

**DR. NTR UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA**

**APPLICATION FORM FOR RENEWAL OF GUIDESHIP / CO-GUIDESHIP**

1. NAME ( IN BLOCK LETTERS)
2. DESIGNATION
3. NAME OF THE AFFILIATED INSTITUTION  
IN WHICH THE GUIDE/CO-GUIDE IS  
ATTACHED NOW
4. DATE OF BIRTH & AGE
5. ISSUE OF YEAR OF RECOGNITION ORDER  
AS A GUIDE/CO-GUIDE – PROCEEDING  
NUMBER & DATE
6. NO. OF CANDIDATES GUIDED TILL DATE
7. NO. OF CANDIDATES PURSUING Ph.D. UNDER  
YOUR GUIDESHIP
8. POSTAL ADDRESS FOR COMMUNICATION
9. E-MAIL ADDRESS

AFFIX SELF  
ATTESTED  
PHOTOGRAPH

10. CONTACT No.

(a) LAND LINE No. (RES)

(b) LAND LINE No. (OFF)

(c) MOBILE No.

11. No. OF ORIGINAL RESEARCH ARTICLES PUBLISHED IN PUBMED /  
SCOPUS INDEXED JOURNALS  
(ENCLOSE COPY OF FIRST PAGE OF ARTICLES)

STATION :

SIGNATURE

DATE :