



BAY UNIVERSITY

School of Medicine

Allied Health Sciences and Research Centre

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APPLICATION FOR RECOGNITION AS GUIDE FOR Ph.D. PROGRAM

1. Name (in capital letters): _____
2. Sex (Male/Female): _____
3. Date of Birth and Age: _____
4. Designation, Dept. & Name of Institute: _____

5. Area of Specialization: _____
6. Date of appointment to the present post: _____
7. Teaching Experience : _____
8. Research Experience : _____
9. Industrial Experience : _____
10. Total Experience: _____
11. Educational Qualification (from UG degree onwards)

Affix Stamp
sizePhoto

Degree	Subject / Discipline	Institution/College/ University	Month & Year of Passing	Marks /Grade/ Rank Obtained
Under Graduate				
Post Graduate				
M. Phil.				
Ph. D.				

12. Teaching/Research Experience

Sr. No.	Position	Institution (University/College)	Year		Total Period
			From	To	

13. a. Discipline/Subject of the applicant: _____
 b. Recognition applied for guiding Ph.D.in: _____
14. a. Total number of publications (Attach List of Publications): _____
 b. Number of Publications (after Ph.D.): _____
15. Number of Ph.D. Scholars under your guidance:-
 a. Awarded Ph.D.: _____
 b. Guiding Ph.D.: _____
16. Awards and Recognitions: _____

17. Enclose your brief bio data with self-attested copies of Certificates (UG, PG, M. Phil., & Ph.D. degree certificates and Reprints of the recent research papers published after obtaining Ph.D.)
18. Any other relevant information: _____

Address for Communication _____
 _____ Zip Code: _____
 Phone (Land Line): _____ Mobile: _____
 Email ID _____

DECLARATION

I _____ S/o, D/o, W/o, H/o, certify that the particulars given above are true to the best of my knowledge and belief. I will abide by the rules and regulations of Ph.D. program of the Bay University, Aruba.

Date: _____

Signature of the Applicant

For Bay University Office Only:-

This is certified that Dr. _____, has been approved as a supervisor in the field of _____, by the research committee with registration no. _____.

Authorized Signatory