



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 Center/ 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 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 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	


Principal
Dr. K. D. Shendge Ayurvedic
Medical College, Omarga



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: 20/01/2024

[Signature]
Principal
Signature, Name and Stamp of Dean/Principal/Director
Omarga Ayurvedic
Medical College, Omarga



जय मल्हार बहुउद्देशिय विकास संस्था, संचलित

**डॉ. के. डी. शेंडगे आयुर्वेदिक मेडिकल कॉलेज अँड
शेंडगे आयुर्वेदिक हॉस्पिटल अँड रिसर्च सेंटर, उमरगा.**

प्लॉट नं. २३, अमर पेट्रोल पंपा जवळ, गणेश चित्र मंदिर समोर, मेन रोड, उमरगा,

जि. उस्मानाबाद. फोन नं.: ०२४७५-२५०५०४ मो. ९४२२४६४५८४ ई-मेल : ayurveddrkdshendge@gmail.com

जावक क्र.: KDS/AC/206/2024

दि.: 20 / 01 / 2024

ANNEXURE- XV-B

Details of Institutional Ethical Committee

On Behalf of Jay Malhar Bahuudeshiya Vikas Sanstha under the guidelines of Maharashtra University of Health Science Nashik, Our Institute Dr. K. D. Shendge Ayurved Medical College and Hospital, Omurga. Has constructed intuitional Ethics Committee for the Academic Year 2023-2024 The Members for his committee are as follows.

A) Details of Institutional Ethical Committee

Sr. No.	Name of Ethical Committee Member	Designation
1	Dr. Shendge R. D.	Chair Person
2	Dr. Pakle Govind	Member Secretary
3	Dr. Ingale Kamlakar	Person form Basic Medical Science
4	Dr. Kawthe Santosh	Clinicians
5	Adv. Gaikwad G. K.	Legal Expert
6	Dr. Shrigire Sayaram	Pharmacologist
7	Shri. Dudhbhate	Social Scientist
8	Dr. Deshmukh Usha	Philosopher
9	Shri. Kale Mahalappa	One Lay Person

Date:

Signature, Name and Stamp of Dean/Principal/Director

Principal
Dr. K. D. Shendge Ayurvedic
Medical College, Omurga



जय मल्हार बहुउद्देशिय विकास संस्था, संचलित

डॉ. के. डी. शेंडगे आयुर्वेदिक मेडिकल कॉलेज अँड शेंडगे आयुर्वेदिक हॉस्पिटल अँड रिसर्च सेंटर, उमरगा.

प्लॉट नं. २३, अमर पेट्रोल पंपा जवळ, गणेश चित्र मंदिर समोर, मेन रोड, उमरगा,

जि. उस्मानाबाद. फोन नं.: ०२४७५-२५०५०४ मो. ९४२२४६४५८४ ई-मेल : ayurveddrkdshendge@gmail.com

जावक क्र.: KDS/AC/207/2024

दि.: 20/01/2024

ANNEXURE- XV-C

Details of Research Advisory/Doctoral Committee

Sr. No.	Name of Research Advisory/Doctoral Committee/Subject expert Member	Designation
1	Dr. Pakle Govind	Professor
2	Dr. Pataskar Sakshi	Professor
3	Dr. Ingavale Vijay	Reader
4	Dr. Shrigire Sayaram	Pharmacologists
5	Dr. Ingale Kamlakar	Lecturer

Date:

Signature, Name and Stamp of Dean/Principal/Director
Principal
Dr. K. D. Shendge Ayurvedic
Medical College, Omarga

