

## BIKANER TECHNICAL UNIVERSITY, BIKANER बीकानेर तकनीकी विश्वविद्यालय, बीकानेर

University College of Engineering & Technology, Bikaner Campus Karni Industrial Area, Pugal Road, Bikaner-334004 (Rajasthan) Phone: 0151-2250948, Email: <u>dean.rescarch@btu.ac.in</u>, website: <u>www.btu.ac.in</u>

Ref. No: F (45)/BTU/Dean Research/Supervisor Registration/2024-25/452 Date: 4/6/20

### **Notification for Registration of Research Supervisors**

Applications are invited for the registration of Research Supervisors from all affiliated/constituent colleges of Bikaner Technical University, Bikaner. Interested applicants are required to submit their application in the enclosed prescribed format duly forwarded by the institution with all self attested relevant documents on or before 6<sup>th</sup> July, 2024. The minimum eligibility criteria for the registration as a research supervisor are mentioned in the Ph.D. ordinance O.5 of BTU, Bikaner. Incomplete application or application without supporting documents will not be considered.

Application form (in envelope mentioning title BTU Supervisor Registration) complete in all respect should be sent up to 6<sup>th</sup> July, 2024 at 4:00 PM on the following address through registered post.

Office of the Dean (Research) Vice Chancellor Secretariat Bikaner Technical University Bikaner-334004 (Rajasthan)

This bears the approval of Honorable Vice-Chancellor.

سلمعينه (

(Prof. Prakriti Trivedi) Dean Research

Copy to:

- 1. PA to Hon'ble Vice Chancellor for information
- 2. Registrar, BTU
- 3. Dean, Academics
- 4. DRC Chairpersons
- 5. All Affiliated/constitute Colleges of BTU, Bikaner for circulation among regular faculty members
- 6. University webmaster to upload on university website
- 7. Office file

(Mr Kapil Pandey) AD Research



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#### **OFFICE OF DEAN RESEARCH**

#### Application for Registration of Research Supervisor

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1.	Name:	
2.	Date of Birth:	Recent colored photograph
3.	Designation with Department:	
4.	Department Applied for Registration:	
5.	Name of Institute/College with complete address:	
6.	Personal contact details:	
	Phone No:	
	Mobile No:	
	Fax No.:	
	Email:	

7. Academic Qualifications:

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					

(Attach self-attested copy of UG, PG and Ph.D. degree certificate)

8. Title of own Ph.D. thesis: .....

.....

- 9. Name of University/Institute wherein already registered as supervisor and/or co-supervisor (if any) (Attach the relevant documents):
- 10. Number of years of teaching experience (Attach experience certificate for duration of PG and UG teaching):

(a) PG level (b) UG level	
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- 11. Post-Doctoral Research Experience (if any):
  - (a) Duration: .....
    (b) Name of Institute/Employer: .....
    (c) Designation/Post held: .....
    (Attach the proof)

12. No. of publications: (Minimum requirement: (a) For Professor: At least five research publications in refereed journals

(b) For Associate/Assistant Professor: ( At least two research publications in refereed journal )

International Journal	National Journal	International Conference	National Conference

(Attach the list of publications on separate sheet with their current impact factor along with journal Index)

Date:

#### Signature

The application form of ......Department

as a permanent employee is hereby forwarded for registration as research supervisor in Bikaner Technical

University, Bikaner.

Date:

# Head of the Institute (Official seal)