

FOR Ph.D COURSE(S) FOR A.Y.20.....-20.....

(Please submit separate report for each subject)

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|--------------------|---|--|
| Date of Inspection | : | |
|--------------------|---|--|

Faculty:.....Subject/Specialty:.....

1. Name & Address of the College/Research Centre:-

.....

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Name of Head of the Department:.....

Designation:.....

**2. Department/Subject wise details of available PhD Guides:-
(Attach Annexure "A")**

| Sr. No. | Name of Ph.D. Guide | Designation | Date of Birth | Date of Retirement | Total No. of PhD Scholars Registered till date | Has completed six days Research Methodology Workshop? Yes/No | PhD Recognition No. and Date |
|---------|---------------------|-------------|---------------|--------------------|--|--|------------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

4. Details of available infrastructure for Research:

i) Adequate number of Computers with Internet facility is available? Yes/No

ii) Adequate number of Books/Journals are available? Yes /No

iii) Any other specific thing available at the Department:.....

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5. Details of Central Research Laboratory:

i) Available Area(in sq .ft):.....

ii) Is Drugs/Medicines/Chemicals etc. are available for research? Yes/No

iii) Is Adequate number of Instruments are available? Yes /No

iv) Is Records of Stock book available? Yes /No

6. Details of Central Animal House:

i) Available Area in sq .ft:.....

ii) Functioning Central Animal House? Yes /No

7. Details of Institutional Ethical Committee:(Attach Annexure "B")

- i) Date of Composition:.....
- ii) Total Number of Members:.....
- iii) Number of meetings held in previous year:.....
- iv) Whether Records of proceedings are maintained properly? **Yes/No**
- v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes/No**

8. Details of Research Advisory Committee:(Attach Annexure "C")

- i) Date of Composition:.....
- ii) Total number of Members:.....
- iii) Number of meeting sheld in previous year:.....
- iv) Whether records of proceedings are maintained properly? **Yes/No**

9. Is Doctoral Committee constituted in the lines of RAC?

Yes/ No

- i) If Yes, Date of Composition:.....
- ii) Total number of Members:.....
- iii) Name of External Subject Expert.....

10. Is Plagiarism detections of tware facility available?

Yes/No

If Yes, Name of the Software.....

11. Is attendance of the Ph.D.Scholar maintained properly?

Yes/ No

12. Whether Research Centre is registered under MPCB provisions?

Yes/ No

13. Whether BMW facility is available?

Yes/No

14. Any other important thing related to Research/Department/Facilities, which will be helpFul to carryout good quality research under this department:

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DECLARATION BY LIC

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The over all observation so fthe Inspection Committee are as follows:-

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| Name of Inspectors | | Sign.of Inspectors with Date |
|--------------------|----------|------------------------------|
| 1) | Chairman | |
| 2) | Member | |
| 3) | Member | |
| 4 | Member | |

College Letter HeadList of Ph.D.Guides Available at Ph.D. Research Centre

| Sr. No. | Name of Ph.D. Guide | Designation | Date of Birth | Date of Retirement | Total No. of PhD Scholars Registered till date | Has completed six days Research Methodology Workshop? Yes/No | PhD Recognition No.and Date |
|---------|---------------------|-------------|---------------|--------------------|--|--|-----------------------------|
| 1 | | | | | | | |
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NOT Applicable

Date:


 Signature, Name and stamp of
Dean/Principal/Director

Dr. Shankar Chavan
 Govt. Medical College, Vishnupuri
 Nanded. (M.S.) 431606


Dr. Shankarrao Chavan Govt. Medical College, Vishnupuri, Nanded

Details Of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

| Sr. No. | Name of Ethical Committee Member | Designation |
|---------|----------------------------------|-------------------------|
| 1. | Dr.A.D.Manikar | Chairman |
| 2. | Dr.S.B.Tamboli | Member Secretary |
| 3. | Dr.V.M.Sahastrabudhe | Clinician |
| 4. | Dr.H.V.Godbole | Clinician |
| 5. | Dr.S.R.Wakode | Clinician |
| 6. | Dr.I.F.Inamdar | Clinician |
| 7. | Dr.Sudha Karadkhedkar | Basic Medical Scientist |
| 8. | Dr.V.V.Khadke | Basic Medical Scientist |
| 9. | Sri.B.G.Parsode | Lay Person |
| 10. | Mrs.V.V.Patil | Legal Expert |
| 11. | Mr.S.S.Kharat | Social Scientist |
| 12. | Sri.P.D.Yasatwar | Scientific Member |

Date:


Dean
 Dr. Shankarrao Chavan
 Govt. Medical College, Vishnupuri,
 Nanded

Signature, Name and stamp of Dean/Principal/Director