



SANT GADGE BABA AMRAVATI UNIVERSITY AMRAVATI
DECLARATION BY THE Ph.D. SUPERVISOR

1. Name of the Supervisor : _____
2. Designation : _____
3. Name of the College/
Department/Institute : _____
: _____
4. Subject : _____
5. Faculty : _____
6. Recognition / Notification No. : _____
7. Address for Correspondence : _____
: _____
: _____
8. E-mail: _____ Mobile: _____

I, the undersigned, hereby declare that following registered research scholars are working under my supervision as a supervisor / co-supervisor.

| S.N. | Name of Research Scholar | Registration No. | Name of the University |
|------|--------------------------|------------------|------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

1. Total number of candidates registered in the University : _____
2. Total number of candidates registered in other Universities : _____

I, further declare that, the number of scholars registered under my supervision for the Ph.D. programme shall not be more than the required number (i.e. 4/6/8) in the University under this ordinance.

Date : ___/___/___

Signature of Supervisor