



# K L UNIVERSITY

K L University, 29-36-38, Museum Road, Governorpet  
VIJAYAWADA - 500 002,  
Phone Number 08662577715, [http:// www.kluniversity.in](http://www.kluniversity.in)

## APPENDIX-C

### Application for Registering as a Research Supervisor

Dear Sir,

I am furnishing the details of my profile for consideration to be the research supervisor

in the Major \_\_\_\_\_

<b>1</b>	<b>Name</b>	
<b>2</b>	<b>Date of Birth</b>	
<b>3</b>	<b>Age</b>	
<b>4</b>	<b>Communication Details</b>	
	<b>Address Line-1</b>	
	<b>Address Line-2</b>	
	<b>City</b>	
	<b>Sate</b>	
	<b>Country</b>	
	<b>ZIP</b>	
	<b>Email:</b>	
	<b>Phone(Land Line)</b>	
	<b>Phone (Mobile)</b>	
	<b>Fax</b>	



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## 5. Education Details:

Srl Num	Degree/Diploma	University/Institute	Year	Branch/Specialization
1				
2				
3				
4				
5				
6				

## 6. Experience Details

Srl Num	Organization	Position	From	To	Total Experience
1					
2					
3					
4					
5					
6					

7. Present Designation of the Research Supervisor: \_\_\_\_\_



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## 8. Areas of Research

SRI NO	Major	Research Area
1		
2		
3		
4		
5		

## 9. Research Publications in the Last 3 Years in the order of Research area

SRI NO	Major	Research Area	Title of the Publication	Where Published
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



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## 10 Number of PhD Programs Guided

SRI NO	Major	Research Area	Title of the Thesis	Name of the Scholar	University that warded the Degree
1					
2					
3					
4					
5					

## 11 Research Grants Achieved

SRI NO	Name of Grant	Funding Organization	Title of the Project	Amount of Grant
1				
2				
3				

## 12. Declaration

**THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND EXTEND MY SERVICE TO THE UNIVERSITY OBEYING THE RULES AND REGULATIONS IN OPERATION AS PER THE NORMS OF THE UNIVERSITY**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_