



M.P. PRIVATE UNIVERSITY REGULATORY COMMISSION BHOPAL

**Application for permission of Ph.D. Course and recognition as a Research Centre
(Under Section 9(B) of MPPURC Act)**

Subject-	Faculty-
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(1) a) Name of the University: _____

b) Name of the Sponsoring body which runs the University _____

(2) University information

1. Date of establishment of the university/...../..... (DD/MM/YYYY)

2. Gazette Notification Date.....(Please attach Copy)

a. E-mail ID _____

b. Web site Id _____ Updated date: __/__/__

c. Phone Number : _____

d. Whether the University belongs to Rural/Urban Area: _____

e. Whether Recognized by UGC Under 2F& 12 B _____(Yes/No)

IF Yes, Give details for 2F & 12 B (Please attach Copy)

2F Letter No. : _____ Date __/__/__

12 B Letter No. : _____ Date __/__/__

f. Whether Re-Accredited//Accredited by NAAC _____(Yes/No)

If Yes, Grade: _____ Year: _____ (Please attach Copy)

(3) Particulars of Vice Chancellor:

1. Name: _____

2. Academic Qualification: _____
(With Specialization)

3. Details of Experience: _____

a. Teaching: _____

b. Administrative: _____

4. University Order Number and Date of Appointment: _____
(Please attach Copy)

Signature of Registrar with seal

(4) Name of the Department/institute of university in which Ph.D. Course is to be offered

.....

(5) Existing P.G. Courses of Subject Concern in which University has applied for Ph.D. Course

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(6) Details of Infrastructure available.

a) No. Of Class rooms (For Course Work): _____

b) No. of Laboratories (For Research Activities): _____

c) List of Major equipment's available in concerned subject Department/Institute
 Laboratory (Please attach separate sheet)

(7) Number of Completed and ongoing Research projects approved by UGC/CSIR/DST or other funding agencies.....(Please give details)(Attach separate sheet if required)

1.

2.

3.

4.

5.

6.

(8) List of Regular faculty with Designation, who are eligible as per UGC Ph.D. regulation 2022 or relevant Regularity Council norms for recognition as Ph.D./ Research Supervisor in the format given below:

(Please attach prescribed format with relevant documents)

S. no.	Name of the Regular faculty	Designation and Pay Scale	**Date of appointment in University	Date of birth	Qualification	Specialization	**Ph.D. award Year	**Total Experience as Regular faculty in years		**No. of research publications in Peer reviewed or refereed Journals	No. of Ph.D. candidates awarded under supervision	Vacant Seats for Ph.D. supervision
								Research	Teaching			
1.												
2.												

Note:-**Please enclose all relevant documents.

Signature of Registrar with seal

(9) Number of Seminar/Workshop/Conference attended by the Regular Teachers of the

- a. Department/Institute during last three years:
- b. International Level- _____
- c. National Level- _____
- d. State Level- _____
- e. University Level- _____

(10) Number of Research Papers & Books published by the teachers of the Department/Institute

- a. International Level: _____
- b. National Level: _____
- c. State/Regional/University Level: _____

(11) Details of Library Facilities:

- 1) Central Library available: _____ (Yes/No)
- 2) Total number of books. _____
- 3) Total number of books pertaining to the subject concern of Ph.D. Course/ Research _____
- 4) Total number of Journals (Indian/ foreign) Subscribed annually _____
- 5) Digital Library facility available _____ (Yes/No)
- 6) Computer & Photocopy facility: _____ (Yes/No)
- 7) Separate reading room: _____ (Yes/No)
- 8) Internet with capacity & No. of terminals: _____
- 9) Qualified Librarian appointed: _____ (Yes/No)
- 10) Student Complaint/Suggestion box maintained _____ (Yes/No)
- 11) Teaching Staff visiting register maintained _____ (Yes/No)
- 12) Library access timings _____

Declaration

I, hereby declare that the above details are correct to the best of our knowledge and are based on valid documents. I also hereby undertake that, I shall abide by the Madhya Pradesh Private University Regularity Commission (MPPURC) Act and Statutes, Ordinance, Rules and Regulations of the University and UGC Regulations with regard to admission, fees, faculty and facilities for conducting the University. If I fail to comply with any of the provisions of the MPPURC Act, UGC Regulations and Statutes, Ordinance, Rules, Regulations of the University or orders issued by the MPPURC from time to time, I shall have no objection for the withdrawal of the permission granted to the University by MPPURC for the applied course.

Place _____

Date _____

Signature of Registrar with seal

CERTIFICATE OF REGISTRAR

This is to certify that the information furnished in above Performa is actually based on facts and as per available record of the University is very true. It is further certified that nothing has been neither hidden nor exaggerated while providing information.

Signature



Name of Registrar.....

Name of University.....

Place:

Date:.....

CERTIFICATE/REMARKS OF THE INSPECTION COMMITTEE

(Please Scratch whichever is not applicable)

We the Inspection Committee members hereby certify that, we have thoroughly inspected the University on the date mentioned. We have verified the statements made in the proforma and hereby agree with information supplied by the authorities of the University.

We do not agree with the information supplied by the authorities of the University. The statements / data / figures which are not found correct or not based on facts are encircled by red ink the correct figures are entered near the circle in red ink.

(Please Scratch whichever is not applicable)

Place :-

Date :-

Name

Signature of Inspection Committee

1) Chairman.....

2) Member

3) Member

OVERALL REMARKS BY THE INSPECTION COMMITTEE

(Please attach separate sheet, if required)

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Place:

Date of Inspection:

Signature of Inspection Committee:

(Chairman)

(Member)

(Member)

