Annexure XI

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

Date of Inspec	tion	:				
Faculty:		- Subje	ct/Specialty	: - NF	\	
1. Name & Address of the College/Research Centre: -						
Name of Head of Designation :				ble PhD Guides:		
Sr. Name of No. Ph.D. Guide		Date of Birth	Date of Retirement	Total No. of	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
 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: 						
i) Availabii) Is Drugsiii) Is Adeq	of Central Related Area (in sq. fins/Medicines/Cheuate number of reds of Stock book	t):emicals e Instrume	tc. are availa	ble for research? Yable? Yes / No	es/No	
	of Central An			ttee: (Attach Anne	exure ''B")	
ii) Total No iii) Number iv) Whether	Records of pro	ers:d in prev ceedings	ious year: are maintain	ned properly? Yes /		/ No

PRINCIPAL

Late. Babruwan Vitthalrao Kale

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