

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

(Please submit separate report for each subject)

|                           |   |  |
|---------------------------|---|--|
| <b>Date of Inspection</b> | : |  |
|---------------------------|---|--|

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

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

.....  
 .....

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       |                     |             |               |                    |  |  |                              |

**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 w.itn. Date |
|--------------------|----------|---------------------------------|
| 1)                 | Chairman |                                 |
| 2)                 | Member   |                                 |
| 3)                 | Member   |                                 |
| 4)                 | Member   |                                 |



*(Handwritten Signature)*

**Principal**  
**Pa.Pu.Gurumauli Annasaheb More**  
**Ayurved College, Malipargaoon**  
**Tq.Majalgaon Dist.Beed (Mh)**