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SHIVAJI UNIVERSITY, KOLHAPUR-416 004 MAHARASHTRA

PHONE: EPABX-2609000,2693643

□ FAX: 0091-231-2691533 & 0091-231-2692333

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□ फॅक्स: 0091-231-2691533 o 0091-231-2692333

Vice-Chancellor's Office Fax

- 0091-231-2691533

Registrar's Office Fax

- 0091-231-2692333

C.O.E.Officer Fax

- 0091-231-2693173

Ref: SU/C&U.D.Section/AAP/1557

Date 2.9 FEB 2016

NOTICE

To

1) The Heads of Departments, Shivaji University, Kolhapur,

2) The Pricipals, All Affiliated Colleges, Shijvai University, Kolhapur

Dear Sir/madam,

This has reference to a mail received from State Project Directorate RUSA Office, Mumbai. Accordingly, an online repository that maps research skills and expertise across the state is to be created.

The following Google form sent by SPD RUSA Office that aims to capture the 'Research Expertise' in the state is being shared with you:

http://goo.gl/forms/eHsuC6dggb

This form is expected to be filled and submitted by individual faculty members. You are requested to share this form with all faculty members of your department/ college so that every individual faculty member can submit this information by 7th March 2016.

Mapping the research expertise and skills is a step in the direction of future research collaboration across universities and colleges. Your support is essential in completing this task.

Thanks and regards,

Yours faithfully,

Board of Colleges and University Development

Encl: As above.

SURVEY OF HIGHER EDUCATION AND RESEARCH EXPERTISE OF STATE UNIVERSITIES IN MAHARASHTRA

This questionnaire is meant for compiling the capabilities and expertise available at all Universities in the State of Maharashtra. The data are collected by the RUSA State Project Directorate of the State of Maharashtra to map skills and expertise of individual faculty members in the State so that these human resources can be tapped for specific needs for the State. The questionnaire is to be filled by all faculty members in the Universities and affiliated colleges. The PhDs at the verge of the completion of their doctoral degree also can fill in this questionnaire.

Name of Faculty member		
Surname, First name, second name		
Name of the University		
Please give full name of the University		
Are you faculty member of the University Department or an a	ffiliated college?	
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