

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

Date of Inspection	:	
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Faculty: _____ **Subject/Specialty:** _____

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

Name of Head of the Department : _____

Designation : _____

2. Department/Subject wise detail 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

3. Detail 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. Detail 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. Detail of Central Animal House:

6. Detail 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

Shivani Gavande

Principal

Late Kedari Redekar Ayurvedic
Mahavidyalaya, P.G. Training and
Research Institute, Gadhingla

Signature of Member

Signature of Member

Signature of Chairman

7. DetailsofResearchAdvisoryCommittee: *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. DoctoralCommittee constitutedinthelinesofRAC? Yes/No

- i) If Yes, Date of Composition: -----
- ii) Total number of Members: -----
- iii) Name of External Subject Expert: -----

9. IsPlagiarismdetectionsoftwarefacilityavailable? Yes/No

If Yes, Name of the Software -----

10. IsattendanceofthePh.D. Scholarmaintainedproperly? Yes/No

11. WhetherResearchCentreisregisteredunderMPCBprovisions? Yes/No

12. WhetherBMWfacilityisavailable? Yes/No

13. Anyotherimportantthingrelatedto Research/Department/Facilities, which will be helpful to carry out good quality research under this department:

Not
Applicable

DECLARATIONBYLIC

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	

Signature of Member

Signature of Member

Signature of Chairman