

BIKANER TECHNICAL UNIVERSITY, BIKANER

University College of Engineering & Technology, Bikaner Campus

Karni Industrial Area, Pugal Road, Bikaner -334004 web:www.btu.ac.in, Phone: 0151-2250948 Email: researchofficebtu@gmail.com

OFFICE OF DEAN RESEARCH Application for Registration of Research Supervisor

. Date of Birth: Designation with		Recent colored photograph			
	-				
. Name of Institu	te/Conege with comple	ete address:		• • • • • • • • • • • • • • • • • • • •	
					•
Personal contac	t details:				
Phone No	:				
Mobile N	o:				
Fax No.:					
Academic Qual					••
Degree	Branch/ Specialization	Name of Institute	Name of University	Year of passing	Grade/ Division
Ph.D.					
PG					
M.Tech/M.E.					
/M.Sc./other					
UG					
B.Tech./B.E./	,				
B. Sc./other					

10. Num	ber of years of teaching of	experience (Attach expe	erience certificate for duration o	of PG and UG teaching):				
	(a) PG level	(b) UG level	vel					
11. Post-	Doctoral Research Expe	rience (if any):						
	(a) Duration:							
	(b) Name of Institute	/Employer:						
	(c) Designation/Post	held:						
	(Attach the proof)							
12. No. of facto		n requirement: (a) For	Professor: Five research paper	ers in SCI journals with impac				
(b) F	or Associate/Assistant Pr	rofessor: (Two research	ch papers in SCI journals w	ith impact factor)				
	International Journal	National Journal	International Conference	National Conference				
(Atta	ach the list of publication	s on separate sheet wit	th their current impact factor a	along with journal Index)				
Date	:			Signature				
The	application form of		working in	Department				
as a j	permanent employee is h	ereby forwarded for re	egistration as research supervi	sor in Bikaner Technical				
Univ	ersity, Bikaner.							
Date:				Head of the Institute (Official seal)				

9. Name of University/Institute wherein already registered as supervisor and/or co-supervisor (if any) (Attach the

relevant documents):