



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसळ, नाशिक - ४२२००४, Dindori Road, Mhasrul, Nashik - 422004

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INSPECTION COMMITTEE REPORT FOR CONTINUATION OF RECOGNITION OF PhD

CENTRE FOR A/Y 20.....- 20.....

(Please submit separate report for each subject)

Faculty: Subject/Specialty:

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

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Name of Head of the Department: -

Designation:

2. Department / Subject wise details of available PhD Guides: -
(Attach Annexure "A")

- NOT APPLICABLE -

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							

4. 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:.....

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L. Chandra
Principal

Gulabrao Patil Memorial Trust's
Pramla Devi Patil College Of Physiotherapy Miraj

5. **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**
6. **Details of Central Animal House:**
 i) Available Area in sq. ft:
 ii) Functioning Central Animal House? **Yes / No**
7. **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**
8. **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**
9. **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:
10. **Is Plagiarism detection software facility available?** **Yes / No**
 If Yes, Name of the Software:
11. **Is attendance of the Ph.D. Scholar maintained properly?** **Yes / No**
12. **Whether Research Centre is registered under MPCB provisions?** **Yes / No**
13. **Whether BMW facility is available?** **Yes / No**
14. **Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

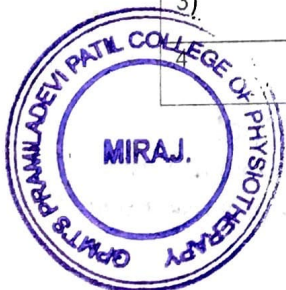
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DECLARATION BY LIC

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	
	Member	



[Signature]
Principal

**Gulabrao Patil Memorial Trust's
 Pramiladevi Patil College Of Physiotherapy Miraj**