

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

(Please submit separate report for each subject)

Date of Inspection : _____

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")*

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:

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.....**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	



PRINCIPAL
Karmavir V.T.Randhir
 Ayurved College, Boradi,
 Tal. Shirpur, Dist. Dhule 425 428

College Letter HeadList of Ph.D. Guides Available at Ph.D. Research Centre



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							

Date:



Signature, Name and stamp of Dean/Principal/Director

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 Tal. Shirpur, Dist. Dhule 425 428

	<p>KVPS Karmavir V.T.Randhir Ayurved College, Boradi Tal-Shirpur, Dist-Dhule(425428)</p>	
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Shri.Dr. Tushar V.Randhe
President

Shri.Rohit V.Randhe
Vice -President

Dr. Rajesh M.Giri
Principal

Out No. AMB/ /2023

Date :- / / 2023

ANNEXURE -XV-B

Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

Sr.No.	Name of Ethical Committee	Designation
01	Dr.S.N.Patil	Chairman
02	Dr.Pitmaber Dighore	Modern Physician
03	Dr.Mahesh Pawar	Pharmacologist
04	Mr.Ramesh Gujar	Legal Expert
05	Dr.Narendra Mundhe	Ayurved Physician
06	Dr.Vijay Pawar	Basic Medical Scientist
07	Dr.Jaya Jane	Member of A.S.U.
08	Dr.S.G.Chaudhari	Philosopher
09	Mr.Shyamkant Patil	Layman
10	Dr.Rajesh Giri	Secretary


 Name :- **Dr. Rajesh, M. Giri**
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 Karmavir V.T.Randhir
 Ayurved College, Boradi,
 Tal. Shirpur, Dist. Dhule 425 428

College Letter Head

Details of Research Advisory/ Doctoral Committee

Sr.No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1		
2		
3		
4		
5		

Date:

Signature, Name and stamp of Dean/Principal/Director

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