

	Phones: 0870 2438800,	E- mail: registrar@kakatiya.ac.in phones: Off:	0870-24388	366:	
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No. 22 /B3/KU/2025

Date: 09 /01/2025

То

All the Principals of University and Affiliated Government Degree & PG Colleges, KU All the eligible teachers of University/Constituent/PG Colleges/Govt. Degree & PG Colleges, KU

Sub: Ph.D. PROGRAMS 2024-2025 – Applications calling for recognition of Govt. Degree & PG Colleges as Research Centres and eligible regular faculty as Research Supervisors under the jurisdiction of Kakatiya University – Regarding.

Ref: KU Ph.D. norms issued vide Lr.NO.697/B3/KU/2024, dated 03/06/2024

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Sir/Madam,

I am pleased to inform you that the Vice-Chancellor has accorded approval to invite the applications from the eligible Government Degree & PG Colleges under the jurisdiction of Kakatitya University for recognition as Research Centres and the eligible faculty of the colleges as Research Supervisors to carry out the research programs leading to award of Ph.D. degree by the University.

Hence, all the Principals of the eligible colleges and faculty are hereby informed to apply for recognition of their colleges as Rescearch Centres and the eligible teachers as Research Supervisors respectively as per the eligibility criteria prescribed in the Ph.D. norms 2024-2025 circulated vide letter under reference cited.

Your duly filled in application for Research Centre/Research Supervisor in the prescribed format (appended) should reach the under signed at the Academic Section, Administrative Building, KU Campus, Warangal with all the required enclosures and payment of application fee on or before 20th January 2025. Any application received after the due date will not be entertained.

Yours faithfully,

Encl: Approved Ph.D. norms 2024-2025 & Prescribed application form.

Copy to:-

- 1) All the Deans of Faculties, KU
- 2) The Dean, College Development Council/Academic Audit, KU
- 3) All the Heads of the Departments, KU
- 4) The Secretary to Vice-Chancellor, KU
- 5) The SF

KAKATIYA UNIVERSITY

WARANGAL

APPLICATION FOR RECOGNITION OF RESEARCH SUPERVISORSHIP FOR Ph.D. PROGRAMME

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

- 1. Name
- 2. Date of Birth & Age

:

:

:

:

:

:

- 3. Designation
- 4. Department / College
- 5. Type of Employment (Tick the relevant box)

Permanent with Government Pay	
Permanent with Government-Aided Pay	
Permanent with Self-Finance Pay	
Temporary	
Re Employed in affiliated Colleges of	
TNPESU after Retirement	

Affix Recent Passport Size Photo of the

applicant

6. Nature of Work

(Tick the relevant box)

Academic / Teaching	
Non Academic / Non Teaching	
Guest Lecturer	
Teaching Assistant	
Supportive Staff	

7. Date of Appointment and Service:

Date of Appointment :								
Period of Service		From				,	То	
	DD	MM	YE	AR	DD	Μ	Μ	YEAR
Total Service	Year	S		Mo	onths		Da	ays

- 8. Date of Retirement in the present Job:
- 9. Subject/Discipline in which Recognition is sought

for Ph.D Guidance

Sl.No	Course	Major Subject	Board/ Institution/ University	Percentage of Marks	Date / Month and Year of Passing
1.	SSLC				
2.	HSC/PUC				
3.	Under Graduate Degree				
4.	Post Graduate Degree (s)				
5.	M.phil				
6.	Ph.D				
7.	UGC Lectureship Eligibility Test / SLET/SET				
8.	Any other relevant courses				

:

11. Title of the Ph.D. Thesis :

12. Doctoral level area of Specialization:

13. Research Papers Published as listed in UGC CARE LIST or peer reviewed after Completing Ph.D:

Sl.No	Name of the Journal	Title of the Research Page Article	Page Number (s)	Date/Month Publishing	ISSN

14. Total Teaching Experience:

	Institution	From	То	Total Experience	Subject (s) Taught
U.G					
Level					
P.G. Level					
M.Phil					

15. Research Experience after Completing Ph.D:

Course	Institution	Academic Year	Total number of Thesis/ Dissertation Guided		
P.G Level					
M.Phil					
Note: Enclose the detailed list with Name of Students / Scholars, Registration Numbers, Title of					
Research and Academic Year. The list must be endorsed by the Head of the Institution.					

16. Whether already recognized by this University as a research advisor in any other discipline/subject. If yes

Subject / Discipline for which recognition was already given :	
Year in which recognized No. & Date of Communication :	

17. Whether already recognized by this University (s) as a research advisor in any other discipline/ subject. If yes

Subject / Discipline for which recognition was already given :	
Year in which recognized No. & Date of Communication :	

18. Any other relevant information

DECLARATION BY THE APPLICANT

:

- 1. I declare that I will abide by the rules and regulations of Ph.D. Programme of KAKATIYA UNIVERSITY if recognition for research supervisor ship for Ph.D. programme is granted for me.
- 2. The information furnished above is correct to the best of my knowledge.
- 3. If the information given is found false at later stage my recognition of research Supervisor ship may be cancelled if I am given.

Place:

Date:

Remarks and Recommendations

Remarks and Recommendations of the Head of the Department/Principal/Registrar of the University (If the Applicant is Working other than Kakatiya University) Applicant's Name and Designation:

Head of the Department (Seal)

Principal (Seal)

Registrar of the University (If the Applicant is working other than Kakatiya University) (Seal)

Enclosures Required:

- 1. A copy of the qualification approval for the post of Assistant Professor/Associate Professor/ Professor obtained from the concerned University.
- 2. Attested copy of the Ph.D. Degree Certificate.
- 3. Service and No Objection Certificate from the Employer
- 4. Minimum Five research publications (Published after obtaining the Ph.D. Degree) listed in UGC CARE list of peer reviewed.
- 5. Detailed list with Name of Students/ Scholars, Registration Numbers, Title of Research and Academic Year. The list must be endorsed by the Head of the Institution.
- 6. Copy of the reference for which he / she has already been recognized as a research advisor by this University (If applicable).
- 7. Copy of the reference for which he / she has already been recognized as a research advisor by other University (If applicable).
- 8. Any other relevant supportive Documents.

KAKATIYA UNIVERSITY:: WARANGAL

APPLICATION FOR RECOGNITION AS RESEARCH CENTRE

Details of the prescribed fee paid: Challan/Cheque/DD _____ for Rs.____date____ Amount drawn in favour of _____

1. Name of the College with	University Code	:					
2. Year of Establishment		:					
3. Postal Address		:					
4. Telephone No. with STD C	Code	:					
5. E-mail		:					
6. Website		:					
7. Location		:					
8. Name of the sponsoring so	ciety	:					
9. Name of the Secretary-cun	n- Correspondent	:					
10. Postal Address of the Socie	ety	:					
11. Contact No. of the secretar	У						
	Phone	:					
	Mobile	:					
12. Name of the principal and	:						
(Please enclose bio-data and Photostat copies							

of Certificates)

13. Details of Corpus Fund

:

(enclose copies of the FDRs /BGs)

Sl. No	Amount	Period	FDR/BG	Date	Name of the	Date of	Date of
		From To	No.		issuing bank	Maturity	Renewal
1.							
2.							
3.							
4.							

14. Information regarding the courses sanctioned & withdrawn (enclose copies of the sanction/ withdrawal orders). In case the space is not sufficient, use a separate sheet.

S. No.	Course/Combination /Group	Med.	Intake	Year of Sanction	Year of Withdrawal Reasons for Withdrawal
1.	Post- Graduate Courses/Branches				
	a)				
	b)				
	c)				
	d)				
	e)				
	f)				
	g)				

15. Enrolment of Students in the existing courses during the academic year: (In case the space is not sufficient, use a separate sheet giving full details)

(In case the space	is not sun	licient, use a separate shee	t giving fun uctans)	
Existing courses	Med.	I Year	II year	III year/if applicable
with combination		Sanctioned No. of Intake	Sanctioned No. of Intake	Sanctioned No. of
		Students on rolls	Students on rolls	Intake Students on
				rolls
P.G :				
a)				
b)				
C)				
d)				
e)				

16. Details of Faculty members for PG subjects: (Please use a Separate sheet)

S1.		Qualifications	Class	Permanent/Temporary/	Total	Service at	Whether
No.		with subject	obtained	part- time	years of	the present	appointed
		-	with %		service	college	through
	Name		of marks				Selection
							Committee*
							Constituted
							by
							University
							(Yes)/No)

(Please enclose bio-data and Photostat copies of the certificates of each faculty member)

*Approved orders of the University are to be enclosed

Sl. No	Name of the Course	Total Number of Teaching Staff	Number of Teachers appointed through duly constituted Selection committee, as per the University norms

17. Number of Teachers available as eligible Research Supervisors (as per the University Guidelines)

Use Separate sheet per faculty

(If any student is registered with a recognized Supervisor, an undertaking should be exercised by both the teacher and management that he/she continues/ will be continued till the Ph.D work of the registered candidate is completed)

18.Extent of the land provided to the college by the society:

19. Whether the college buildings (s) is /are owned by the society: Yes/No

20. If the college buildings are taken on lease, enclose the registered lease deed executed for a period of Ten Years in the name of the Society/college:

Yes/No (If the building/buildings are leased, submit a no objection certificate from the owner for using the accommodation for research activities)

21. Please Specify whether the UG & PG Courses are accommodated in the same building or in a different buildings:

Yes/No

22. Details of Accommodation (enclose the building plan duly indicating the details of purpose for which the rooms are used) :Use separate sheet

Sl. No.	Building No.	Room No.	Dimensions in feet and carpet area in Sq. Ft	Purpose for which it is used

23. Compliance on the last five years affiliation orders (Please enclose the previous affiliation orders compliance report on the conditions stipulated therein):

24. Availability of Infrastructure facilities for P.G Courses (Please furnish the details separately for each specialization/ branch)

A. Equipment

Item	Prescribed number	Availability	Remarks

B. Laboratory

Details	Prescribed number & size	Availability	Remarks

Whether fire safety certificate is obtained or/not? Submit a copy of the same along with the application

C. Central Facility (Availability of specified equipment/ Instruments)

Details	No. of labs	% Use	Remarks

D. Library including E- Library Facilities

No. of Periodicals	Bo	ooks
	No. of titles	No. of Volumes
	No. of Periodicals	

25. Availability of infrastructure/ facilities for Research:

Laboratory Space :

No. of Labs :

No. of rooms with central facilities/Instruments

No. of rooms for Staff/Research Scholars

Books/Journals :

Man power provided in addition to faculty:

26. Research Activities of the Institution in the last five (5) Years:

A. Seminar/Workshops conducted

No.	Details	Funding source	Report

B. Deputation of staff for higher learning/research

C. Travel grants/funding from the institution/ society for participation in National & International Conferences

i) National

ii) International

D. Sponsored projects undertaken by the Institution i) Sponsored by the Institution

ii) Sponsored by funding Agencies:

a) National

b) International

c) Charitable trusts/Agencies/Industries

27. Proof of the Institution/Society engagement in the research/extension activities (During the last five (5) Years)

:

:

:

:

- 1. Seminars organized/hosted :
- 2. Sponsorship of events
- 3. Extension lectures

Names of Speakers

Date

- 4. Visits of the Staff/ students for Specialized Facilities/Industries/Research Organizations :
- 5. Any other

28. Budget allocation of the Institution/Society to Research activities (last five Years)

Year	Allocation	Used/Un used	Description of activities

29. Publication Record (last five years) from the Institution:

A)

1. National

No.	Departments	Journal	Impact Factor	Remarks

2. Regional

No.	Departments	Journal	Impact Factor	Remarks

3. International

No.	Departments	Journal	Impact Factor	Remarks

B) Cumulative Impact Factor:

C) The Significance of the publication in the research:

Quotient

Factor/citations

30. Details of the sponsored projects applied for in the last five (5) Years:

1. National

Agency	Approved/Not approved	Amount	Status	
2. International				

Agency Approved/Not approved Amount Status

31. Faculty research record:

The details of the institution faculty (each) in the last five years in research highlighting the work carried out for Ph.D/ Post- Doctoral and independent research with evidence in the form of publications. (Provide separate papers for each faculty with relevant enclosure)

32. Declaration:

Secretary/Correspondent/Chairman of _____

I.

College do hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

Date:

SECRETARY/CORRESPONDENT/CHAIRMAN

33. Certification by the University nominee on the Governing Body:

I hereby forward the application of the college with certification that I have visited the college and the information furnished above is true and correct to the best of my knowledge and belief.

Date:

SIGNATURE OF THE UNIVERSITY NOMINEE ON THE GOVERINING BODY OF THE COLLEGE