Part-I Maharashtra University of Health Sciences, Nashik

**Inspection Committee Report for Post Graduate Institute (InstitutesrunningexclusivePGCourse)forAcademicYear202....-202…...**

**FacultyofMedicine**

**(For Grant of Continuation / Extension of Affiliationfor affiliated PGColleges/Institutes/Fellowship/CertificateCourse/Ph.D.Colleges&Hospitals)**

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| **DateofEstablishmentofCollege** | **:** | **…../…/………..** |

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| --- | --- | --- |
| **DateofInspection** | **:** |  |

|  |  |
| --- | --- |
| **Name&DesignationofInspectors:** | **Signature** |
| 1) | Chairman |  |
| 2) | Member |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **NameoftheCollege/Institute** | **:** |  |
| a | NameofSociety/Trust | : |  |
| b | Address | : |  |
| c | EmailAddress | : |  |
| d | FaxNo.(s) | : |  |
| e | TelephoneNo.(s) | : |  |
| f | Website | : |  |
| g | CollegeCode | : |  |
| h | Status | : | Government/Corporation/Private |
| i | StageofRenewal | : |  |
| j | **DetailsoftheDean/Principal** | : |  |
| 2 | NameoftheDean/Principal | : |  |
| a | NatureofAppointment | : | Permanent/Temporary/Officiating |
| b | MobileNo. | : |  |
| c | Office Landline | : |  |
| d | E-mailAddress | : |  |

1. **PGIntakeCapacity:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Course** | **Subject** | **No.ofRecognized Seats** | **No.ofPermitted Seats** | **TotalIntake Capacity** |
|  |  |  |  |  |  |
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**1.DetailsoftheCollegeareavailableontheCollegeWebsite,intheprescribedformat(PartII)?**

Yes/No

1. **Whethertheinformationiscompleteinallrespect. Yes/No**
2. **If incomplete information, please write the points from prescribed format (part II) regarding unavailable/insufficient information, (LIC to physically verify) the infrastructure/available facilities regarding those points and write the observation below-**

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| **Sr.****No.** | **Subject** | **PointsNumberinprescribed format** | **Particularsofthepoint** | **Observationsof the LIC** |
|  |  |  |  |  |
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1. **LIC to randomly choose the 10 points of concern, which will help improve the quality of medical education and student’s life on the campus.**

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| **Sr.****No.** | **Subject** | **PointsNumberinprescribed format** | **Particularsofthepoint** | **Observationsof the LIC** |
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1. **LIC to visit all departments and physically verify the availability of teaching staffand residents in the department (Please attach the Biometric attendance of all departments over previous 06 months.) Annexure- “I‟.**
2. **CurricularActivitiesintheCollege-**
	1. Whether the PG activities are conducted regularly? Yes/~~No~~ (LIC to verify the record of PG activities and submit the report in belowformat)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Subject** | **PG Activity** | **Frequency of conduction****As per the available records** | **Remark** |
| 1 | Ophthalmology  | Seminar | Once a week  |  |
| JournalClub | Once a week  |  |
| Tutorials | Once a week  |  |
| Case Presentation | Once a week  |  |
| Anyother | Group discussion every fortnight Bed side clinics every day OPD Case discussion every day Guest lectures every second month  |  |
| 2 |  | Seminar |  |  |
| JournalClub |  |  |
| Tutorials |  |  |
| Case Presentation |  |  |
| Anyother |  |  |

1. **Ongoing Research Activities in the college excluding PG thesis** (LIC to verify the relevant details of any one of ongoing research activities such as Ethics Committee Approval, status of data collection, data analysis etc., and give the remarks below).

|  |  |  |  |
| --- | --- | --- | --- |
| 1  | Comparison of Phacoemulsification and Manual small incision cataract surgery in intraoperative management of small pupil in eyes with pseudoexfoliation syndrome. | Dr. Upashana Patro  | Dr. Sanjeevani Ambekar Dr. Prajakta Bhailume  |
| 2  | Study of the retinal findings leading to diagnosis of anemia and assess visual outcome.  | Dr. Swapnali Sawant  | Dr. Prajakta Bhailume  |
| 3  | Demographic Distribution & Surgical Outcome of Pediatric Cataract taking in consideration different etiological factors in Tertiary Care Center in Western Maharashtra.  | Dr. Apoorva Pandey  | Dr. Sanjeevani Ambekar Dr. Prajakta Bhailume  |

1. **MUHS Faculty Evaluation Status:**

**(ReferUniversityCircularNo.99/2022(MUHS/Acad/EO/UG&PG/3869/2022dtd.21/10/2022))**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Evaluation carriedoutatCollege level** | **TotalNo.ofTeachers** | **Totalevaluation carried out** | **Remainingpending with reasons** |
|  |  |  |  |
|  |  |  |  |

1. **StatusofNAACAccreditation:Accredited Yes/No/NotApplicable**

IfYes,Grade&DateoflastInspection:

IfNo,whatiscurrentstatus/progressofwork

1. **Statusof OnlineBoarding:**
2. **ServicesforPersonwithDisability:**
3. **AvailabilityofFreeship/ScholarshipforcategoryStudents:**

## StudentsFeedback

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Particulars to be verified** | **Details on CollegeWebsite** | **Adequate/ Inadequate** |
| 1 | **Hostelfacility:**Boys(UG) | Yes/No |  |
| 2 | Boys(PG) | Yes/No |  |
| 3 | Girls(UG) | Yes/No |  |
| 4 | Girls(PG) | Yes/No |  |
| 5 | Interns | Yes/No |  |
| 6 | Residents | Yes/No |  |
| 7 | CanteenFacility[**Note**: Verify Canteen Facility is monitored as per MUHS Circular No.18/2019 dated 19/03/2019]. | Yes/No |  |
| 8 | Warden/ Rector | Yes/No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Particularstobeverified** | **Details on****CollegeWebsite** | **Adequate/****Inadequate** |
| 9 | Hygiene | Yes/No |  |
| 10 | VendingMachine | Yes/No |  |
| 11 | Toilets/WashroomFacilities(Cleanness&Hygiene maintain) | Yes/No |  |
| 12 | HousekeepingatHostel | Yes/No |  |
| 13 | DrinkingWaterFacilities | Yes/No |  |
| 14 | SecurityServices | Yes/No |  |

1. **FeesDetails:**

|  |  |
| --- | --- |
| **Sr.****No.** | **Continuation/ExtensionofAffiliationFeesDetails:** |
| **Course(s)** | **Paid/Notpaid** | **Amount** | **Outstanding(if any)** | **Reasonsof Non-payment** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

1. **AnyOtherFeesDetails:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | Course(s) | Paid/Notpaid | Amount | Outstanding(ifany) | ReasonsofNon-payment |
| 1 |  |  |  |  |  |
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1. **Dateofcollegedatauploadedonwebportal(**[**http://aishe.gov.in)**](http://aishe.gov.in/)**regarding“All India Survey on Higher Education (AISHE)”. Yes/No**

**DateofUploading:……/…../……..**

1. **SummaryandotherobservationofLIC:(Ifrequiredseparatesheettobeattached).**

**MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK**

**InformationtobeprovidedbytheCollegeforverificationofLocalInquiryCommittee LIST OF ANNEXURE FOR LIC**

|  |  |  |
| --- | --- | --- |
| **No. of****Annexures** | **Particulars** | **Verifiedby****Committee** |
| **ANNEXURE-I** | **LICtophysicallyverifytheavailabilityofteachingstaffandresidentsin****theassigneddepartment/departments(Pleaseattachtheattendancesheet duly signed by teachers and residents)**1. HardcopyofthisAnnexuremustbesubmittedtotheUniversity.
2. TheinformationmustbemadeavailableontheCollegewebsite
 | Yes/No |
| **ANNEXURE-II** | **IntakeCapacity/ SeatMatrix**1. Hardcopy&softcopyofthisAnnexuremustbesubmittedtotheUniversity.
2. TheinformationmustbemadeavailableontheCollegewebsite.
 | Yes/No |
| **ANNEXURE-III** | **TotalSubject-wiseTeacherStaffList(Approved+Notapproved)**1. Hardcopy&softcopyofthisAnnexuremustbesubmittedtotheUniversity.
2. TheinformationmustbemadeavailableontheCollegewebsite.
 | Yes/No |
| **ANNEXURE-IV** | **ExaminationRelatedInformation**Hardcopy&soft copyof thisAnnexuremustbesubmittedtotheUniversity).TheinformationmustbemadeavailableontheCollegewebsite. | Yes/No |
| **ANNEXURE-V** | **FormforFellowship/CertificateCourse(s)**Hardcopy&soft copyof thisAnnexuremustbesubmittedtotheUniversity).TheinformationmustbemadeavailableontheCollege/TrainingCentrewebsite. | Yes/No |
| **ANNEXURE-VI** | **Formfor Ph.DCourses**Hardcopy&soft copyof thisAnnexuremustbesubmittedtotheUniversity).TheinformationmustbemadeavailableontheCollege/TrainingCentrewebsite. | Yes/No |
| **ANNEXURE-VII** | **DeclarationbytheDean/PrincipaloftheCollege /Institute**OriginalcopyofthisAnnexuremustbesubmittedtotheUniversity. | Yes/No |

**IMPORTANTINSTRUCTIONS&DECLARATIONS:**

1. Our College is fully aware that our college is responsible to fulfil and maintain norms including the infrastructure both physical and human resources, teaching faculty and clinical material throughout Academic Year as per MSR/Council norms/University norms. In case false/wrong declaration or fabricated documents is submitted for purpose of Affiliation ofthe University by the College and if it is found by the University at any stage, then our college is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.
2. It is certified that our college has uploaded all above Annexures on our college website and itwill be kept ready for verification ofLocal Inquiry Committee (LIC). Our college is fully awarethat University will not grant Continuation of Affiliation, in case if required information, is not uploaded on college website.
3. Our College hereby undertake that all Annexures information will be made available on college website for a period of next 05 years. Year-wise information of all Annexures will be made available on college websitefora periodof 05 yearsfromtime to time. In case if anyinformation (Annexurewise) is called-for by the University in intermittent period, our college will furnish required information to the University immediately.

**Date:**……………………. SignatureofDean/Principal

**Place:** …………………… NameoftheSignatory-

(withSealoftheCollege/Institute)

**DECLARATIONBYLIC**

We hereby certify that, the College has uploaded Annexures as prescribedby University on College Website and it is duly verified by our Committee. Details of Information of Annexure/s which is not uploaded on CollegeWebsite is mentioned in LIC Report.

|  |  |
| --- | --- |
| **NameofInspectors** | **SignatureofInspectors** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

**Date:…………………**

## ShortReport

To,

The Registrar M.U.H.S.,Nashik

**Sub:-**ShortReportofLocalInquiryCommitteeforContinuationofAffiliationfor the Academic Year 2022-23.

Sir,

With reference to above mentioned subject and letter we are visiting

…………………………………………………………………………………….. College/Institute on dated ……………….… and sending a **Short Report** regarding present Teaching Staff and IPD in your prescribed format as follows at 11.00 a.m.

1. NumberofTeachingStaffpresent:…………………..
2. NumberofIPDpatientsonBed:………………………

(PhotocopyofAttendanceofTeacherandIPDatthetime11:00a.m.)

* 1. …………………………………………(Name & Sign of LIC Member)
	2. …………………………………………(Name & Sign of LIC Member)
	3. …………………………………………(Name & Sign of LIC Member)
	4. …………………………………………(Name & Sign of LIC Chairman)

**ANNEXURE-I**

**NameofCollege/Institute ……………………………………………………..………………Name of the Department:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **NameoftheTeacher** | **Designation** | **MUHSApproved****Designation** | **Signature** |
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**TotalPGIntakeCapacity=**

**WhetherTeachersStudentsratioisfulfilled Yes/No**

**Summary–**

**ApprovedStaff Approved+NonApprovedStaff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | AssociateProfessor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | SeniorResident |  |  |  |
| 5 | Junior Resident |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required** | **Available** | **Deficiency** |
| 1 | Professor |  |  |  |
| 2 | AssociateProfessor |  |  |  |
| 3 | Assistant Professor |  |  |  |
| 4 | SeniorResident |  |  |  |
| 5 | JuniorResident |  |  |  |

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

**ANNEXURE-II**

**Intakecapacity/SeatMatrix**

**NameofCollege/Institute:……………………………..…………….………………………..**

|  |  |  |  |
| --- | --- | --- | --- |
| **PGDegree/ PGDiploma Courses /****SuperSpecialty** | **Intakeasper Council** | **StatusofCouncil** | **Max. Seats Permitted by MUHS as per Teacher: StudentRatio** |
| **Degree** | **Diploma** |
| **Degree** | **Diploma** | **Recognized** | **Permitted** | **Recognized** | **Permitted** | **Degree** | **Diploma** |
|  |  |  |  |  |  |  |  |  |
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**AnyOther,PleaseSpecify:**…………………………………………………….

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

**ANNEXURE-III**

**MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK**

**DETAILINFORMATIONOFSUBJECTWISETEACHINGSTAFF(Approved+NotApproved)**

**UGDegree/PGDegree/SuperSpecialty) ASON:…../……./……….**

**Name of the Dept. :………………………… Subject:…………. WhetherUG…./UG+PG..…/UG+PG+SuperSpecialty… Name of the College :……………………………………… College Code : …… Intake Capacity: ……………….**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Subject** | **Nameof Teacher** | **Designation** | **Mob. No.** | **E-mail ID** | **DOB** | **Whether belongsto Reserved category****(ifYes,specify category)** | **Dateof appoint mentat College** | **TeachingExperience** | **Total Teaching Experienc einyears of PG** | **Type of Appoint ment****Temp./Regular/Contractual** | **University Approval Status (Yes/No)** | **Temporary Approval** | **DetailsofPG Recognition** | **MET****Works hop attende dinlast****5years** | **Photo graph with Signat ure** |
| **UG(Yrs.)** |
| **Asst. Prof.** | **Asso. Prof.** | **Prof.** | **Total** |
| **from** | **To** | **Temp/Regular** | **Letter****No.&date** |  |  |
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**Note:TheCollegeshallsubmitonehardcopy&asoftcopy(inExcelFormat)ofthelistinPenDrivetotheLICCommittee.**

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

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**ANNEXURE-IV-A**

**EXAMINATIONRELATEDINFORMATIONFORA.Y.20……-20……..**

**ForOnlineTransmissionofQuestionPapers:**

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **InfrastructurefacilitiesatCollege** | **Yes/No** |
| **StrongRoom:** |
| 1 | ItmusthaveSingleDoorEntry/Exit(withSafetyDoor/Grillforwindows) |  |
| 2 | MinimumAreashallbe20x20sq.ft. |  |
| 3 | AdequateSteelAlmirah/CupboardforstorageofAnswerBooks. |  |
| 4 | C.C.T.V.CamerawithrecordingfacilitythatcoversentireareaorDownloadingandPrintingofonlinetransmissionofQuestionPaper process. |  |
| 5 | LatestversionComputer(Minimum4)andPrinter(Minimum4)withInverterfacility,MSOffice,PDFReader,WinrarorWinzip. |  |
| 6 | DualInternetservice,Primarywith1:1dedicatedlineof100mbpsspeedby class‘A’ISP,andalternateline with1:1dedicatedlineof 50 mpbsspeed, byananotherClass‘A’ISPtoensureuninterrupteddownloadingfacility,with2(two)staticIP’s,InternetDongle. |  |
| 7 | AdequateNumberofPaperRimsforprintingQuestionPapers. |  |
| 8 | OnePhotocopyMachine,UPSBackup. |  |
| **ScanningRoom:** |  |
| 9 | Separate Scanning Room for scanning Answer Books after end of ExaminationSessionunderCCTVSurvellience.(LaptopsandScannerswill be provided by the University Appointed Agency) |  |
| 10 | DualInternetservice,Primarywith1:1dedicatedlineof100mbpsspeedby class‘A’ISP,andalternateline with1:1dedicatedlineof 50 mpbsspeed, byananotherClass‘A’ISPtoensureuninterrupteddownloadingfacility,with2(two)staticIP’s,InternetDongle. |  |

**ToSetUpDECforOnscreenEvaluationofAnswerBooks:**

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **InfrastructurefacilitiesatCollege** | **Yes/No** |
| **1** | Computers(20)withlatestlicensedOperatingSystemSoftware(OSS)with antivirusandfirewallstoprovidealllock,workstationwithComputerchartsandkeyboardtray. |  |
| ad76\**2**Desktop\20.04. | 202W0\Mierdiicnal-gLICFoarmnatdwithNAnneexutrwes(oItorXkIII)ifnorgA.Y.2(0w22-i23thRaw)PPagoe**9**wof**1**e**0**rSupplyandUPS)andonePrinterper DEC |  |
| **3** | Airconditioners,Biometricsystem,CCTVinstallation,Restroomsand24x7security. |  |
| **4** | CollapsiblegateforthemainentrancewithNameboardandlockingfacility. |  |
| **5** | DualInternetservice,Primarywith1:1dedicatedlineof100mbpsspeedby class‘A’ISP,andalternatelinewith1:1dedicatedlineof50mpbsspeed,by an another Class ‘A’ ISPto ensure uninterrupted downloading facility, with 2(two) static IP’s. |  |
| **6** | AppointmentofoneProfessorasa**ExaminationCo-ordinator**toCo-ordinate thisOnline process. |  |
| **7** | Separate Evaluation Room for Evaluating the Answer Books under CCTV Survellience |  |

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**DataVerifiedbytheCommitteemembers:**

NameoftheCollege: Phone/Mobile No. : NameoftheSubject:

**MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

**ANNEXURE-IV-B**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **College Name** | **Subject** | **Full name of the Teacher (First/Middl e/Last)** | **Design ation** | **Dateof Joining** | **UG****Qualifica tion& year of Passing** | **PG****Qualificati on&Year ofPassing** | **Teachin g Experien ce after PG****passing** | **MUHS****Approval (Yes/No)** | **IfYesMUHS Approval Letter &Date** | **Adhar No.** | **Pan No.** | **Dateof Birth (Agein years** | **Latest Email Addre ss** | **Contac t No. (Mob.)** | **Debarred Yes/No** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**DataVerifiedbytheCommitteemembers:**

**ANNEXURE-IV-C**

**MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PGCourses)**

NameoftheCollege: Phone/Mobile No. : NameoftheSubject:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of Teacher (LastName FirstName Middle Name)** | **Designation** | **Subject/ Speciality** | **Type of Appoint ment (Regular/ Temp. / Honorary** | **Qualification** | **UniversityApprox at(UG)** | **PG****Teaching Experienc e (in Years) after****PGM** | **PG****Teacher Recopnil ion Yes/No** | **(Recognition Letter Date issuedby University)** | **No.of PG****Students Guided last 5 year** | **Dateof Birth** | **E-****mallID** | **MobileNo.** | **Aadhar CardNo** | **IfDebar red (Yes/N o)** | **Sign.. ofTeache r** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**DataVerifiedbytheCommitteemembers:**

**Member Member Member Chairman**

**ANNEXURE-V**

## FORFELLOWSHIP/CERTIFICATECOURSE(S)FORA.Y.20……-20……..

(AsperprovisionsoftheMaharashtraUniversityofHealthSciencesAct,1998andUniversityRule/Guidelines)

|  |  |  |
| --- | --- | --- |
| **DateofInspection** | **:** |  |

1. **Name(s)oftheFellowship/CertificateCourse(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Fellowship/Certifica teCourse** | **Course Started from the****Academic Year** | **IntakeCapacity Sanctioned by****the University** | **Name of Mentorand Contact Details** |
| 01 |  |  |  |  |
| 02 |  |  |  |  |
| 03 |  |  |  |  |
| 04 |  |  |  |  |
| 05 |  |  |  |  |
| 06 |  |  |  |  |
| 07 |  |  |  |  |

**(AttachseparateListifnecessary)**

1. **Year-wisenumberofstudentsadmittedtoFellowship/Certificatecourseduringlast5years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Academic Year** | **NameofFellowship/ Certificate Course** | **IntakeCapacity** | **No.ofStudents****Admitted**(Infigureonly) |
| 1 | A.Y.20….. –20…. |  |  |  |
| 2 | A.Y.20….. –20…. |  |  |  |
| 3 | A.Y.20….. –20…. |  |  |  |
| 4 | A.Y.20….. –20…. |  |  |  |
| 5 | A.Y.20….. –20…. |  |  |  |

**ANNEXURE-V-A**

# Informationtobesubmittedwithrespecttonewlyappointedmentors

## ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses Director/Mentor

TitleoftheCourseappliedfor:-………………………………………………………………

ThistoCertifythatDr. has

worked intheDepartment of......................................................TrainingCentreasperfollowing details

1. **GeneralExperience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total periodYear/Months** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **ActualexperienceinthesubjectofconcernedFellowship/CertificateCourseappliedfor**

**:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total periodYear/Months** |
|  |  |  |  |  |
|  |  |  |  |  |

(Itismandatorytoattachself-attestedPhotocopyoftheExperienceCertificateofeachMentorinthe Subjectof concerned Fellowship/Certificate Course)

Sign&Stamp Sign&Stamp

Headofthe Department Dean/Principal/HeadofInstitute

Date: / / Date: / /

|  |  |
| --- | --- |
| **NameofInspectors** | **SignatureofInspectors** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

**ANNEXURE-VI**

# FORPh.DCOURSE(S)FORA.Y.20……-20……..

**(Pleasesubmitseparatereportforeachsubject)**

|  |  |  |
| --- | --- | --- |
| **DateofInspection** | **:** |  |

**Faculty:**........................**Subject/Specialty**:..............………….................

1. **Name&AddressoftheCollege/ResearchCentre:-**

………………………………………………………………..……………………………………………….........................

………………………………………………………………………………………………………………………………….

**NameofHeadoftheDepartment:-**…………………………………………………..

**Designation:**……………………………………………………………………………..

1. **Department/SubjectwisedetailsofavailablePhDGuides:**-

***(AttachAnnexure‘’A”)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of Ph.D.Guide** | **Designation** | **Dateof Birth** | **Date of Retirement** | **TotalNo.of PhD Scholars Registered till date** | **Hascompletedsix days Research Methodology Workshop?****Yes/No** | **PhD****Recognition No.and Date** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

1. **DetailsofavailableinfrastructureforResearch:**
	1. AdequatenumberofComputerswithInternetfacilityisavailable? **Yes/No**
	2. )AdequatenumberofBooks/Journalsareavailable ? **Yes/No**
	3. AnyotherspecificthingavailableattheDepartment:……………………………...

…………………………………………………………………………………………………………….……………

………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………….

1. **DetailsofCentralResearchLaboratory:**
	1. AvailableArea(insq.ft):..............
	2. IsDrugs/Medicines/Chemicalsetc.areavailableforresearch? **Yes/No**
	3. IsAdequatenumberofInstrumentsareavailable? **Yes/No**
	4. IsRecordsofStockbookavailable? **Yes/No**
2. **DetailsofCentralAnimalHouse:**
	1. AvailableAreainsq.ft:..............
	2. FunctioningCentralAnimalHouse? **Yes/No**
3. **DetailsofInstitutionalEthicalCommittee:*(AttachAnnexure‘’B”)***
	1. DateofComposition:...............
	2. TotalNumberofMembers:...............
	3. Numberofmeetingsheldinpreviousyear:...............
	4. WhetherRecordsof proceedingsaremaintainedproperly? **Yes/No**
	5. IsHumanandAnimalEthicsCommittee,registeredundertheappropriateauthority?**Yes/No**
4. **DetailsofResearchAdvisoryCommittee:*(AttachAnnexure‘’C”)***
	1. DateofComposition:...............
	2. TotalnumberofMembers:...............
	3. Numberofmeetingsheldinpreviousyear:...............
	4. Whetherrecordsof proceedingsaremaintainedproperly? **Yes/No**
5. **IsDoctoralCommitteeconstitutedinthelinesofRAC? Yes/No**
	1. IfYes,DateofComposition:..... ..........
	2. TotalnumberofMembers:...............
	3. NameofExternalSubjectExpert…………………
6. **IsPlagiarismdetectionsoftwarefacilityavailable? Yes/No**

IfYes,NameoftheSoftware……………………………………….

1. **IsattendanceofthePh.D.Scholarmaintainedproperly? Yes/No**
2. **WhetherResearchCentreisregisteredunderMPCBprovisions? Yes/No**
3. **WhetherBMWfacilityisavailable? Yes/No**
4. **AnyotherimportantthingrelatedtoResearch/Department/Facilities,which will be helpful to carry out good quality research under this department:**

……………………………………………………………………………………………………………………….…

……………………………………………………………………………………………………………………...……

………………………………………………………………………………………………………………………….

**DECLARATIONBYLIC**

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 asfollows: -

……………………………………….……………………………………………………………………………………

………………………...………………………………………………………………………………………………….

…………..…………………………………………………………………………………………………………………

|  |  |
| --- | --- |
| **NameofInspectors** | **Sign.ofInspectorswithDate** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4 | Member |  |

**ANNEXURE-VI-A**

# CollegeLetterHead

**ListofPh.D.GuidesAvailableatPh.D.ResearchCentre**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of Ph.D.Guide** | **Designation** | **Dateof Birth** | **Date of Retirement** | **TotalNo.of PhD Scholars Registered till date** | **Hascompleted six days Research Methodology Workshop?****Yes/No** | **PhD****Recognition No.and Date** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Date:**

**DataVerifiedbytheCommittee members:**

**Member Member Member Chairman**

**ANNEXURE-VI-B**

# CollegeLetterHead

**DetailsofInstitutionalEthicalCommittee**

A)DetailsofInstitutionalEthicalCommittee

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **NameofEthicalCommitteeMember** | **Designation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Date:**

**DataVerifiedbytheCommittee members:**

**Member Member Member Chairman**

**ANNEXURE-VI-C**

# CollegeLetterHead

**DetailsofResearchAdvisory/DoctoralCommittee**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **NameofResearchAdvisory/Doctoral Committee/Subject expert Member** | **Designation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Date:**

**DataVerifiedbytheCommittee members:**

**Member Member Member Chairman**

**ANNEXURE-VII**

# DECLARATION

## (Tobe preparedonaStampPaperRs.100)

We, Local inquiry Committee of the ……………………………............. College / Institute solemnly states on affirmation, that the information provided by us in Inspection Format as well as uploaded on College Website along with all Annexures is true and correct to the best of our knowledge. The said information is provided to us by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective**Annexure-.…. & …..**are notworkingin /atanyother College /Institute or presented themselvesatanyinspectionfor the Academic Year 20..…-20……, as per our knowledge and information provided by the concerned teachers. The teachers in the **Annexure- …..& …..**are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the**Annexure- …..& …..**are not practicing in College working hours or out-sidethe City where the College /Institute is situated.

We further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by us after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

Thisdeclarationisvoluntarilysignedbyuson……..dayof…….20……at………….

**Date:** …………………….

**Place:**……………………

**Member Member Member Chairman**