



# Koneru Lakshmaiah Education Foundation

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

❖ Recognised as Category 1 University by UGC ❖ Approved by AICTE ❖ ISO 21001:2018 Certified

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

Phone No. +91 8645 - 350 200; [www.kluniversity.in](http://www.kluniversity.in)

Admin Off: 29-36-38, Museum Road, Governorpet, Vijayawada - 520 002. Ph: +91 - 866 - 3500122, 2577715, 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**

<b>Sl. No</b>	<b>Degree / Diploma</b>	<b>University / Institute</b>	<b>Year</b>	<b>Branch / Specialization</b>
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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**Research Publications in the Last 3 Years in the order of Research area (Only Journal publications to be listed, don't mention Conference publications)**



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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 : \_\_\_\_\_