Fee remittance Details	

KERALA UNIVERSITY OF FISHERIES AND OCEAN STUDIES

Αı	polication	for recog	nition as S	Supervising	Guide for	guiding r	esearch stu	idents fo	or Ph.D
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1.	Name of applicant in full	:
	(BLOCK CAPITALS)	

2. Designation/Status and Official Address

<u>Telephone Nos.</u> <u>Office</u> <u>Residence</u>

3. Permanent Address :

4. Present Address :

5. Sex ::

6. a) Date of Birth & age :

b) Date of retirement :

7. Nationality :

8. Qualifications (Attested copies of Certificates to be attached)

Examination/	Main	Allied	/	Institution University		Class	/Gı	rade
Degree	Subject	Subsidiary		where studied		obtained	in	the
		subject		and year of		Exam		
				passing				
Pre Degree								
Bachelor's								
Degree (Specify								
name of the								
Degree)								
Master's Degree								
(Specify name of								
the Degree)								
Doctoral Degree								
(Specify name of								
the Degree)								
Post Doctoral								
qualifications								
(Specify name of								
the Degree)								

Field /Area of research	Topic/Sub research	ject of	Name Institution/University where research was/i		Period Years	of research Months
10. Details of Gu	uiding Resea	arch	:			
No. of students		No. of students who have been awarded/decalared eligible for Ph.D Degree			s) of Uni	versity (ies)
11. State whethe a recognized research in a University. Students und	supervising ny other Un If so, the nu	guide for I iversity or o mber of res	Ph.D YES/ deemed (If Yes,		details or	n a separate
12. Details of Pr	ofessional E	Experience (Certificate of experier	nce to be	attached	1)
Name of Institution	1	Designati	on/Status	Perio	od	
				From		То
				1		

9. Details of research experience (certificate of research, experience should be attached)

13. Details of publications
(If sufficient space is not available the Details may be given in a plain paper, Noting the column No.)

(Copies of books/reprints of published papers should be attached)

Name of published	Books/Papers	Name of the journal published	ournal wherein	Year of publication

14. Name of the faculty under which recognition as Supervising guide is sought (tick the suitable faculty)

: Faculty of Fisheries/ Ocean Sciences and Technology/ Ocean Engineering / Climate Variability and Aquatic Ecosystems / Management, Humanities and Social Sciences

15. State whether the institution where the applicant is now working, is recognized by the Kerala University of Fisheries & Ocean Studies for research purpose

SIGNATURE OF APPLICANT

DECLARATION

Certified that the information furnished in the application is correct to the best of my knowledge and belief.

:

STATION

DATE:

SIGNATURE OF APPLICANT

COUNTER SIGNATURE OF THE HEAD OF THE INSTITUTION

SIGNATURE Name and Designation of the head of the institution

STATION DATE:

(OFFICE SEAL)