Devi Ahilya Vishwavidyalaya, Indore

Form D1 for DET June – 2026

Detailed Information from the Registered Supervisor:

1. Full Name of the Supervisor (As Per the Registration Letter Issued by University)

(Dr.) : _____

2. Name of the **College** / **UTD** where Employed Presently: _____

3. Nature of Appointment (**Code 28** *OR* **Code 31** *OR* **Other** mentioned it):_____

4. Is your college belongs to (PG Course/ UG Course/ Both UG & PG) :_____

5. Date of Birth (DD/MM/YYYY):_____

6. Present Age (With Years and Month count according to 31 May 2026):___(Year)___(Month)

7. Date of Retirement: _____

8. Designation (Assistant Prof./ Associate Prof./ Professor) : _____

9. Subject Name & Faculty (As per Your Registration Letter of Supervisor issued by DAVV):

Date of Issue: _____**;** Subject: _____ **;** Faculty :_____ **;**

10. Do you teach PG Students of your subject in your college? Yes/ No :_____

11. Name of the PG Programme (of your subject) being run in your College : _____

12. Research Area (Branch/Stream):_____

13. Total Number of Ph.D. Students already registered at present (As Supervisor + As Co-Supervisor): _____

a. In DAVV **:**

i. As Supervisor : ___

ii. As Co-Supervisor : ___

b. In other Universities **:**

i. As Supervisor : ____

ii. As Co-Supervisor : ____

14. Number of New Ph.D. Students willing to accept: _____

*(Maximum Limit **08** for Professor, **06** for Associate Professor and **04** for Assistant Professor)*

15. Any other relevant information: _____

16. Contact Number & E-Mail: _____

(I certified that the all information provided in this form is true and accurate to the best of my knowledge)

Signature of the Registered Supervisor

Date:

Forwarded by:

*(Essentially required Signature of the **Principal** of the College with **Seal** and Current **Date**)*