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)