

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

(Please submit separate report for each subject)

Date of Inspection	:	
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Faculty: Subject/Specialty:

1. Name & Address of the College/Research Centre: -Name of Head of the Department: - **NA**

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							

3. 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:.....

4. 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

5. Details of Central Animal House:

i) Available Area in sq. ft:

ii) Functioning Central Animal House? Yes / No

6. 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

7. 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

8. 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:

9. Is Plagiarism detection software facility available? Yes / No

If Yes, Name of the Software:

10. Is attendance of the Ph.D. Scholar maintained properly? Yes / No

11. Whether Research Centre is registered under MPCB provisions? Yes / No

12. Whether BMW facility is available? Yes / No

13. 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	



J. Shrivastava
Principal
M.S. Ayurvedic Medical College,
Hospital & Research Institute, Gondia (M.S)