



Koneru Lakshmaiah Education Foundation

(Category -1, Deemed to be University estd. u/s. 3 of the UGC Act, 1956)

Accredited by **NAAC** as 'A++' ❖ Approved by AICTE ❖ ISO 9001-2015 Certified

Campus: Green Fields, Vaddeswaram - 522 302, Guntur District, Andhra Pradesh, INDIA.

Phone No. 08645 - 350200; www.klef.ac.in; www.klef.edu.in; www.kluniversity.in

Admin Off: 29-36-38, Museum Road, Governorpet, Vijayawada - 520 002. Ph: +91 - 866 - 3500122, 2576129.

APPENDIX-C

Application for Registering as a Research Supervisor

To,

Dean R&D

K L E F

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

Name : _____

Date of Birth : DD / MM / YYYY **Age :** _____

Address Details : _____

City : _____ **State :** _____ **Country :** _____ **ZIP :** _____

E-mail : _____ **Mobile :** _____

EDUCATION DETAILS

Sl. No	Degree / Diploma	University / Institute	Year	Branch / Specialization
1	Ph.D			
2	PG			
3	UG			
4	Other If any			



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EXPERIENCE DETAILS

Sl. No	Organization	Position	From - To	Total Experience
1				
2				
3				
4				
5				
6				

Present Designation of the Research Supervisor : _____

THRUST RESEARCH AREA

Sl. No	Thrust Research Area
1	
2	
3	
4	



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NUMBER OF PH.D'S AWARDED

Sl. No.	Name of the Scholar	Title of the Thesis	Dept.	Year of award	Research Area	Which University awarded the Degree
1						
2						
3						
4						
5						

RESEARCH GRANTS ACHIEVED

Sl. No	Name of Grant	Funding Organization	Title of the Project	Amount of Grant	Year of award
1					
2					
3					

DECLARATION

The information given above is true to the best of my knowledge and will extend my service to the University obeying the rules and regulations in operation as per the norms of the university

Signature : _____ Date : DD / MM / YYYY

Name : _____