Prof. B.K. Shivram
Dean of Studies

आचार्य बी.के. शिवराम
अधिष्ठाता अध्ययन

HIMACHAL PRADESH UNIVERSITY
(NAAC Accredited 'A' Grade University)
OFFICE OF THE DEAN OF STUDIES

हिमाचल प्रदेश विश्वविद्यालय
(राष्ट्रीय मूल्यांकन एवं प्रत्ययन परिषद् द्वारा प्रत्यायित "ए" ग्रेड विश्वविद्यालय)
अधिष्ठाता अध्ययन कार्यालय

No. 1-60/2024-HPU(DS)- Dated: 31-08-2026

To

All the Principals
of the Colleges,
Affiliated to Himachal Pradesh University.

Sub: **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/snail mail 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 of Studies, Himachal Pradesh University, Shimla, by **30th September, 2026**. Applications received after the due date will not be entertained.

This may be brought in the notice of all concerned.

Yours Sincerely,

Encl: As above.

Dean of Studies
Dated: Shimla-5, the 31-08-2026

Endst. No.: 1-60/2024-HPU(DS)-
Copy for Information and necessary action to:-

1. The Secretary (Education) to the Govt of Himachal Pradesh, Shimla-2 for information please.
2. The Director of Higher Education, Himachal Pradesh, Shimla-1.
3. All the Deans of Faculties, HPU, Shimla-5.
4. All the Chairpersons/Directors, Teaching Departments/Institutes, HPU, Shimla-5.
5. The Principal, H.P. University, Department of Evening Studies, HPU, Shimla-5.
6. The Dean Students' welfare, HPU, Shimla-5.
7. The Controller of Examinations, HPU, Shimla-5.
8. The Director ICDEOL/CDC/DIS, HPU, Shimla-5.
9. The Director, H.P.U Regional Centre Khaniara, (Dharamshala), Distt. Kangra.
10. The PRO, HPU, Shimla-5 for wide publicity.
11. The Deputy Registrar (Academic), HPU, Shimla-5 with the direction to forward the letter along with annexure "A" to the all affiliated colleges.
12. The Web Admn H.P University, Shimla-5 with the request to upload the same on the University website.
13. The Spl. P.S. to the Vice-Chancellor/Registrar, HPU, Shimla-5 for the kind information of the latter.

Dean of Studies

ANNEXURE-"A"

HIMACHAL PRADESH UNIVERSITY
(NAAC ACCREDITED "A" GRADE UNIVERSITY)
SUMMER HILL, SHIMLA- 171 005

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 letter) :
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 Adress: .....

   .....
8. Permanent Adress: .....

   .....
9. Mobile No.
10. Email:
11. Subject/Discipline in which Recognition is sought for Ph. D Guidance:
12. Educational Qualification:

    (Enclose self-attested copies of certificates)

Affix Recent Passport Size Photo of the applicant

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. Student(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 completing 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 Himachal Pradesh 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 Himachal Pradesh University.

Comments, if any: -_____

_____

Place: _____ _____

Date: _____ (Signature of the Principal with seal)

Countersigned by

Director of Higher Education, Himachal Pradesh with seal