Annexure XI – NOT APPLICABLE

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

* Displace No.
Ward College

Date of Inspection		:			112	1/00 hay
Faculty: -		Subject/Sp	ecialty:			
1. Name &	Address of th	ne College	/Research C	Centre: -		
me of Head of t	he Department :					
	ont / Subject			D.G. 11		
or. Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	D Guides: - (Attach Total No. of PhD Scholars Registered tilldate	Annexure 'A') Has completed six days Research Methodology Workshop? Yes/No	PhD RecognitionNo. and Date
4. Details (i) Availabl ii) Is Drugs iii) Is Adequ	of Central Res le Area (in sq. ft) s/Medicines/Chen uate number of In	search Lab : nicals etc. ar	poratory: re available for re available? Y	research? Yes / No		
	of Central Ani				•	
6. Details of	of Institutiona	l Ethical C	Committee	(Attach Annexure ''B	<i>"</i>)	
i) Date of 0ii) Total Nuiii) Numberiv) Whether	Composition: umber of Member of meetings held Records of proce	rs:in previous	year:	·		
				.FF-3P.		

, 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. 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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PROLIPATION DVIIO

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: -

Name of Visitor	Sign. of Visitors with Date
1)	Chairman
2)	Member
3)	Member
4)	Member



Dr. Rajesh R. Kambe Ayurved College & Hospital, Turkhed