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

(Please submit separate report for each subject)

D	ate of Inspect	ion :	10				
ılty:			Subject	Specialty: .			
	Name & Addres	s of the Colleg	je/Resea	rch Centre: -			
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	lead of the Depar					***	
gnati	on:		******	7		**	
	Department / Su	ıbject wise del	tails of a	vailable PhD	Guides: -		
ch A	nnexure "A")			~			
	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					90		
2					0		
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4							
5	1						
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	i) Adequate numb ii) Adequate numb iii) Adequate nu iii) Any other spe	per of Compute omber of Books ocific thing availa	rs with In / Journal able at the	ternet facility i s are available e Department	∍? :	Yes / Yes /	

	Details of Centri) Available Area (ral Research L	aborator	y:			
	ii) Is Drugs/Medici				search?	Yes /	
1	iii) Is Adequate nu	mber of Instrum	ents are	available?		Yes /	
	iv) Is Records of S					Yes /	No
	i) Available Area ii) Functioning C	in sq. ft:		Yes / No			
	Details of Instit				Annexure "B	")	

er. Shenkarrao Chavan newt. Medical College, Viahnupuri Nended. (M.S.) 431608

17/				
3)		Member		
2)		Member		
1)		Chairman		
Na	me of Inspectors		Sign. of Inspectors	, with Date
			Cian of Inchestor	c with Date
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Departi	the LIC Members, hereby coment/College/Research Centre, the apparent centre. The overall observations	ertify that, we have available other facilities, respection Commits of the Inspection Commits.	equired instruments a	
		DECLARATION BY LIC	χ	ected and verified the
		X)		

14.	Any other important thing relate will be helpful to carry out good	d to Research/Departme	nt/Facilities, which this department:	
12. 13.	Whether Research Centre is reg Whether BMW facility is available		Yes / No	
11.	Is attendance of the Ph.D. Schola	ar maintained properly?	wielene?	Yes / No Yes / No
10.	Is Plagiarism detection software			Yes / No
	i) If Yes, Date of Composition:ii) Total number of Members:iii) Name of External Subject Expe	rt		NIN-
9.	Is Doctoral Committee constitute			Yes / No
8.	i) Date of Composition: ii) Total number of Members: iii) Number of meetings held in pre iv) Whether records of proceedings	vious year:		Yes / No
	v) Is Human and Animal Ethics Com			ly r Yes / No
	iii) Number of meetings held in previous) Whether Records of proceedings	s are maintained properly?		Yes / No
	ii) Total Number of Members:			

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List 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							
2	*		02				
3				R			
4				Po	,		
5					C		
					8		

Date:

Dean/Principal/Director

Signature, Name and stamp of

or, Shankarrao Chaven

Savr. Madical College, Viehnepovi
Nonded. (M.S.) 431606

College Letter Head

Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

Sr.No.	Name of Ethical Committee Member	Designation		
1	Dr. A.D. Mannikar	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. S.S. Karadkhedkar	Basic medical scientist		
8	Dr. V.V. Khadake	Basic medical scientist		
9	Shri B.G. Parsode	Lay person		
10	Mrs. V.V. Patil	Legal expert		
11	Mr. S.S. Kharat	Social scientist		
12	Shri P D Yasatwar	Scientific member		

Date:

Dean/Principal/Director

Signature, Name and stamp of

Dr. Shankarrao Chavan Devi. Medical College, Vishnupori Banded. (M.S.) 431608

College Letter Head

Details of Research Advisory/ Doctoral Committee

Sr.No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1		
2	- w	
3		
4		
5		

Date:

Dean/Principal/Director

Signature, Name and stamp of

Dean

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