Part-I Maharashtra University of Health Sciences, Nashik

**Inspection Committee Report for Academic Year 202.... - 202…...**

**Faculty of Medicine**

**(For Grant of Continuation / Extension of Affiliation for affiliated UG/PG/Fellowship/Certificate Course/Ph.D. Colleges/Institutes & Hospitals)**

|  |  |  |
| --- | --- | --- |
| **Date of Establishment of College** | **:** | **…../… /………..** |

|  |  |  |
| --- | --- | --- |
| **Date of Inspection** | **:** |  |

|  |  |
| --- | --- |
| **Name & Designation of Inspectors :** | **Signature** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Name of the College / Institute** | **:** | Byramjee Jeejeebhoy Government Medical College Pune |
| a | Name of Society / Trust | : | Sassoon General Hospitals, Jay Prakash Narayan, Pune railway station Road, Pune Maharashtra-411001 |
| b | Address | : | deanbjmcpune@gmail.com |
| c | Email Address | : | 020-6126868 |
| d | Fax No.(s) | : | 030-6128000  |
| e | Telephone No.(s) | : | <http://www.bjmcpune.org/> |
| f | Website | : | 1202 |
| g | College Code | : | 23/06/1946 |
| h | Status | : | **Government** / Corporation / Private |
| i | Letter of permission by MedicalCouncil of India (UG) | : | Letter No. U-12012/2/350/2019-MET(FTS8013875)Dated:21/06/2019 Intake:250 |
| j | Stage of Renewal | : |  |
| k | **Details of the Dean/Principal** | : |  |
| **2** | **Name of the Dean/ Principal** | : | Dr Eknath Pawar |
| a | Nature of Appointment | : | Permanent / Temporary / Officiating |
| b | Mobile No. | : |  |
| c | Office Landline | : |  |
| d | E-mail Address | : | deanbjmc@gmail.com |

1. **Details of the College are available on the College Website, in the prescribed format (Part II)?**

Yes/No

1. **Whether the information is complete in all respect.** 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-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Points Number in prescribed format** | **Particulars of the point** | **Observations of the LIC** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **LIC to randomly choose the 10 points of concern, which will help improve the quality of medical education and students life on the campus.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Points Number in prescribed format** | **Particulars of the point** | **Observations of the LIC** |
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1. **LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the Biometric attendance of all departments over previous 06 months.) Annexure- “II‟.**
2. **Curricular Activities in the College-**
	1. Whether Master Time Table is available. Yes/No
	2. Whether the lectures, Practicals, Clinical Sessions etc. are conducted as per the master time table?

(LIC to randomly choose at least 10 dates over past 03 months’ lectures, Practicals, clinical sessions, PG activities, (if PG course available) etc. from master time table and physically verify the conduction of these sessions) and attached copies to the report.

LIC to randomly choose at least 10 dates over past 03 months of all departments from Clinical side all departments Pre/Para Clinical Departments. LIC to verify past record of teaching activities (UG & PG) of these departments. (Please mention the findings in below) and attached copies to the report.

1. **Ongoing Research Activities in the college including PG thesis** (LIC to submit all records and the relevant details of all ongoing research activities such as Ethics CommitteeApproval, status of data collection, data analysis etc.
2. **MUHS Faculty Evaluation Status:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Evaluation carried out at College level** | **Total No. of Teachers** | **Total evaluation carried out** | **Remaining pending with reasons** |
|  |  |  |  |
|  |  |  |  |

1. **Status of NAAC Accreditation: Accredited Yes / No / Not Applicable**

If Yes, Grade & Date of last Inspection:

If No, what is current status/ progress of work

1. **Status of Online Boarding:**
2. **Services for person with Disability:**
3. **Availability of Freeship/ Scholarship for category Students:**
4. **Students Feedback**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Particulars to be verified** | **Details on****College Website** | **Adequate/****Inadequate** |
| 1 | **Hostel facility:**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 | Canteen Facility[**Note**: Verify Canteen Facility is monitored as per MUHSCircular No.18/2019 dated 19/03/2019]. | Yes/No |  |
| 8 | Warden/ Rector | Yes/No |  |
| 9 | Hygiene | Yes/No |  |
| 10 | Vending Machine | Yes/No |  |
| 11 | Toilets / Washroom Facilities (Cleanness & Hygienemaintain) | Yes/No |  |
| 12 | Housekeeping at Hostel | Yes/No |  |
| 13 | Drinking Water Facilities | Yes/No |  |
| 14 | Security Services | Yes/No |  |

1. **Fees Details:**

|  |  |
| --- | --- |
| **Sr.****No.** | **Continuation / Extension of Affiliation Fees Details:** |
| Course (s) | Paid / Not paid | Amount | Outstanding (if any) | Reasons of Non-payment |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. **Any Other Fees Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | Type of Fee | Paid / Not paid | Amount | Outstanding (if any) | Reasons of Non-payment |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

1. **Date of college data uploaded on web portal (**[**http://aishe.gov.in)**](http://aishe.gov.in/) **regarding “All India Survey on Higher Education (AISHE)”. Yes/No**

**Date of Uploading : ……/…../……..**

1. **Summary and other observation of LIC: (If required separate sheet to be attached).**

### MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

|  |  |  |  |
| --- | --- | --- | --- |
| **No. of Annexures** | **Particulars** | **Verified by Committee** | **Remark** |
| **ANNEXURE- I- A& I-B** | **Approved Teaching Staff & Total Teaching Staff (Approved + Notapproved) Information as per MSR**1. Hard copy & soft copy of this Annexure must be submitted to the University.
2. The information must be made available on the College website.
 | Yes/No |  |
| **ANNEXURE-II** | **LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the attendance sheet duly signed by teachers and residents)**1. Hard copy of this Annexure must be submitted to the University.
2. The information must be made available on the College website
 | Yes/No |  |
| **ANNEXURE-III** | **Intake Capacity/ Seat Matrix**1. Hard copy & soft copy of this Annexure must be submitted to the University.
2. The information must be made available on the College website.
 | Yes/No |  |
| **ANNEXURE- IV** | **Total Subject-wise Teacher Staff List (Approved + Not approved)**1. Hard copy & soft copy of this Annexure must be submitted to the University.
2. The information must be made available on the College website.
 | Yes/No |  |
| **ANNEXURE- V** | **Total Ancillary Staff Information**The information must be made available on the College website. | Yes/No |  |
| **ANNEXURE- VI** | **Total Non-Teaching Staff Information**The information must be made available on the College website. | Yes/No |  |
| **ANNEXURE-VII** | **Examination Related Information**Hard copy & soft copy of this Annexure must be submitted to the University).The information must be made available on the College website. | Yes/No |  |
| **ANNEXURE-VIII** | **Form for Fellowship/Certificate Course(s)**Hard copy & soft copy of this Annexure must be submitted to the University).The information must be made available on the College/Training Centre website. | Yes/No |  |
| **ANNEXURE-IX** | **Form for Ph.D Courses**Hard copy & soft copy of this Annexure must be submitted to the University).The information must be made available on the College/Training Centre website. | Yes/No |  |
| **ANNEXURE-X** | **Declaration by the Dean / Principal of the College / Institute**Original copy of this Annexure must be submitted to the University. | Yes/No |  |

**Information to be provided by the College for verification of Local Inquiry Committee LIST OF ANNEXURE FOR LIC**

**IMPORTANT INSTRUCTIONS & 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 of the 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 it will be kept ready for verification of Local Inquiry Committee (LIC). Our college is fully aware that 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 website for a period of 05 years from time to time. In case if any information (Annexurewise) is called-for by the University in intermittent period, our college will furnish required information to the University immediately.

**Date :** ……………………. Signature of Dean/Principal

**Place :** …………………… Name of the Signatory- (with Seal of the College / Institute)

### DECLARATION BY LIC

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

|  |  |
| --- | --- |
| **Name of Inspectors** | **Signature of Inspectors** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

**Date: …………………**

## Short Report

To,

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

**Sub: -** Short Report of Local Inquiry Committee for Continuation of Affiliation for the Academic Year 2022-23.

Sir,

With reference to above mentioned subject and letter we are visiting

…………………………………………………………………………………….. College 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. Number of Teaching Staff present: …………………..
	2. Number of IPD patients on Bed: ………………………

(Photocopy of Attendance of Teacher and IPD at the time 11:00 a.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-A

**Maharashtra University of Health Sciences, Nashik**

**Name of College/Institute…………………………………………………………………**

**Intake Capacity: ………… Recognized/Permitted ……… If permitted, Stage of renewal: …………..**

### APPROVED TEACHING STAFF AVAILABLE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Departments** | **Requirement (A)** | **Available****(b)** | **Deficiency****(A-b)= (C)** | **Remark** |
|  | **Prof** | **Asso. Prof** | **Asst. Prof.** | **Prof** | **Asso. Prof** | **Asst. Prof.** | **Prof** | **Asso. Prof** | **Asst. Prof.** |  |
| Anatomy |  |  |  |  |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |
| Forensic Medicine |  |  |  |  |  |  |  |  |  |  |
| Community Medicine |  |  |  |  |  |  |  |  |  |  |
| Gen. Medicine |  |  |  |  |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |  |  |  |  |
| Skin & VD |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |
| Orthopedics |  |  |  |  |  |  |  |  |  |  |
| Otorhinolaryngology |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |
| Obst. & Gynae. |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia |  |  |  |  |  |  |  |  |  |  |
| Radio-diagnosis | **1** | **2** | **3** | **3** | **0** | **6** | **0** | **2** | **0** |  **Deficiency of 2 Associate Professor is compensated by availability of 2 Additional Professors** |
| Dentistry |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |

* Requirement is to be calculated as per MCI/NMC norms as the case may be, and considering the stage of renewal.
* Staff requirement should also include requirement for any running PG course in the institute.
* Extra teacher on higher post can compensate deficiency of teacher on lower postin same department.
* Deficiency of SR cannot be compensated by extra teacher.

**Deficiency in faculty % =** (Total deficiency of approved faculty) \* 100/ (Total Required faculty) Available approved faculty % = **100 – Deficiency % =**

(Faculty includes Professors, Associate Professors and Assistant Professors)

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE- I-B**

### MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

**Name of College/Institute…………………………………………………………………**

**Intake Capacity: ………… Recognized/Permitted ………If permitted, Stage of renewal: …………..**

### TOTAL (APPROVED + NOT APPROVED) TEACHING STAFF AVAILABLE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Departments** | **Requirement (A)** | **Available****(b)** | **Deficiency****(A-b)= (C)** | **Remark** |
|  | **Prof** | **Asso. Prof** | **Asst. Prof.** | **Prof** | **Asso. Prof** | **Asst. Prof.** | **Prof** | **Asso. Prof** | **Asst. Prof.** |  |
| Anatomy |  |  |  |  |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |
| Forensic Medicine |  |  |  |  |  |  |  |  |  |  |
| Community Medicine |  |  |  |  |  |  |  |  |  |  |
| Gen. Medicine |  |  |  |  |  |  |  |  |  |  |
| Pediatrics |  |  |  |  |  |  |  |  |  |  |
| Skin & VD |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |
| Orthopedics |  |  |  |  |  |  |  |  |  |  |
| Otorhinolaryngology |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |
| Obst. & Gynae. |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia |  |  |  |  |  |  |  |  |  |  |
| Radio-diagnosis | 1 | 2 | 3 | 3 | 0 | 6 | 0 | 2 | 0 |  **Deficiency of 2 Associate Professor is compensated by availability of 2 Additional Professors** |
| Dentistry |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |

* . Requirement is to be calculated as per MCI/NMC norms as the case may be, andconsidering the stage of renewal.
* Staff requirement should also include requirement for any running PGcourse in the institute.
* Extra teacher on higher post can compensate deficiency of teacher on lower postin same department.
* Deficiency of SR cannot be compensated by extra teacher.

**Deficiency in faculty % =** (Total deficiency of approved faculty) \* 100/ (Total Required faculty)Available approved faculty % = **100 – Deficiency % =**

(Faculty includes Professors, Associate Professors and Assistant Professors)

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-II**

**Name of College/Institute B. J. Govt. Medical College Pune 411001**

**Name of the Department: RADIO DIAGNOSIS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of the Teacher** | **Designation** | **MUHS Approved****Designation** | **Signature** |
|  1 |  Dr Shephali S Pawar  |  Professor & Head |  Professor |  |
|  2 |  Dr.Sachin R Bagale |  Professor  |  Professor |  |
|  3 |  Dr. Sunil S Patil |  Professor |  Professor |  |
|  4 |  Dr Pravin A Lamdhade |  Assist. Professor |  Assist. Professor |  |
|  5 |  Dr Amol R Musale |  Assist. Professor | Assist. Professor |  |
|  6 |  Dr. Kanchan V Bhapkar |  Assist. Professor | Assist. Professor |  |
|  7  |  Dr. Suraj P Sonawane  |  Assist. Professor | Assist. Professor |  |
|  8 |  Dr. Ankita S Mundhe |  Assist. Professor | Assist. professor |  |
|  9 |  Dr. Tanaya G Kulkarni |  Assist. Professor | Assistant professor |  |
|  10 |  Dr Swetlana Nimje |  Senior resident |  -- |  |
|  11 |  Dr Abhijeet Jadhav |  Senior resident |  -- |  |
|  12 |  Dr Sadhana Padwalkar  |  Senior resident |  -- |  |

**Summary –**

**Approved Staff Approved + Non Approved Staff**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Designation** | **Required** | **Available** | **Deficiency** |
| 1 | Professor |  1 | 3 | 0 |
| 2 | Assoc. Prof |  2 | 0 | 2 **Deficiency of 2 Associate Professor is compensated by availability of 2 Additional Professors** |
| 3 | Assistant Professor |  3 |  6 |  0 |
| 45 | Senior ResidentJunior Resident |  5 45 |  3  45 |  2 0 |
| 5 | JuniorResident |  45 |  45 | 0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No. | Designation | Required | Available | Deficiency |
| 1 | Professor |  1 |  3 | 0 |
| 2 | Associate Professor |  2 |  0 |  2 **Deficiency of 2 Associate Professor is compensated by availability of 2 Additional Professors** |
| 3 | Assistant Professor |  3 |  6 | 0 |
| 4 | Senior Resident |  5 |  3 | 2 |
| 5 | Junior Resident Resident |  45 |  45 | 0 |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-III**

**Intake capacity/ Seat Matrix**

**Name of College/Institute:……………………………..…………….………………………..**

|  |  |  |  |
| --- | --- | --- | --- |
| **UG Degree/PG Degree/ Diploma Courses/Super Specialty** | **Intake as per Council** | **Status of Council** | **Max. Seats Permitted by MUHS as per Teacher:****Student Ratio** |
| **Degree** | **Diploma** |
| **Degree** | **Diploma** | **Recognized** | **Permitted** | **Recognized** | **Permitted** | **Degree** | **Diploma** |
| **UG Degree** |
| **MBBS** | 250 | NotApplicable | 250 |  | Not Applicable | Not Applicable |
| **PG Degree / Diploma & Super Specialty** |
| MD RADIO DIAGNOSIS |  11 |  0 |  10 |  01 |  00 |  00 |  11 |  00 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**Any Other, Please Specify:** …………………………………………………….

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-IV**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

**DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)**

**UG Degree/ PG Degree/ Super Specialty) AS ON: ….. /……. /……….**

**Name of the Dept. : Radio Diagnosis Subject: Radio Diagnosis.Whether UG…. /UG+PG..… /UG+PG+SuperSpecialty……. Name of the College : B J Govt MedicalCollege Pune College Code : …… Intake Capacity: 250**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Subject** | **Name of Teacher** | **Designation** | **Mob. No.** | **E-mail ID** | **DOB** | **Whether belongs to Reserved category****(if Yes, specify category)** | **Date of appointment at College** | **Teaching Experience** | **Total Teaching Experienc ein years of PG** | **Type of Appoint ment****Temp./ Regular/ Contractual** | **University Approval Status (Yes/No)** | **Temporary Approval** | **Details of PG Recognition** | **MET****Work shop attend ed in last 5****years** | **Photograph with Signature** |
| **UG(Yrs.)** |
| **Asst. Prof.** | **Asso. Prof.** | **Prof.** | **Total** |
| **From** | **To** | **Temp/ Regular** | **Letter No. & date** |  |  |
|  1 |  Radio Diagnosis |  Dr Shephali  S Pawar  |  Professor & Head |  9822478834 |  shephalipawarusg2000@gmail.com |  26.09.1967 |  No |  08.08.2000 |  4 yrs 8 mths |  14 yrs |  10 yrs |  30 yrs |  24 yrs |  Regular  |  Yes |  NA |  NA | Regular  | MUHS/E-1/PG/1209/755-31/2007 Dated 24.02.2007 |  0 |  |
|  2 |  Radio Diagnosis |  Dr Sachin  R Bagale |  Professor | 9545560099 | drsachinrb@gmail.com | 11-05-1977 |  SC | 02-07-2015 | 6 years 3 mnths | 11 yrs 10 mnths | 2 yrs 2 mnths | 20 yrs 6 mnths | 14 yrs |  Regular | YES | NA | NA | Regular | MUHS/PG/E-1/1303/757/12 DATED-29/3/2012 |  0 |  |
|  3 | Radio Diagnosis |  Dr Sunil  Shamrao Patil |  Professor | 9892222222 | akluj1@gmail.com | 28.05.1965 |  No | 1.12.2021 | 9 yrs | 18 yrs | 1.5 yrs | 28.5 yrs | 18 yrs | Contractual | Yes | NA | NA | Regular | MUHS/PG/E-1/1202/2711 dt. 24.11.2011 |  0 |  |
|  4 | Radio Diagnosis |  Dr Pravin  A Lamdhade |  Asst Professor | 9970531156 | dr.pravinlamdhade@gmail.com | 19-10-1987 |  Yes  | 26-04-2021 | 3 yrs 9 mnths | NA | NA | 3 yrs 9 mnths |   |  Regular | NO | NA | NA | NA | NA |  0 |  |
|  5 | Radio Diagnosis |  Dr Suraj  P Sonwane |  Asst Professor | 7588204544 | drsurajsonwane@gmail.com | 30-05-1990 |  No | 09-09-2019 | 5 yrs | NA | NA | 5 yrs |   |  Contractual |   | NA | NA | NA | NA | 0 |  |
|  6 | Radio Diagnosis |  Dr Amol R Musale |  Asst Professor | 9421741806 | drarmusale2011@gmail.com | 14-06-1994 |  No | 04/11/2022 | 2 yrs 4 mnths | NA |  NA | 2 yrs 4 mnths |  -- |  Regular |  Yes  | NA | NA |  NA |  NA | 0 |  |
|  7 | Radio Diagnosis | Dr.Kanchan  V Bhapkar | Asst Professor | 8999646250 | kanchan23bhapkar@gmail.com | 07/01/1993 | OBC  | 01/09/2023 | 1 yr 4 months |  NA |  NA | 1 yr 4 months |  | Regular |  |  |  |  |  |  0 |  |
|  8 | Radio Diagnosis | Dr. Ankita  S Mundhe |  Asst Professor | 9028439531 | ankitamundhe009@gmail.com | 08/08/1995 | OBC | 11/01/2024 | 1 yr1 month |  NA |  NA | 1 yr |  |  Contractual |  |  |  |  |  |  0 |  |
|  9 | Radio Diagnosis | Dr. Tanaya  G Kulkarni | Asst Professor | 9920519457 | Kulkarni.tanaya93@gmail.com | 04/05/1993 | OPEN | 04/07/2023 | 1 yr6 months |  NA |  NA | 1 yr 6 months |  |  Contractual |  |  |  |  |  | 0 |  |

**Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.**

**Data Verified by the Committee members:**

**Member Member Member Chairman**

### ANNEXURE-V

**Ancillary staff**

**Name of the College / Institute: ……………………………………………………………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit** | **Post** | **Required** | **EXT.** | **DEF.** |
| Central Record Section | Medical Record Officer StatisticianCoding Clerks Recording Clerks DrafteriesPeonSteno-Typist |  |  |  |
| Central Animal House | Veterinary Officer Animal AttendantTechnicians for Animal Operation Room Sweepers |  |  |  |
| Central Library | Librarian with Degree in Lib. Sci. Deputy LibrarianDocumentalist Cataloguer Library Assistant DafteriesPeons |  |  |  |
| Central Photographic cum Audio Visual Unit | Photographer Artist ModelleorDark Room assistant Audio Visual TechnicianStorekeeper cum Clerk Attendant |  |  |  |
| Medical Education Unit | Officer Incharge (Principal/Dean)Co-Ordinator(Head of Deptt. nominated by Principal / Dean)Faculty college faculty on part time basis. Supporting Staff**:**StenographerComputer OperatorTech. in Audio Visual Photograph & Artist |  |  |  |
| Central Sterilization Services Dept. | Matron Staff NurseTechnical Asst. Technician Ward Boy Sweeper |  |  |  |
| Laundry | Supervisor Dhobi/Washerman/womanPacker |  |  |  |
| Blood Bank | Professor/Reader Lecturer TechnicianLab Attendants Storekeepers Record Clerk |  |  |  |
| Central Casualty Service | Casualty Medical Officers Operation Theatre staff Stretcher bearers Recept. cum ClerkWard BoysNursing and Para Medical staff Clinical staff for casualty beds |  |  |  |
| Central Workshop | Superintendent who shall be qualified EngineerSenior Technician Junior Technicians CarpenterBlack Smith Attendants |  |  |  |

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### ANNEXURE-VI

**Name of the College / Institute : ……………………………………………………..………………….**

**Total Non-Teaching Staff**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **Technical Assistant/ Technician** | **Storekeeper/ Record Keeper cum Clerk cum Computer****Operator** | **Laboratory Attendant** | **Steno Typist cum Computer Operator** | **Sweeper** | **Others** |
| **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** |  | **MCI** | **Ext** | **Def** |
| Anatomy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Dissection HallAttendant |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Forensic Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comm. Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Record Keeper cum Clerk cumComputer Operator |  |  |  |
| (a) Rural Health Centre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LMO |  |  |  |
| MSW |  |  |  |
| PHN |  |  |  |
| Health Inspector/Health Assist.(Male) |  |  |  |
| Health Educator |  |  |  |
| Peon |  |  |  |
| Van Driver |  |  |  |
| (b)Urban Health Centre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LMO |  |  |  |
| MSW |  |  |  |
| PHN |  |  |  |
| Health Inspector |  |  |  |
| Health Educator |  |  |  |
| Van Driver |  |  |  |
| Peon |  |  |  |
| Record Clerk |  |  |  |
| Medicine TB & Chest Psychiatry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | E.C.G. TechnicianT. B. & Chest Diseases Health Visitor Psychiatric Social worker |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Child- Psychologist |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Health Educator |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Social Worker |  |  |  |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **Technical Assistant/ Technician** | **Storekeeper/ Record Keeper cum Clerk cum Computer Operator** | **Laboratory Attendant** | **Steno Typist cum Computer Operator** | **Sweeper** | **Others** |
| **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** |  | **MCI** | **Ext** | **Def** |
| ENT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Audiometry Tech. |   |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Speech Therapy |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Refractionist |  |  |  |
| Obst. &Gynaec. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Social Workers |  |  |  |
| Radiology |   |  20 |  0 |   |  0 |  1 |  NA |  NA | NA |   |  1 |  0 |   |  1 |  | Dark Room Asst. |   |  08 | 00 |
| Radio-Therapy (optional) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | PhysicistDark room Asst. |  00 |  00 08 |  00 00 |
| Anesthesia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physical Medicine & Rehabilitation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Physiotherapist Occupational Therapist Workshop WorkerClinical Psychologist MSWPublic Health Nurse Vocational Counsellor Multi – Rehabilitation WorkerSpeech Therapist |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-VII-A**

### EXAMINATION RELATED INFORMATION FOR A.Y. 20……-20……..

**For Online Transmission of Question Papers:**

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **Infrastructure facilities at College** | **Yes /No** |
| **Strong Room :** |
| **1** | It must have Single Door Entry/Exit (with Safety Door/Grill forwindows) |  |
| **2** | Minimum Area shall be 20 x 20 sq. ft. |  |
| **3** | Adequate Steel Almirah/Cupboard for storage of Answer Books. |  |
| **4** | C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paperprocess. |  |
| **5** | Latest version Computer (Minimum 4) and Printer (Minimum 4) withInverter facility, MS Office, PDF Reader, Winrar or Winzip. |  |
| **6** | Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class ‘A’ ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class ‘A’ ISP to ensure uninterrupteddownloading facility, with 2(two) static IP’s, Internet Dongle. |  |
| **7** | Adequate Number of Paper Rims for printing Question Papers. |  |
| **8** | One Photocopy Machine, UPS Backup. |  |
| **Scanning Room :** |  |
| **9** | Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Survellience. (Laptops andScanners will be provided by the University Appointed Agency) |  |
| **10** | Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class ‘A’ ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class ‘A’ ISP to ensure uninterrupteddownloading facility, with 2(two) static IP’s, Internet Dongle. |  |

**To Set Up DEC for Onscreen Evaluation of Answer Books :**

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **Infrastructure facilities at College** | **Yes /No** |
| **1** | Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station withComputer charts and key board tray. |  |
| **2** | Wiring and Networking (with Raw Power Supply and UPS) and onePrinter per DEC |  |
| **3** | Air conditioners, Bio metric system, CCTV installation, Rest roomsand 24 x 7 security. |  |
| **4** | Collapsible gate for the main entrance with Name board and lockingfacility. |  |
| **5** | Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class ‘A’ ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class ‘A’ ISP to ensure uninterrupteddownloading facility, with 2(two) static IP’s. |  |
| **6** | Appointment of one Professor as a **Examination Co-ordinator** toCo-ordinate this Online process. |  |
| **7** | Separate Evaluation Room for Evaluating the Answer Books underCCTV Survellience |  |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

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Name of the College : Phone/Mobile No. : Name of the Subject :

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)**

### ANNEXURE-VII-B

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **College Name** | **Subject** | **Full name of the Teacher (First/Middl e/Last)** | **Design ation** | **Date of Joining** | **UG****Qualifica tion & year of Passing** | **PG****Qualificati on & Year of Passing** | **Teachin g Experien ce after PG****passing** | **MUHS****Approval (Yes/No)** | **If Yes MUHS Approval Letter & Date** | **Adhar No.** | **Pan No.** | **Date of Birth (Age in 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** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

### ANNEXURE-VII-C

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)**

Name of the College : Phone/Mobile No. :

Name of the Subject :

Radio diagnosis

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name of Teacher (Last Name First Name Middle Name)** | **Designation** | **Subject/ Speciality** | **Type of Appoint ment (Regular/ Temp. / Honorary** | **Qualification** | **University Approx at (UG)** | **PG****Teaching Experienc e (in Years) after****PGM** | **PG****Teacher Recopnil ion Yes/No** | **(Recognition Letter Date issued by University)** | **No. of PG****Students Guided last 5 year** | **Date of Birth** | **E-****mall ID** | **Mobile No.** | **Aadhar Card No** | **If Debar red (Yes/N o)** | **Sign.. of Teache r** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 | Dr. Shephali S Pawar  |  Professor & Head  |  Radio Diagnosis  |   Regular | MBBS MD Radiology |  Yes |  24 yrs |  Yes | No.MUHS/PG/E- 1/PG /1209/755-31Dt. 24.07.2007 |   14 |  26-09-1967 |  Shephalipawarusg2000@gmail.com  | 9822478834 | 787784501783 |  No |  |
| 2 |  Dr Sachin R Bagale |  Professor |  Radio Diagnosis |  Regular |  MBBS MD RadioDiagnosis  |  Yes |  13 yrs |  Yes | No.MUHS/PG/E- 1/1303/757/12 Dt 23/08/2010 |    | 11-05-1977 |  drsachinrb@gmail.com | 9545560099 |  821757152743 | No |  |
| 3 | Dr Sunil S Patil  |  Professor |  Radio Diagnosis | Regular |  MBBS MD RadioDiagnosis |  Yes |   26 yrs  |  Yes |  No.MUHS/PG/E-1/1202/2711 dt 24.11.2011 |   | 28.05.1965 |  Akluj1@gmail.com | 9892222222 | 984487341133 |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE- VIII**

## FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20……-20……..

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

|  |  |  |
| --- | --- | --- |
| **Date of Inspection** | **:** |  |

1. **Name(s) of the Fellowship/Certificate Course(s)**

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

**(Attach separate List if necessary)**

1. **Year-wise number of students admitted to Fellowship/ Certificate course during last 5 years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Academic Year** | **Name of Fellowship / Certificate Course** | **Intake Capacity** | **No. of Students****Admitted**(In figure only) |
| 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- VIII-A**

# Information to be submitted with respect to newly appointed mentors

## Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- ………………………………………………………………

This to Certify that Dr. has

worked in the Department of ...................................................... Training Centre as per following details

1. **General Experience**

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

1. **Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **From** | **To** | **Total period Year/Months** |
|  |  |  |  |  |
|  |  |  |  |  |

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp Sign & Stamp

Head of the Department Dean/Principal/Head of Institute

Date : / / Date: / /

|  |  |
| --- | --- |
| **Name of Inspectors** | **Signature of Inspectors** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4) | Member |  |

**ANNEXURE-IX**

# 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 & Address of the College/Research Centre: -**

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

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

**Name of Head of the Department: -** …………………………………………………..

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

1. **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 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

1. **Details of available infrastructure for Research:**
	1. Adequate number of Computers with Internet facility is available? **Yes / No**
	2. ) Adequate number of Books / Journals are available ? **Yes / No**
	3. Any other specific thing available at the Department:……………………………...

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

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

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

1. **Details of Central Research Laboratory:**
	1. Available Area (in sq. ft) : . . . . . . . . . . . . . .
	2. Is Drugs/Medicines/Chemicals etc. are available for research? **Yes / No**
	3. Is Adequate number of Instruments are available? **Yes / No**
	4. Is Records of Stock book available? **Yes / No**
2. **Details of Central Animal House:**
	1. Available Area in sq. ft: . . . . . . . . . . . . . .
	2. Functioning Central Animal House? **Yes / No**
3. **Details of Institutional Ethical Committee: *(Attach Annexure ‘’B”)***
	1. Date of Composition: . . . . . . . . . . . . . . .
	2. Total Number of Members: . . . . . . . . . . . . . . .
	3. Number of meetings held in previous year: . . . . . . . . . . . . . . .
	4. Whether Records of proceedings are maintained properly? **Yes / No**
	5. Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes / No**
4. **Details of Research Advisory Committee: *(Attach Annexure ‘’C”)***
	1. Date of Composition: . . . . . . . . . . . . . . .
	2. Total number of Members: . . . . . . . . . . . . . . .
	3. Number of meetings held in previous year: . . . . . . . . . . . . . . .
	4. Whether records of proceedings are maintained properly? **Yes / No**
5. **Is Doctoral Committee constituted in the lines of RAC? Yes / No**
	1. If Yes, Date of Composition: . . . . . . . . . . . . . . .
	2. Total number of Members: . . . . . . . . . . . . . . .
	3. Name of External Subject Expert…………………
6. **Is Plagiarism detection software facility available? Yes / No**

If Yes, Name of the Software……………………………………….

1. **Is attendance of the Ph.D. Scholar maintained properly? Yes / No**
2. **Whether Research Centre is registered under MPCB provisions? Yes / No**
3. **Whether BMW facility is available? Yes / No**
4. **Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

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

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

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

**DECLARATION BY LIC**

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 as follows: -

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

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

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

|  |  |
| --- | --- |
| **Name of Inspectors** | **Sign. of Inspectors with Date** |
| 1) | Chairman |  |
| 2) | Member |  |
| 3) | Member |  |
| 4 | Member |  |

**ANNEXURE-IX-A**

# College Letter Head

**List of Ph.D. Guides Available at Ph.D. Research Centre**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Date:**

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-IX-B**

# College Letter Head

**Details of Institutional Ethical Committee**

A) Details of Institutional Ethical Committee

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Name of Ethical Committee Member** | **Designation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Date:**

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-IX-C**

# College Letter Head

**Details of Research Advisory/ Doctoral Committee**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Name of Research Advisory/ Doctoral Committee/Subject expert Member** | **Designation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Date:**

**Data Verified by the Committee members:**

**Member Member Member Chairman**

**ANNEXURE-X**

## DECLARATION

**(To be prepared on a Stamp Paper Rs.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 not working in / at any other College /Institute or presented themselves at any inspection for 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-side the 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.

This declaration is voluntarily signed by us on …….. day of ……. 20…… at………….

**Date :** …………………….

**Place :** ……………………

**Member Member Member Chairman**