

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

(Please submit separate report for each subject)

Date of Inspection	:	
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Faculty: ..... Subject/Specialty: .....

1. Name &amp; Address of the College/Research Centre: -

**NOT APPLICABLE**

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	Not applicable						
2							
3							
4							
5							

4. 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:.....

5. 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

6. Details of Central Animal House:

i) Available Area in sq. ft: .....

ii) Functioning Central Animal House? Yes / No

7. Details of Institutional Ethical Committee: (Attach Annexure "B")



Dean,  
Government Medical College  
Dharashiv