

FOR Ph.D COURSE(S) FOR A.Y. 20²⁰-20²¹

(Please submit separate report for each subject)

Date of Inspection : _____

Faculty: M. V. S. Subject/Specialty: _____

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

— N A —

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 | NOT APPLICABLE | | | | | | |
| 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: _____
- _____
- _____

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")



A. K. S.
Dean
Malati Multispeciality Hospital
& Medical College, Turkhed,
Tal. Nurlizapur, Dist. Akole

- 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 meetings held in previous year:
- iv) Whether records of proceedings are maintained properly? Yes / No

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

- i) If Yes, Date of Composition:
- ii) Total number of Members:
- iii) Name of External Subject Expert..... Yes / No

10. Is Plagiarism detection software facility available?

If Yes, Name of the Software..... Yes / No

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 carry out good quality research under this department:

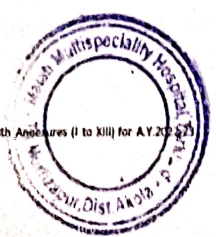
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DECLARATION BY LIC

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 overall observations of the 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 | |



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