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JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY HYDERABAD

(Established by JNTU Act, 2008)

Kukatpally, Hyderabad – 500 085, Telangana, India

Date: 22-09-2017

CIRCULAR

The Principal/Secretary /Chairman of all the Colleges are requested to direct their Ph.D. qualified faculty to fill in the enclosed format and upload the duly filled in and signed format in the faculty portal with their respective login on or before **09th October 2017**. It is also to inform that only those Ph.D. faculty who will upload the said formats will be considered as Ph.D. qualified faculty for all purposes.

Note: Any Ph.D. qualified faculty joining the Colleges in future and have not uploaded the above said format also have to do so.

**Sd/-
REGISTRAR**

JNTUH Affiliated Colleges Faculty Certificate Verification

CHECK LIST

1. Faculty Portal Registration Number :
2. Name of the Faculty :
3. Name of the College presently working :
4. Department :
5. PAN Card Number :
6. Aadhar Card Number :
7. Date of Birth :
8. Qualifications :

S.No	Qualifications	Board/ University	Year of passing	Branch/ Specialization	% of marks & Class
1.	SSC				
2.	Intermediate				
3.	UG(BE/B.Tech/B.Pharm or Equivalent)				
4.	PG(ME/M.Tech/M.Pharm or Equivalent)				
5.	Ph.D.				

9. SCM/Ratification : Yes No (Tick which ever is applicable)

10. Experience : Starting from latest

S.No	Name of the Organization	Designation	Scale of pay	Period From - To

Signature of the faculty member

INFORMATION SPECIFIC TO PH.D.

1. Name of the faculty:	
2. Faculty portal Registration number:	
3. Title of the Thesis (Proof: Thesis copy front page and certificate pages in original):	
4. Institute/University from which Ph.D. obtained with address:	
5. Is Institute/University approved by UGC/MHRD:	
6. Is Institute/University is black listed by UGC /MHRD:(if YES mention the period of black list)	YES/NO
7. Date of Registration (Proof: Admission letter): (if Available)	
8. Date of award of Ph.D.(Proof: PC/OD in original) :	
9. Pre-Ph.D./Course work/equivalent Subjects (Proof: Memos/equivalent) :	
10. Research Methodology if any (Proof: Participation Certificate):	
11. Details of the Supervisor: i. Name of the Supervisor ii. Designation : iii. Affiliation with address: iv. Mobile Number: (Optional) v. Email Id: (Optional)	
12. Details of the Co-Supervisor: (If any) i. Name of the Co-Supervisor ii. Designation : iii. Affiliation with address: iv. Mobile Number: (Optional) v. Email Id: (Optional)	

Note: Scanned copies all the proofs as mentioned above along with this two pages format must be uploaded as a single PDF file in the respective faculty portal.

Signature of the faculty member