**APPLICATION FOR RECOGNITION OF A DEPARTMENT/CENTRE OF AN INSTITUTION AS APPROVED RESEARCH CENTRE OF ALAGAPPA UNIVERSITY**

(TO BE SUBMITTED IN **TRIPLICATE IN TYPEWRITTEN FORM**)

This form of application along with supporting documents should be forwarded to the **Dean (Research), Alagappa University, Karaikudi – 630 003** through the Principal of the College / Head of Institution concerned. **Handwritten / Incomplete application will not be accepted.**

**I. INDENTIFICATION DETAILS**

1. Name of the College/Institute :
2. Address for Communication :

 Tel:

 Fax:

 Email:

1. Name of the Department which seeks :

Approved Research Centre status

**II. DEPARTMENT PROFILE :**

1. **Details of the Faculty Members:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the Faculty Member | Designation | Qualification | Date of acquisition of PhD Degree | Date of Appointment in regular faculty position | Date of Superannuation |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |

**b) Programmes offered by the Department**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Name of the Programme (U.G. / P.G.) | Subjects taught | Offered since  |
| 1. |  |  |  |
|  |
|  |
| 2. |  |  |  |
|  |

**c) Library Facilities:**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | No. of Books available in the Department Library (as per the Stock Register) | No. of Journals subscribed in the Department/College in the relevant discipline | No. of Books available in the Department/ College Library in the relevant discipline (as per the Stock Register)\* |
| International | National |
|  |  |  |  |  |

\* List of Books along with the accession number may be provided in a separate sheet.

**d) Details of the Journals subscribed in the relevant discipline**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No. | Name of the Journal | Publisher and ISSN Number | Institutional/Personal Subscription | Subscribed since |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

1. **Laboratory space available for conducting research**

(laboratory space in sq. m. with Laboratory Tables/Gas connection etc may be provided in detail)

1. **Laboratory Equipments available in the Department:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the Equipment | Make & Model | Date of Installation | Funding Agency | Cost in Rs. | Working Condition |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**g) Computer, multimedia and internet connectivity facility available in the Department/in the College as a Central facility**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Make and Model  | Number of Systems available for Research | Year of Purchase |
| Computer Systems |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Printers |  |  |  |
| Photocopier |  |  |  |
| LCD |  |  |  |
| OHP |  |  |  |
| Details of Internet connectivity available |  |
| Details of Smart Classrooms available |  |

**h) Conferences / Seminars / Workshops organized by the Department:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Date (s) | Name of the Conference / Seminar / Workshop etc., | Number of Participants | Number of Resource Persons | Sponsoring Agency |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

Please attach Proceedings/Brochure of the Conference/Seminar/Workshops.

1. Details of the Research Publications made by the Faculty Members of the Department during the last five years in peer reviewed/indexed journals

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Complete List of authors\* | Title of the paper  | Journal name, Publisher, Country  | Vol. Number, Page number, Year  | ISSN Number | Impact Factor if any |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

\* Name(s) of the Faculty Member(s) of the Department may please be underlined. Original reprints must be enclosed with the application.

j) Research Project Details:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of thePrincipalInvestigator | Title of the Project | Funding Agency (Major / Minor) | Ongoing | Completed | Grant(In Lakhs) |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

Copy of Project Sanction Orders issued by the funding agencies must be enclosed.

**k) Awards & recognition received by faculty members**

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**Fee Particulars: DD for Rs.25,000/- favouring “The Registrar, Alagappa University” payable at Karaikudi.**

|  |
| --- |
| **DD Number /Date :****DD Amount : Rs.25,000/-** **Name of the Bank & Branch :** |

**Enclosures :** The following Certificates should be enclosed:

1) Research paper publications by the staff in the reputed journals with the name of your institution

2) Evidence for academic qualifications of staff

3) Registration details and related documents of the Institution.

4) Blue Print of the building with Ownership details.

5) Building stability certificate.

6) Sanitary certificate.

7) Fire and Safety certificate.

8) Income tax details for last three years

9) Copy of the Trust Deed, if any.

10) Other enclosures specified in *c,e,h,i and j.*

 Signature of the Faculty Member(s)

 who has/have taken the initiative

Signature of the Head of the Department

Place: SIGNATURE OF THE PRINCIPAL / HEAD OF

 THE INSTITUTION FORWARDING THE

Date: APPLICATION WITH DATE

 (WITH OFFICE SEAL)