



**INDIAN NURSING COUNCIL
NEW DELHI – 110 002**

PERFORMA

1. Name & Designation : _____
2. Date of Birth : _____
3. Postal Address (Institution) : _____
: _____
4. Residence : _____
: _____
5. Contact No. : (Off.) _____ (Res.) _____
: (Mob) _____ (Fax) _____
: E-mail _____

6. Number of candidates for Ph.D. under various universities (Any other State Universities and Deemed University)

S.No.	Name of the Students	Name of the University	Topic of the thesis	Years of Enrollment
1.				
2.				
3.				
4.				
5.				
6.				

7. Number of candidates under National Consortium for Ph.D Nursing:

S.No.	Name of the students	Topic of the thesis	Year of Enrollment
1.			
2.			
3.			
4.			
5.			
6.			

Declaration:

I certify that the above said information is true to the best of my knowledge, and I also declare that I do not charge any fees towards research project guidance from any student.

Signature_____

Name_____

Date_____