

# Rajiv Gandhi University of Health Sciences, Karnataka

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Email: rguhsrd@gmail.com

Date: 06.02.2018

RGUHS/R&D/Ph.D -Ord/Misc/01/2018-19

Τo

The Principals of all Nursing colleges affiliated to RGUHS having M.Sc. Nursing courses.

Sub: Ph.D Guides

Ref: 1. Minutes of the meeting of the Academic Council dated: 05/05/2003 to 07/05/2003.

2. Minutes of the Meeting of the CAC dated 03.06.2017

3. Minutes of the Meeting of Syndicate dated: 28/05/2003 to 0/05/2003 & 09.06.2017.

4. No. RGUHS/Ph.D/ORD-UGC/2017-18 dated: 23.11.2017

Dear Sir/Madam,

Rajiv Gandhi University of Health Sciences in its Syndicate meetings held on 09/06/2003, 29/05/2003, 30/05/2003 & 09.06.2017 has approved and notified the ordinance governing enrollment of candidates for doing research leading to Ph.D course of all faculties dated 23.11.2017 including Nursing course.

The teachers interested to Guide the Ph.D students, who are eligible as per the RGUHS Ordinance, may apply through proper channel to get recognized as "Ph.D Guide". The candidates must enclose hard copies of necessary documents as per the ordinance.

The Ph.D committee (Nursing) is likely to consider such applications in the last week of February 2018.

For details of Ordinance and formats of application, Please refer RGUHS website www.rguhs.ac.in / Department of Research and Development (Ph.D Programmes).

Yours faithfully

Sd/-REGISTRAR



# APPLICATION FOR RECOGNITION AS A Ph.D GUIDE

SUBJECT	DEPARTMENT
1.1.1.1.1.	

(To be completed and submitted to the University through proper channel by the senior Teacher/Scientist working in Colleges/ Research Institutions affiliated to this University, who are seeking recognition as Ph.D Guides.)

1.	Name of the Teacher (In Block Letters)	:				
2.	Age & Date of Birth	:				
3.	Present Position/Designation	:				
4.	Faculty to which you belong (Medical/Dental/Ayurveda/Pharmacy/Nursing)  DEPARTMENT:	:				
5.	Name & Address of the Institution working at present (Provide the PG affiliation of RGUHS)					
6.	Residential Address	:				
	Telephone numbers	:	Off:	Res:	Mobile:	Email /Fax:
7.	<b>Educational Qualifications</b>	:				

•	Degree, PG Degree,	Super Sp	peciality. Pl	h.D and an	v other c	ualifications.
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Qualification	Faculty	Year of Passing	Name of the University	Whether recognized by the respective Apex body.

Attested copies of all educational qualification should be enclosed.

8. Teaching Experience: (only full time teaching experience in a Teaching Institution should be mentioned.)

# Before obtaining PG Qualification:

Designation	Name of the Institution	e Courses taught	Period		Subjects taught
			From	То	

## • After obtaining PG /Ph.D Qualification:

Designation	Name of Institution	the	Courses taught	Period		Subjects taught
				From	То	

Years of Teaching experience - As UG teacher......years, As PG teacher......years, Total...years.

## 9. Research Experience:

No. of Scientific research papers published in indexed journals (copies of the reprints to be enclosed)

- a) Research work/projects carried out and completed, if any (enclose the list.)
- b) Research projects in progress, if any (enclosed the list.)
- c) No. of presentations made in National/International Conferences/Seminars etc. (enclose the list as per the format)

Name of the Teacher: Title of article Name of journal Year of publication **Peer reviving** Yes / no / Vol/issue/page no status Author ship First / second / Corresponding author/ others number Type of **Systemic review** / Review article /Original research article Case report / Brief communication / Letter to editor Pub med / index Copernicus **Indexing** indmed/ agency specify others Pissn no/ Doi if Eissn No any Title of article Name of journal Year of publication Peer reviving Yes / no / Vol/issue/page no status **Author ship** First / second / Corresponding author/ others number **Systemic review** / Review article /Original research Type of / Brief communication Case report / Letter to editor article Pub med / index Copernicus Indexing indmed/ agency specify others

Doi if

any

/ Pharmacy

Medical

Pissn no/

Eissn No

Faculty:

/ Dental

/ AYUSH

/ Nursing

Title of article				
Name of journal				
Year of public / Vol/issue/pag			Peer reviving status	Yes / no
Author ship number	First /	second / Corre	esponding author/ otl	hers
Type of article	Systemic review Case report	/ Review a / Brief co	-	ginal research Letter to edito
Indexing agency	Pub med /	indmed/	index Copernic	cus /
		specify	others	
Pissn no/			Doi if	
Eissn No			any	

Title of article				
Name of journal				
Year of public / Vol/issue/pa			Peer reviving status	Yes / no
Author ship number	Firs	st / second / Corre	sponding author/	others
Type of	Systemic revie	ew / Review a	rticle /O	riginal research
article	Case report	/ Brief co	mmunication	/ Letter to editor
Indexing agency	Pub me	ed / indmed/	index Coper	nicus /
. ·		specify	others	
Pissn no/			Doi if	
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Title of				
article				
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journal				
		<u>,                                      </u>		
Year of public	cation		Peer reviving	Yes / no
/ Vol/issue/pa	ge no		status	
Author ship	First /	second / Corres	ponding author/ ot	hers
number				
Type of	Systemic review	/ Review ar	ticle /Ori	ginal research
article	Case report	/ Brief com	nmunication / I	Letter to editor
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agency				
		specify o	others	
Pissn no/			Doi if	
Eissn No			any	
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# 9. List of PG students/Ph.D students Guided so far (atleast 6 students details).

Students Name	Year of Admission	Title of Dissertation

# **11**. Administrative Experience, if any:

Designation	Name of the Institution	Period		Nature of Duties
		From	То	

## **12.** Any other relevant information: (Attach separate sheet)

Signature of Applicant	Signature of HOD	Signature of Head of Institution
Name and Address	Name and Address	Name and Address
Date:	Date:	Date:
Place:	Place	Place

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my Ph.D application is liable to be cancelled by the University.

**Note:** Please enclose all the relevant documents, Appointment orders, Institution having PG Courses/Subjects, reliving orders, form no. 16, Educational Degree certificates, experience certificates, PG Guideship letter, Research Papers etc duly certified by the College Principal.

#### NURSING

#### a. Guide & Co-guides in Teaching Institutions:

- 1. Qualifications M.Sc.(Nursing) with Ph.D.
- 2. PG Teaching Experience 5 years
- 3. Guided 5 Post Graduate student dissertations.
- 4. Five Original Publications as  $1^{st}$ ,  $2^{nd}$ , or Corrosponding Author: (PubMed Publications, Other approved Publications, RGUHS Publications)

## Number of PhD scholars permissible per each Guide

- a) The maximum number of Full time or part time candidates, a guide can supervise shall not exceed four(4) at any given time.
- b) Whenever the number of candidates registered under a Guide has reached the maximum, a Guide becomes eligible to supervise another Ph.D. candidate only after the submission of the thesis by any one of the Ph.D. candidates already registered under him/her.
- c) A recognized Ph.D. department at any given point of time can have only Six(06) Ph.D. scholars in case of Medical, Dental & AYUSH and Nursing irrespective of number of available guides in the department.
- d) But in case of Pharmacy the department can have maximum of Ten (10) Ph.D. students at any given point of time irrespective of number of available guides in the department.
- e) A candidate may have one Co-Guide from another department, duly recognized by the Ph.D Registration Committee of the University in addition to the Guide from the concerned specialty.
- f) All Guides shall normally be residents within the jurisdiction of Research centre and should be the recognized by the University as Ph. D. Guides based on the recommendation of the Ph.D Registration Committee of the respective faculty.
- g) A Guide recognized by the University is not eligible to Guide any other Ph.D students from any other University, (Notification No ACA/AFF-GEN/2005-06 dated 24.09.2005) without the prior permission of RGUHS.