

INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR
(A University established under IIPHG Act, 2015 of Gujarat)

**ANNEXURE 12: FORMAT FOR SUBMITTING THE PANEL OF RAC MEMBERS
FOR PHD PROGRAMME**

Name of Research Supervisor:

Mobile Number & Email of Research Supervisor:

Department:

Name of Research Co-Supervisor (if any):

Mobile Number and Email of Research Co-Supervisor (if any):

Affiliation of Research Co-Supervisor (if any):

Name of PhD Scholar/s with Enrolment Number/s:

Sr. No.	PhD Scholar's Name	PhD Programme Specialization	Enrolment No.
1			

Details of External Experts (Provide at-least three external experts and one internal experts name)

SR NO	PARTICULARS						
1	1. Name of the Expert: 2. Qualification: 3. Name of Organization: 4. Designation: 5. Area of Research: Public Health/Hospital Administration 6. No of Research Scholars Supervised: 7. Years of Teaching / Industrial experience: <table border="1" style="margin-left: 20px;"> <tr> <td>Citations</td> <td></td> </tr> <tr> <td>h-index</td> <td></td> </tr> <tr> <td>i10-index</td> <td></td> </tr> </table> Google Scholar link: 8. Contact details: (Postal Address, Email and Cell no.)	Citations		h-index		i10-index	
Citations							
h-index							
i10-index							
2	1. Name of the Expert: 2. Qualification: 3. Name of Organization: 4. Designation: 5. Area of Research: Public Health/Hospital Administration 6. No of Research Scholars Supervised: 7. Years of Teaching / Industrial experience: <table border="1" style="margin-left: 20px;"> <tr> <td>Citations</td> <td></td> </tr> <tr> <td>h-index</td> <td></td> </tr> <tr> <td>i10-index</td> <td></td> </tr> </table> Google Scholar link: 8. Contact details: (Postal Address, Email and Cell no.)	Citations		h-index		i10-index	
Citations							
h-index							
i10-index							

3	<ol style="list-style-type: none"> 1. Name of the Expert: 2. Qualification: 3. Name of Organization: 4. Designation: 5. Area of Research: Public Health/Hospital Administration 6. No of Research Scholars Supervised: 7. Years of Teaching / Industrial experience: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Citations</td> <td style="width: 20%;"></td> </tr> <tr> <td>h-index</td> <td></td> </tr> <tr> <td>i10-index</td> <td></td> </tr> </table> <p>Google Scholar link:</p> <ol style="list-style-type: none"> 8. Contact details: (Postal Address, Email and Cell no.) 	Citations		h-index		i10-index	
Citations							
h-index							
i10-index							
4	<ol style="list-style-type: none"> 1. Name of the Expert: 2. Qualification: 3. Name of Organization: 4. Designation: 5. Area of Research: Public Health/Hospital Administration 6. No of Research Scholars Supervised: 7. Years of Teaching / Industrial experience: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Citations</td> <td style="width: 20%;"></td> </tr> <tr> <td>h-index</td> <td></td> </tr> <tr> <td>i10-index</td> <td></td> </tr> </table> <p>Google Scholar link:</p> <ol style="list-style-type: none"> 8. Contact details: (Postal Address, Email and Cell no.) 	Citations		h-index		i10-index	
Citations							
h-index							
i10-index							

Note: It is requested to kindly forward this form along with brief bio-data/CV of the experts.

Signature of Research Supervisor:

Name of Research Supervisor:

Date:

Reviewed by

Doctoral Studies Cell

Recommended by

Approved by

Registrar

Director