KERALA UNIVERSITY OF DIGITAL SCIENCES, INNOVATION AND TECHNOLOGY
FORMAT FOR Ph.D. GUIDESHIP

Name of the Faculty (in block letters)	
Designation	
Name of School	
Present address (with Phone number & email)	
Teaching Experience (As full-time Faculty)	
Research Experience (Post-PhD)	
Areas of Research	
Number of Peer reviewed Publications –Post Ph.D. (only publications in scopus-indexed journals are considered)	
List of Names of five Publications with index score (with DOI number/URL)	1. 2. 3. 4. 5.
Any other details relevant to this application	
Recommendation of the Head of the School	
Recommendation of Dean-Academic	

Certified that the information furnished above is correct to the best of my knowledge and belief.

Place:

Date: *Signature of the Faculty Member*

Recommended By:

Head of the School   Name :   Signature

Dean- Academic   Name :   Signature

Head of the School shall recommend the name of the faculty members eligible for supervision, duly forwarded to the Dean-Academic.