

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 and address of the college/Research center:-

Name of Head of the Department: -----

Designation: -----

2) Department/Subject wise details of available Ph.D. Guides:-

(Attach annexure "A")

Sr. no.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of Ph.D. Scholars Registered till date	Has Completed Six days Research Methodology workshop? Yes/No	Ph.D. Recognition No. and Date
1	NA	---	---	---	---	---	---
2	NA	---	---	---	---	---	---
3	NA	---	---	---	---	---	---
4	NA	---	---	---	---	---	---
5	NA	---	---	---	---	---	---

3) Details of Available infrastructure for Research:

I) Adequate number of Computer's with internet Facility is available Yes/No

II) Adequate number of Books/Journal 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 sq.ft -----

ii) Functioning Centerl Animal House Yes /No

6) Details of Institutional Ethical Committee (Attach Annexure "B")

i) Date of Composition -----

ii) Total Number of Member-----

iii) Number of Mettings held in previous year -----

iv) Whether Records of porceedings are maintained properly? Yes/No

v) Is Human and Animal Ethics committee, registered under the appropriate authority? Yes/No

7) Details of Reearch 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 line of RAC? YES/No
- i) If Yes, Date of Composition -----
- ii) Total Number of Member -----
- 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 Center 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: Yes/No

Declaration By LIC

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the department/college/Research Center the available other facilities, required instruments and equipment, available at the research center. The Overall observations of the inspection Committee are as follows.

Name of Inspectors		Signature of Inspectors with date
1	Chairman	
2	Member	
3	Member	
4	Member	



[Handwritten Signature]
PRINCIPAL
 Late Babruwan Vitthalrao Kale
 Ayurved Medical College & Hospital
 Gandhi Maidan, Latur

मांजरा चॅरिटेबल ट्रस्ट संचलित

कै. बब्रुवान विठ्ठलराव काळे



Manjara Charitable Trust's

Late Babruwan Vitthalrao Kale

Ayurved Medical College & Hospital, Latur

आयुर्वेद वैद्यकीय महाविद्यालय व रुग्णालय, लातूर

बस स्टॅण्ड पाठीमागे, गांधी मैदान, लातूर - ४१३ ५१२

☎: कॉलेज-२४४६७७, २४७६७७, फॅक्स : (०२३८२) २४४६७७

रुग्णालय-(०२३८२) २४४८०२

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College Code: 3405

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Hospital - (02382) 244802 Institution ID - AYU0188

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Approved by NCISM, Ayush dept. Govt. of India, New Delhi & Govt. of Maharashtra. Affiliated to Muhs, Nashik

Dr. Pawar A. M.

Principal

A.O & Hospital Superintendent
Mo. 9405647469 / 9175228168

Ref. No.

Date :


ANNEXURE- XV-A

List of Ph. D. Guides Available at Ph. D. Research Center

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of Ph.D. Scholars Registered till date	Has Completed Six days Research Methodology Workshop?	Ph. D. Recognition no. and date
1	---	---	---	---	---	---	---
2	---	---	---	---	---	---	---
3	---	---	---	---	---	---	---
4	---	---	---	---	---	---	---
5	---	---	---	---	---	---	---
	---	---	---	---	---	---	---

Date : / /2024.




Dr. Pawar Anand Mukundrao,
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Dr. Pawar A. M.

Principal

A.O & Hospital Superintendent
Mo. 9405647469 / 9175228168

Ref. No.

Date :

ANNEXURE- XV-B

Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

Sr. No.	Name of Ethical Committee Member	Designation
1	Dr. Ajay B. Patil	Chair Person
2	Dr. Anand M. Pawar	Member Secretary
3	Dr. Maruti T. Narhare	Person form Basic Medical Science
4	Dr. Vandana B. Ghate	Clinicians
5	Adv. Shri Kiran Jadhav	Legal Expert
6	Dr. Sanjay S. Thonte	Pharmacologist
7	Shri. Abhaya C. Shah	Social Scientist
8	Dr. M. B. Karajagi	Philosopher
9	Shri. L. R. Surwase	One Lay Person

Date : / /2024.



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Ref. No.

Date :

ANNEXURE- XV-C

Details of Research Advisory/Doctoral Committee

Sr. No.	Name of Research Advisory/Doctoral Committee/Subject expert Member	Designation
1	Dr. Puri Manjusha	Professor
2	Dr. Ghate Vandana	Professor
3	Dr. Narhare Maruti	Reader
4	Prof. Kumbhar P. B.	Pharmacologists
5	Dr. Nirgude Rajendra	Professor

Date : / /2024.



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