02/11/2026

DEVI AHILYA VISHWAVIDYALAYA, INDORE

Ph.D. Entrance Examination (DAVV DET-DEC 2026)

NOTICE

Sub: Notice for the Ph.D. Supervisors who were Not Able to fill the Google Form for Supervising the Candidates for DET DEC 2026

As the Last date to fill the Google form for Ph.D. Supervision is Over on 01 November 2026 So now All the Ph.D. Supervisors who were Not Able to fill the Google Form for Supervising the Candidates for DET DEC 2026, they can send the filled attached D1 form attached below (Supervisor Information), D2 (Letter of Supervisor issued from DAVV) and D3 (Appointment Letter as faculty under college code 28/UTD/MP Govt.) to Email id : davv.phdsupervisor@gmail.com for inclusion of their name in the List. Last date for Sending the Information is 30 November 2026.

Chairman
DET DEC 2026

Devi Ahilya Vishwavidyalaya, Indore (M.P.)

(Form D1 for DET December – 2026)

Detailed Information from the Registered Supervisor (Only Handwritten)

1	Full Name of the Supervisor *(As per DAVV Registration letter)*	Dr.
2	Name of the College / UTD where presently employed	
3	Is Your Institute Affiliated to Devi Ahilya University (Yes/No)	
4	Nature of Appointment *(Code 28/ Code 31 / UTD/ Other - specify)*	
5	College offers *(PG Course / UG Course / Both UG & PG)*	
6	Date of Birth *(DD/MM/YYYY)*	
7	Present Age *(Counted as on 21 December 2026)*	_____Years _____Months
8	Date of Retirement *(DD/MM/YYYY)*	
9	Designation *(Assistant Prof. / Associate Prof. / Professor)*	
10	Details required for Subject & Faculty *(As per Supervisor Registration Letter)*	
	Date of Issue:_____: Subject:_____: Faculty:_____	
11	Do you teach PG students of your subject in your college? *(Yes / No)*	
12	Name of PG Programme of your subject being run in your college	
13	**Total number of Ph.D. students already registered at present (As Supervisor + As Co-Supervisor)**	
	(a) In Devi Ahilya University	
	(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 *(Max. Limit: 08 for Professor, 06 for Associate Prof. & 04 for Assistant Prof.)*	
15	Any other relevant information	
16	Contact Number (Mobile No.)	
17	E-Mail Address	

Declaration: *I certify that all the information provided in this form is true and accurate to the best of my knowledge.*

Date: _____

_____

Signature of the Registered Supervisor with date

Forwarded by:

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