



Sardar Patel University, Mandi (H.P.)

(A State Government University)



Website: www.spumandi.ac.in

No. SPU-MND...1204-10

Email: deanacad@spumandi.ac.in

Dated: 4th December, 2025

To

All Principals
Affiliated Colleges, SPU, Mandi.

Subject: Application for recognition as a Supervisor for Ph.D. Programme.

Sir/Madam,

Please find attached the application form for recognition of a Supervisor for the Ph.D. Programme. The eligible teachers (as per the operative UGC's guidelines) are required to submit a filled-in application (Annexure "A") endorsed by the Principal and countersigned by the Director, Higher Education, Himachal Pradesh, to the O/o the Dean Academic Affairs, Sardar Patel University, Mandi, by 31st December, 2025. Applications received after the due date will not be entertained. All the teachers who have submitted their application previously are also required to submit them again as per this notification. The applications received previously will not be considered for recognition as Ph.D. Supervisor.

This may be brought to the notice of all concerned.

Yours Sincerely,


Dean Academic Affairs
SPU, Mandi-175001

Copy for Information and necessary action to:-

1. The Secretary (Education) to the Govt. of Himachal Pradesh, Shimla-2, for information.
2. The Director of Higher Education, Himachal Pradesh, Shimla-1.
3. The P.S. to the Vice-Chancellor / Registrar, SPU, Mandi-175001 for the kind information of the latter.
4. The Controller of Examinations, SPU, Mandi-175001.
5. All the Deans / HoD SPU, Mandi-175001.
6. The Website Admin SPU, Mandi-175001, with the request to upload the same on the University website.
7. Guard file.


Dean Academic Affairs
SPU, Mandi-175001



Sardar Patel University, Mandi (H.P.)

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APPLICATION FORM FOR RECOGNITION OF SUPERVISOR FOR Ph.D. PROGRAMME

(Kindly go through the Ph.D. Regulations before filling up the application form)

1. Name of the Teacher :
(in block letters)
2. Designation :
3. College (At present) :
4. Date of Regular Appointment and Total Service:
5. Date of Birth & Age :
6. Date of Retirement in the Present Job:
7. Correspondance Address:.....
.....
8. Permanent Address :
.....
9. Mobile No.
10. Email:
11. Subject/Discipline in which Recognition is sought for Ph. D Guidance:
12. Educational Qualifications:

(Enclose self-attested copies of certificates)

Sr. No	Name of the Examination (starting from Graduation)	Institution/ University	Year of Passing	Percentage of Marks & Division	Specialization
1.					
2.					
3.					
4.					
5.					

13. Title of the Ph.D. Thesis:

14. Doctoral level area of Specialization:

15. Total Teaching Experience:

Programme	Institution	From	To	Total experience	Subject(s) Taught
U.G Level					
P.G Level					

16. Students (s) details who are presently pursuing Ph.D. under my Supervision:

Sr. No	Enrollment No. / ID No	Affiliated University	Semester / Year
1.			
2.			
3.			
4.			

17. Accredited Research Papers Published after completion of Ph.D.:

Sr.No	Author/ Co-author	Title	Publication	Year	ISSN
1.					
2.					
3.					
4.					
5.					

(Please attach necessary proof)

18. Books Authored/Co-Authored:

Sr.No	Author/ Co-author	Title	Publication	Year	ISBN
1.					
2.					
3.					
4.					
5.					

(Please attach necessary proof)

19. Any other relevant information:

DECLARATION BY THE APPLICANT

I declare that, the information given in the application form is correct to the best of my Knowledge and belief. I shall abide by the rule and regulations of the Ph.D. Programme of Sardar Patel University as well as the code of conduct for recognised research supervisor. At any stage of prosecution of my research supervision, if the information is found incorrect, I am aware that my status of Recognised Research Supervisor shall be liable for termination.

Place:

Date:

Signature of the Applicant

Recommendation by the Principal:

It is hereby Recommend /Not Recommend the application of Dr. _____

of _____ for recognition as Ph.D. Research supervisor in the Faculty

of _____ of Sardar Patel University of

Comments, if any _____

Place: _____

Date: _____

(Signature of the Principal with seal)

Countersigned by

Director of Higher Education, Himachal Pradesh with seal