



Institute of Teaching and Research in Ayurveda
(Institute of National Importance)
Ministry of AYUSH, Government of India
Opp. B – Division Police Station, Gurudwara Road, Jamnagar – 361 008

Website: <https://itra.ac.in/> **Email:** director@itra.edu.in **(O) +91 – 288 – 2552014**

APPLICATION FOR P.G./Ph.D. GUIDE

1. Name of Faculty in full (Beginning with surname)

2. Date of Birth : _____
3. Designation : _____
4. Department / Subject of specialization : _____
5. Name & address of Institute where applicant employed :

6. Correspondence address:

7. Academic qualification:

	Degree	University	Year	Subject /Specialty
a) Initial Degree				
b) Post Graduate Degree				
c) Doctoral Degree				
D) Post Doctoral Degree if any				

8. Teaching Experience:

Teaching experience	Name & Address of Institute	From	To	Total number of years
a) U.G.				
b) P.G.				

9. Research Publications of last three years :

Year	Number of publications in peer reviewed journals with ISBN / ISSN no.	No. of publications in Indexed / UGC care listed journals	Total no. of publications

10. Other Publication :

Nature of Publication	Number of publication	Year of Publication	Publisher (Local / National / International)
Book			
Monograph			
Chapter in book			

11. The place where the applicant proposes to Guide Research

12) Whether the college / Institution where the Research work is to be carried out is recognized by the Institute as a Research Centre in the subject concerned. OR whether it is MoU institute of ITRA..

Signature of Applicant

Seal & Signature of the Head of the Department

Seal & Signature of the Head of the Institution

Where the Research work is to be carried out

Seal & Signature of the Head of the Institution

Where the applicant is employed (Only in case where the Research work is to be carried out is different from the institute where the applicant is employed)

- Enclosure
- 1) True Copy of PG Degree / Doctoral Degree / Notification.

2) Experience Certificate

3) First page of published research papers

4) First page of Book/ Monograph/ index and first page of book (in which chapter published) & Initial page of chapter.

Particulars of payment of Fee Rs. 100/-

Receipt No. _____

Date:_____

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Recommendation

(A) Recommended

(B) Not Recommended

Remarks if any_____

Sign of scrutiniee committee :

- 1)
- 2)
- 3)