recognition

1. **Name of Teacher**
Dr. _____
Designation _____
Department _____
Subject _____
College _____
2. **Residential Address** _____

Email ID _____
Residential Ph. No (if any) _____ **Mobile No.** _____
3. **Date of Birth** _____ **Age** _____ **Date of retirement** _____
4. **Registration Number and Date** MCI / MMC / State Medical Council (if any)
U.G. _____
P.G. _____
5. **Designation and exact position of the applicant in the present college / Institute in which he/she is working and whether his / her appointment is approved by the University (if approved, enclose a certified xerox copy of the approval)**
 - (i) **Name of College / Institution** _____
 - (ii) **Designation:** _____
 - (iii) **Approved by University : Yes / No**
 - (iv) **If yes, name of University:** _____
 - (v) **Certified copy of the approval: Attached - Yes / No.**
 - (vi) **Category of present appointment: Full Time / Part time / Honorary**

6. Specify the Degree course(s) and subject (with Branch (es), if any,) for which the applicant desires to be recognized.

(i) Title of Degree _____

(ii) Subject of Degree, with Branch. _____

7. Particulars of the Degree and the subject/s in which applicant is already recognised as a Post graduate teacher of any University and date of recognition.

(i) Title of Degree _____

(ii) Subject of Degree, with Branch. _____

(iii) Certified copy of the approval: Attached - Yes / No.

8. Educational qualifications: (UG / PG Diploma / PG / Super specialty / Ph. D. etc.)

Sr. No.	Title of degree	Name of University	Year of Passing	Class /grade obtained	Whether recognised by Central Council
1					
2					
3					
4					
5					

9. Teaching Experience:

Sl. No	Designation	Name of College / Institute/ University	Period of Teaching		Total Teaching Experience	Remarks
			From	To		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

10. Teaching and other academic activities:

(i) Teaching and academic activities for UG Courses

Courses	No. of Workload, per week			No. of Workload: from 1 st June 2010 to 31 st May 2011		
	Lectures	Practical (s)	Seminars	Lectures	Practical(s)	Seminars
M.B.B.S.						
B.D.S.						
B. P. Th						
B.Sc. Nursing						
B.Sc. Allied (AHS)						
Total						

(ii) Teaching and academic activities for PG Courses

Courses	No. of Workload, per week			No. of Workload, 1 st June 2010 to 31 st May 2011		
	Lectures	Practical (s)	Seminars	Lectures	Practical(s)	Seminars
M.D./M.S.						
Diploma						
M.Sc. (Medical)						
M.Sc. Nursing						
M.B.A						
M.P.Th.						
Ph.D.						
Total						

11. (I) Research publications including Articles embodying the results of research or investigations published in recognised journals.

Sr. No.	Title of Research Topic	Author/s	Name of Journal	Date of Publication	Volume & Page No.	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

(ii) International Publications (Attach a separate sheet, if required)

Sl. No.	Title of Research Topic	Author/s	Name of Funding Agency	Date of Publication	Volume & Page No.	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

12. Paper Presentation at Conference/ Seminar/ Workshop (Attach a separate sheet, if required)

Sl. No.	Title of Conference/ Seminar/ Workshop	Title of Research Paper	Period of Conference/ Seminar/ Workshop		Participation of Conference/ Seminar/ Workshop	Paper Presented. Yes/ No. If yes, attach copy of Paper	Remark
			Form	To			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

13. Guest Lectures in CME/Symposia/Workshop/Conference

Sl. No.	Topic	Date	Place	Lecturer delivered at UG /PG / Ph. D. level students	Remarks
1					
2					
3					

4					
5					
6					
7					
8					
9					
10					

14. Title of thesis/ dissertation of published work for which the Master's Degree(s) was/ were awarded

15. Branch of the subject in which applicant has specialized (give more details of specialization)

16. a) The Institute at which the applicant proposes to guide research or teach for PG

b) The details as to the facilities available for the purpose (e.g. Library / Laboratory / Equipment / Hospital / Ward)

c) Whether the Institute / Department is approved by the MCI or otherwise

17. Name of programme for which recognition is sought:

PG Degree (with subject and faculty) : _____

Ph. D. (with subject and faculty) : _____

18. Details of PG students guided for Master's degree with their research topic

Sr. No.	Name of student	Degree	Research Topic	Year	University / Institution
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

19. Number of students guided for doctorate courses

Sr. No.	Name of student	Degree	Research Topic	Year	University / Institution
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

20. Mention any award or honors achieved by you, so far (Give details)

Sr. No.	CME/Symposia/Workshop/Conference	Place	Research Topic	Year	Year
1					
2					
3					
4					
5					

I hereby declare that the information given in the application as it relates to me is true and correct.

Place:

Date:

Signature of the Applicant

To be submitted through, the Head of the Department and College.

**Signature of the Head of Department
of the Subject in the College / Institute**

**Signature of the Dean / Principal
&
Stamp of the College / Institution**