

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

(Please submit separate report for each subject)

<b>Date of Inspection</b>	:	
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**Faculty: Not Applicable****Subject/Specialty: .....****1. Name & Address of the College/Research Centre: -****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:.....

**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	