

APPLICATION FORM FOR RECOGNITION / CONTINUATION OF R & D LABORATORIES OF GOVERNMENT  
OF INDIA / STATE AS RESEARCH CENTRES OF GTU



Name of Laboratory (with  
full Address)

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Date of Submission of  
Application

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**To,  
The Registrar,  
Gujarat Technological University,  
Chandkheda, Ahmedabad.**

Sir/Madam,

We wish to register ..... Institute/Laboratory for  
recognition/continuation as Research Centre at Gujarat Technological University, Ahmedabad.  
Details of our Institute/Laboratory/Research Centre are furnished in the appendix enclosed  
herewith.

You are requested to give recognition to our Institute/Laboratory/Research Centre as a  
Research Center of Gujarat Technological University, Ahmedabad under the Faculty  
..... in Subject .....of the University.

Yours Sincerely,

(Name & designation)

**GUJARAT TECHNOLOGICAL UNIVERSITY**  
**AHMEDABAD**  
**APPLICATION FOR RECOGNITION OF R & D LABORATORIES OF GOVERNMENT OF INDIA**  
**/ STATE AS RESEARCH CENTRES OF GTU**

**FACULTY:** \_\_\_\_\_ **SUBJECT:** \_\_\_\_\_

1	A	Name of Institution Year of establishment Contact Address Fax Telephone No's/ Email/Website	
	B	Existing Postgraduate/ Research courses being offered (Submit details in Annexure I)	
	C	Nature of Academic / Research & Development activity during the last 5 years i. Research Projects ii. Teaching iii. Any other	
	D	Physical Infrastructure of the Institution i. Land ii. Building iii. Laboratory(ies) iv. Other Facilities (enclose supporting documents)	
2		Whether your Institution/College is recognized as Research Centre by any other University? If yes, enclose a copy of notification	
3		No. of Scientists/ researchers serving the institution	
4	A	Ongoing Research Projects, if any	
		i. Name of the Sponsoring Agency ii. Thrust areas iii. Total amount iv. Duration of the Research Project v. Present Status of the ongoing project	
5.		Major Facilities currently available in the Institution  i. Research laboratories ii. Major equipment(s) iii. Computer facilities	

		iv. Adequate space for research scholars	
6.		Consultancy work carried out, if any (list of broad areas of consultancy)	
7.	A	Allocation of Annual grants for research	
	B	Details of research grants received from external funding agencies?	
8.		Details of collaborative research work undertaken by the institution  i. University/ National and International organization ii. Industry	
9.		Details of National/ International Conferences/ Seminars/ Symposium etc., organized by the Institution  i. Year ii. Subject iii. Name of sponsoring/collaborating agency iv. Grants received v. Whether proceedings published	
10.		Furnish the details of Library facilities	
	A	Total Number of books pertaining to Subject	
	B	Total number of Journals subscribed annually for the subject	
	C	Total number of journals subscribed annually	
	D	e-resources	
11.		Amount spent on Laboratories/Library during the last five years (year-wise) with supportive documents especially related to research activities	
12.		Any other relevant information to strengthen your application for recognition as Research Centre of GTU	

### **UNDERTAKING**

We hereby certify that all the details and other information provided above are true and correct. We agree to have Joint Intellectual Property Rights on the Research Works and Contents of the Ph.D. with the University.

We also assure that under any circumstances, the activities of Research Centre will not be against the interest of the University.

Place:

Date:

Signature & Seal of the  
Head of Institution

(Enclose a separate sheet where ever required along with all supporting documents)

Details of Postgraduate/ Research courses, being offered in your Institution (if any)  
(please list all the courses)

List of Postgraduate courses

<i>S No.</i>	<i>Name of the course</i>	<i>Year of starting</i>	<i>Approved by (mention the name of the governing body)</i>	<i>Affiliated to (name of the university, if applicable)</i>
1				
2				
3				
....				
....				

**Details of each postgraduate course** (please complete one table for each course individually)

<b>Name of the Course</b>	
Year of commencement of the course	
Number of students approved by the concerned governing body for intake every year	
Number of students admitted in the current year	
Specify the place where this course is being conducted	
Designation of the Person in charge of the course	
Contact details of the Person I/c of the course	Name
	Personal address for communication
	Phones(Landline)
	Phone ( Mobile)
	E mail ID
Statutory body, which has recognized this course (Please enclose the order of approval)	

