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

(Please submit separate report for each subject)

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Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Retirement	PhD Scholars Registered till	days Research Methodology	Recognition No. and Date
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	<ul><li>ii) Total number of Members:</li></ul>							
	iv) Whether records of proceedings are maintained pro	Yes / No						
8.	Is Doctoral Committee constituted in the lines of	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						
40	If Yes, Name of the Software							
10.	Is attendance of the Ph.D. Scholar maintained pro	Yes / No						
11. 12.	Whether Research Centre is registered under MF Whether BMW facility is available?	s? Yes / No Yes / No						
13.								
	will be helpful to carry out good quality research u							
	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 Inspectors		Sign. of Inspectors with Date					
	1)	Chairman						
	2)	Member						
	3)	Member						

Member

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