Part-I

 MaharashtraUniversityofHealthSciences,Nashik

**Inspection Committee Report for Academic Year 2023- 2024**

**Faculty of Medicine**

**(For Grant of Continuation / Extension of Affiliation for affiliatedUG/PG/Fellowship/CertificateCourse/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** | **NameoftheCollege/Institute** | **:** |  |
| A | Name of Society/Trust | : | Byramjee Jeejeebhoy Government Medical College Pune  |
| B | Address | : | Sassoon General Hospitals, Jay Prakash Narayan, Pune railway station Road,Pune Maharashtra-411001 |
| C | EmailAddress | : | deanbjmcpune@gmail.com |
| D | FaxNo.(s) | : | 020-6126868 |
| E | TelephoneNo.(s) | : | 030-6128000  |
| F | Website | : | <http://www.bjmcpune.org/> |
| G | CollegeCode | : | 1202 |
| H | YearofEstablishment | : | 23/06/1946 |
| I | Status | : | **Government**/~~Corporation/Private~~ |
| J | LetterofpermissionbyMedicalCouncilofIndia(UG) | : | LetterNo. U-12012/2/350/2019-MET(FTS8013875)Dated:21/06/2019 Intake:250 |
| K | StageofRenewal | : |  |
| 2 | **DetailsoftheDean/Principal** | : |  |
| A | NameoftheDean/Principal | : | Dr Eknath Pawar |
| B | Nature of Appointment | : | Permanent~~/Temporary/Officiating~~ |
| C | MobileNo. | : |  |
| D | Office Landline | : |  |
| E | E-mailAddress | : | deanbjmc@gmail.com |

1. **DetailsoftheCollegeareavailableontheCollegeWebsite,intheprescribedformat?**

Yes/No

1. **Whethertheinformationiscompleteinallrespect.** Yes/No
2. Ifincompleteinformation,pleasewritethepointsfromprescribedformatregardingunavailable/insufficient information, (LIC to physically verify) the infrastructure/available facilitiesregardingthosepointsandwritetheobservationbelow-

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No.** | **PointsNumberinprescribedformat** | **Particularsofthepoint** | **ObservationsoftheLIC** |
|  |  |  |  |
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1. **LICtorandomlychoosethe5-10pointsfromprescribedformataboutwhichinformationiscompletelyavailable.**

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| --- | --- | --- | --- |
| **Sr. No.** | **PointsNumberinprescribedformat** | **Particularsofthepoint** | **ObservationsoftheLIC** |
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1. **LIC to randomly choose few departments and physically verify the availability ofteaching staff and residents in the department (Please attach the attendance sheetdulysignedbyteachersandresidentsfortheserandomlychosendepartments)Annexure-“II‟.**
2. **CurricularActivitiesintheCollege-**
	1. WhetherMasterTimeTable isavailable. Yes/**No**
	2. Whether the lectures, Practicals, Clinical Sessions etc. are conducted as per the master timetable?

(LICtorandomlychoose5-10today’slectures,Practicals,clinicalsessions,PGactivities,(ifPG course available) etc. from master time table and physically verify the conduction ofthesesessions).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Year(I,II,III/I,III/II,PG)** | **Teachingmethod(Lecture,Practical,Clinics,PG****activitiesetc.)** | **Whether Actual session isconductedaspermaster****Plan** | **Remark** |
|  |  |  |  |  |
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* 1. LIC to randomly choose at least two departments from Clinical side and at least onedepartments Pre/Para ClinicalDepartments. LIC to verify past record of teachingactivities(UG &PG)of thesedepartments. (Pleasementionthe findingsinbelow)-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **Department** | **PastRecordsAvailable(Yes/No)** | **If available, whether pastteachingactivitiesareaspertimetable(Yes/No)** | **Remark** |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **Ongoing Research Activities in the college excluding PG thesis** (LIC to verify therelevantdetailsofany oneof ongoingresearchactivitiessuchasEthicsCommitteeApproval, status ofdatacollection,dataanalysisetc.,andgivetheremarksbelow).
2. **MUHSFacultyEvaluationStatus:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Evaluationcarried out at collegelevel** | **TotalNo.ofTeachers** | **Total evaluation carriedout** | **Remaining pendingwithreasons** |
|  |  |  |  |
|  |  |  |  |

1. **StatusofNAACAccreditation:Accredited Yes/No/Not Applicable**

IfYes,Grade&DateoflastInspection:

IfNo,whatiscurrentstatus/progressofwork

1. **StudentsFeedback**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.****No.** | **Particularstobeverified** | **Details onCollegeWebsite** | **Adequate/Inadequate** |
| 1 | **Hostelfacility:**Boys (UG & PG), Girls (UG & PG), Interns, Residents,CanteenFacility,Warden/Rector,Hygiene,VendingMachineetc.[**Note**: Verify Canteen Facility is monitored as per MUHSCircularNo.18/2019dated19/03/2019]. | Yes/No |  |
| 2 | Toilets / Washroom Facilities(Cleanness&Hygienemaintain) | Yes/No |  |
| 3 | HousekeepingatHostel | Yes/No |  |
| 4 | DrinkingWater Facilities | Yes/No |  |
| 5 | SecurityServices | Yes/No |  |

1. **FeesDetails:**

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

1. **Dateofcollegedatauploadedonwebportal(http://aishe.gov.in)regarding“AllIndiaSurveyonHigherEducation(AISHE)”. Yes/No**
2. **SummaryandotherobservationofLIC: (Ifrequiredseparatesheettobeattached).**

**MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES, NASHIK**

**InformationtobeprovidedbytheCollegeforverificationofLocalInquiryCommitteeLISTOFANNEXUREFORLIC**

|  |  |  |
| --- | --- | --- |
| **No. ofAnnexures** | **Particulars** | **Verified byCommittee** |
| **ANNEXURE- I-A& I-B** | **ApprovedTeachingStaff&TotalTeachingStaff(Approved+Notapproved)InformationasperMSR**1. Hardcopy &softcopyofthisAnnexuremustbesubmittedtotheUniversity.
2. TheinformationmustbemadeavailableontheCollegewebsite.
 | Yes/No |
| **ANNEXURE-II** | **LICtorandomlychoosefewdepartmentsandphysicallyveritytheavailability of teaching staff and residentsin thedepartment (Pleaseattachtheattendancesheetdulysignedbyteachersandresidents)**1. HardcopyofthisAnnexuremust besubmittedtotheUniversity.
2. TheinformationmustbemadeavailableontheCollege website
 | Yes/No |
| **ANNEXURE-III** | **IntakeCapacity/SeatMatrix**1. Hardcopy &softcopyofthisAnnexuremustbesubmittedtotheUniversity.
2. TheinformationmustbemadeavailableontheCollegewebsite.
 | Yes/No |
| **ANNEXURE-IV** | **TotalSubject-wiseTeacherStaffList(Approved+Notapproved)**1. Hardcopy &softcopyofthisAnnexuremustbesubmittedtotheUniversity.
2. TheinformationmustbemadeavailableontheCollegewebsite.
 | Yes/No |
| **ANNEXURE-V** | **TotalAncillaryStaffInformation**TheinformationmustbemadeavailableontheCollegewebsite. | Yes/No |
| **ANNEXURE-VI** | **TotalNon-TeachingStaffInformation**TheinformationmustbemadeavailableontheCollegewebsite. | Yes/No |
| **ANNEXURE-VII** | **ExaminationRelatedInformation**Hardcopy&soft copyofthisAnnexuremustbesubmittedtotheUniversity).TheinformationmustbemadeavailableontheCollegewebsite. | Yes/No |
| **ANNEXURE-VIII** | **FormforFellowship/CertificateCourse(s)**Hardcopy&soft copyofthisAnnexuremustbesubmittedtotheUniversity).TheinformationmustbemadeavailableontheCollege/TrainingCentrewebsite. | Yes/No |
| **ANNEXURE-IX** | **Formfor Ph.DCourses**Hardcopy&soft copyofthisAnnexuremustbesubmittedtotheUniversity).TheinformationmustbemadeavailableontheCollege/TrainingCentrewebsite. | Yes/No |
| **ANNEXURE-X** | **DeclarationbytheDean/PrincipaloftheCollege /Institute**OriginalcopyofthisAnnexuremustbesubmittedtotheUniversity. | Yes/No |

**IMPORTANTINSTRUCTIONS&DECLARATIONS:**

1. Our College is fully aware that our college is responsible to fulfil and maintain norms includingthe infrastructure both physical and human resources, teaching faculty and clinical materialthroughout Academic Year as per MSR/Council norms/University norms. In case false/wrongdeclaration or fabricated documents is submitted for purpose of Affiliation ofthe University bythe College and if it is found by the University at any stage, then our college is fully aware thataffiliationwillbewithdrawnbytheUniversity withimmediateeffectwithpenalaction.

***(P.T.O.)***

1. It is certifiedthat 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 notuploadedoncollegewebsite.
2. Our College hereby undertake that all Annexures information will be made available on collegewebsite for a period of next 05 years. Year-wise information of all Annexures will be madeavailable 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 furnishrequiredinformationtotheUniversityimmediately.

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

**Place:**…………………… Name of the Signatory- (withSealoftheCollege/Institute)

**DECLARATIONBYLIC**

We hereby certify that, the College has uploaded Annexures as prescribedby University onCollege Websiteandit is duly verified by our Committee. Details ofInformationof Annexure/swhichisnotuploadedonCollegeWebsiteismentionedinLIC Report.

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

**Date:…………………**

**ShortReport**

To,

The RegistrarM.U.H.S.,Nashik

**Sub:-**ShortReportofLocalInquiryCommitteefor ContinuationofAffiliationforthe Academic Year2022-23.

Sir,

With reference to above mentioned subject and letter we are visiting

……………………………………………………………………………………..Collegeondated ……………….… and sending a **Short Report**regarding present Teaching StaffandIPD in yourprescribedformat as followsat11.00a.m.

* 1. Number ofTeachingStaffpresent: …………………..
	2. NumberofIPDpatientsonBed:………………………

(PhotocopyofAttendanceofTeacherandIPDatthetime11:00a.m.)

1)…………………………………………(Name &Sign ofLICMember)

2)…………………………………………(Name &Sign ofLICMember)

3)…………………………………………(Name &Sign ofLICMember)

4)…………………………………………(Name &Sign ofLICChairman)

**ANNEXURE-I-A**

**MaharashtraUniversityofHealthSciences,Nashik**

**NameofCollege/Institute-** Byramjee Jeejeebhoy Government Medical College, Pune

**Intake Capacity: …250..Recognized/Permitted………Ifpermitted,Stageofrenewal:…………..**

**APPROVED TEACHING STAFF AVAILABLE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Departments** | **Professor** | **AssociateProfessor** | **AssistantProfessor** | **SeniorResident** | **Tutor/JR** |
|  | **R** | **AA** | **D** | **R** | **AA** | **D** | **R** | **AA** | **D** | **R** | **AA** | **D** | **R** | **AA** | **D** |
| Anatomy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ForensicMedicine | 1 | 1 | 0 | 2 | 1 | 1 | 4 | 3 | 1 | 4 | 0 | 4 | 4 | 0 | 4 |
| CommunityMedicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gen.Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RespiratoryMedicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D.V.L. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E.N.T. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Radio-diagnosis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EmergencyMedicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

R=Required,AA=ApprovedAvailable,D=Deficiency.

* RequirementistobecalculatedasperMCI/NMCnormsasthecasemaybe,andconsideringthestageofrenewal.
* Staff requirement should also include requirement for any running PGcourseintheinstitute.
* Extrateacheronhigherpostcancompensatedeficiencyofteacheronlowerpostinsamedepartment.
* DeficiencyofSRcannotbecompensatedbyextrateacher.

Deficiencyinfaculty%=(Totaldeficiencyofapprovedfaculty)\*100/(TotalRequiredfaculty)

Availableapprovedfaculty%=100–Deficiency%=

(FacultyincludesProfessors,AssociateProfessorsandAssistantProfessors)

**SignatureofDean**

**ANNEXURE-I-B**

**MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES, NASHIK**

**NameofCollege/Institute-** Byramjee Jeejeebhoy Government Medical College, Pune

**IntakeCapacity: …250……… Recognized/Permitted………Ifpermitted,Stageofrenewal:…………..**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Departments** | **Professor** | **AssociateProfessor** | **AssistantProfessor** | **SeniorResident** | **Tutor/JR** |
|  | **R** | **TA** | **D** | **R** | **TA** | **D** | **R** | **TA** | **D** | **R** | **TA** | **D** | **R** | **TA** | **D** |
| Anatomy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ForensicMedicine | 1 | 1 | 0 | 2 | 1 | 1 | 4 | 3 | 1 | 4 | 0 | 4 | 4 | 0 | 4 |
| CommunityMedicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gen.Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RespiratoryMedicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| D.V.L. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E.N.T. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anaesthesia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Radio-diagnosis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EmergencyMedicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

R=Required,TA=TotalAvailable,D=Deficiency.

* RequirementistobecalculatedasperMCI/NMCnormsasthecasemaybe,andconsideringthestageofrenewal.
* StaffrequirementshouldalsoincluderequirementforanyrunningPGcourseintheinstitute.
* Extrateacheronhigherpostcancompensatedeficiencyofteacheronlowerpostinsamedepartment.
* DeficiencyofSRcannotbecompensatedbyextrateacher.

Deficiencyinfaculty%=(Totaldeficiencyoffaculty)\*100/(TotalRequiredfaculty)=Availabletotalfaculty%=100–Deficiency%=

(FacultyincludesProfessors,AssociateProfessorsandAssistantProfessors)

Deficiencyinresidentsandtutors%=(Totaldeficiencyofresidentsandtutors)\*100/(TotalRequiredresidentsandtutors)=

Availableresidentsandtutors%=100–Deficiency%=

3

**SignatureofDean**

D:\TeacherApproval(MBBS)\2023\LICFormforA.Y.2023-24\InspectionFormatandShortReportwithallAnnexures Page**8**of**25**

**ANNEXURE-II**

**Name of College/Institute-**Byramjee Jeejeebhoy Government Medical College, Pune**.**

**NameoftheDepartment:**Forensic Medicine and Toxicology

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **NameoftheTeacher** | **Designation** | **MUHSApproved****Designation** | **Signature** |
|  | Dr. Vijay T Jadhao | Professor & Head | Professor |  |
|  | Dr. Harish S. Tatiya | Associate Professor | Associate Professor |  |
|  | Dr. Abhijit L. Bandgar | Assistant Professor | Assistant Professor |  |
|  | Dr. Hemant V. Vaidya | Assistant Professor | Assistant Professor |  |
|  | Dr. Rohan V. Metkari | Assistant Professor | Assistant Professor |  |

**Summary–**

**Approved Staff Approved+Non Approved Staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.No. | Designation | Required | Available | Deficiency |  |
| 1 | Professor | 1 | 1 | 0 |  |
| 2 | AssociateProfessor | 2 | 1 | 1 |  |
| 3 | AssistantProfessor | 4 | 3 | 1 |  |
| 4 | SeniorResident | 4 | 0 | 4 |  |
| 5 | JR/Tutor | 4 | 0 | 4 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr.No. | Designation | Required | Available | Deficiency |
| 1 | Professor | 1 | 1 | 0 |
| 2 | Associate Professor | 2 | 1 | 1 |
| 3 | AssistantProfessor | 4 | 3 | 1 |
| 4 | SeniorResident | 4 | 0 | 4 |
| 5 | JR/ Tutor | 4 | 0 | 4 |

**SignatureofHOD**

**SignatureofDean**

**ANNEXURE-III**

**Intakecapacity/SeatMatrix**

**NameofCollege/Institute:**Byramjee Jeejeebhoy Government Medical College, Pune

|  |  |  |  |
| --- | --- | --- | --- |
| **UG Degree/PGDegree/ DiplomaCourses/SuperSpecialty** | **IntakeasperCouncil** | **StatusofCouncil** | **Max.SeatsPermittedbyMUHS as perTeacher:****StudentRatio** |
| **Degree** | **Diploma** |
| **Degree** | **Diploma** | **Recognized** | **Permitted** | **Recognized** | **Permitted** | **Degree** | **Diploma** |
| **UGDegree** |
| **MBBS** | 250 | NotApplicable | 250 |  | NotApplicable | NotApplicable |
| **PGDegree/~~Diploma&SuperSpecialty~~** |
| MD (FMT) | 6 | Not Applicable | 1 | 5 | Not Applicable | Not Applicable | 6 | NA |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**AnyOther,PleaseSpecify:**…………………………………………………….

**SignatureofDean**

**ANNEXURE-IV**

**MAHARASHTRAUNIVERSITYOFHEALTHSCIENCES,NASHIK**

**DETAILINFORMATIONOFSUBJECTWISETEACHINGSTAFF(Approved+NotApproved)**

**UGDegree/PGDegree/SuperSpecialty)ASON:…../……./……….6**

 **Name of the Dept.-**Department of Forensic Medicine and Toxicology

**Subject:** Forensic Medicine and Toxicology

 **Whether UG/UG+PG/UG+PG+SuperSpecialty**

 **Name of the College-** Byramjee Jeejeebhoy Government Medical College,Pune

 **College Code:1202IntakeCapacity:250**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Subject** | **Name ofTeacher** | **Designation** | **Mob.No.** | **E-mailID** | **DOB** | **Whetherbelongs toReservedcategory****(if Yes, specifycategory)** | **Date ofappointment atCollege** | **TeachingExperience** | **TotalTeachingExperiencein yearsof PG** | **TypeofAppointment****Temp./Regular/Contractual** | **UniversityApprovalStatus(Yes/No)** | **TemporaryApproval** | **Details of PGRecognition** | **MET****Workshopattended inlast5****years** | **PhotographwithSignature** |
| **UG(Yrs.)** |
| **Asst.Prof.** | **Asso.Prof.** | **Prof.** | **Total** |
| **From** | **To** | **Temp/Regular** | **Letter No.&date** |  |  |
| 1 | FMT | Dr. Vijay T Jadhao | Professor & HOD | 8805986066 | acpvj@rediffmail.com | 17.06.1982 | VJ | 5.12.2012 | 04 yrs 07 mnth | 07 yrs  | 1 year 6 months | 13 years 1 months | 08 years 02months | Regular | Yes | -- | -- | Regular | MUHS/PG/E-1/1202/3588/16 dated 18/12/2016 | Yes |  |
| 2 | FMT | Dr. Harish S. Tatiya | Associate Professor | 9422789579 | hstsnk7@gmail.com | 15.09.1987 | OPEN | 20.06.2015 | 09 yrs 04 months 12 days | 03 months 19 days | -- | 09 yrs 08 mnth | 03 yrs 02 months | Regular | Yes | -- | -- | Regular | MUHS/PG/E-1/102102/3628/2021 dated 24/12/2021 | Yes |  |
| 3 | FMT | Dr Abhijit L Bandgar | Assistant Professor | 9860469512 | Bandgarabhijit85@gmail.com | 1/12/85 | NT-C | 10.03.2017 | 7 years 11 months | -- | -- | 07 years 11 months | 03 years 02 months | Regular | Yes | -- | -- | Regular | MUHS/PG/E-1/102102/3628/2021 dated 24/12/2021 | Yes |  |
| 4 | FMT | Dr. Hemant V. Vaidya | Assistant Professor | 8805912145 | dr.hemant1526@gmail.com | 15.05.1986 | OBC | 01.09.2020 | 05 yrs 04 months | -- | -- | 05 yrs 04 mnths | -- | Temp. | No | 02/12/2024 | 01/12/2025 | DSB | -- | Yes |  |
| 5 | FMT | Dr Rohan V Metkari | Assistant Professor | 9769436498 | rohanmetkari@gmail.com | 10.07.93 | NT-C | 20.08.2024 | 2 years 3 months | -- | -- | 2 years 3 mnths  | -- | Permanent | Yes | 01.092023 | 31.08.2024 | -- | -- | Yes |  |

**Note:TheCollegeshallsubmitonehardcopy&asoftcopy(inExcelFormat)of thelistinPenDrivetotheLICCommittee.**

**SignatureofDeanwithSeal**

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**ANNEXURE-V**

**Ancillarystaff**

**NameoftheCollege/Institute:……………………………………………………………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit** | **Post** | **Required** | **EXT.** | **DEF.** |
| CentralRecordSection | Medical Record OfficerStatisticianCoding ClerksRecording ClerksDrafteriesPeonSteno-Typist |  |  |  |
| CentralAnimalHouse | Veterinary OfficerAnimalAttendantTechniciansforAnimalOperationRoomSweepers |  |  |  |
| CentralLibrary | Librarian with Degree in Lib. Sci.DeputyLibrarianDocumentalistCataloguerLibrary AssistantDafteriesPeons |  |  |  |
| Central Photographic cumAudioVisualUnit | PhotographerArtistModelleorDark RoomassistantAudioVisualTechnicianStorekeepercumClerkAttendant |  |  |  |
| MedicalEducationUnit | OfficerIncharge(Principal/Dean)Co-Ordinator(HeadofDeptt.nominatedbyPrincipal/Dean)Facultycollegefacultyonparttimebasis.Supporting Staff**:**StenographerComputerOperatorTech.inAudioVisualPhotograph&Artist |  |  |  |
| Central Sterilization ServicesDept. | MatronStaffNurseTechnical Asst.TechnicianWard BoySweeper |  |  |  |
| Laundry | SupervisorDhobi/Washerman/womanPacker |  |  |  |
| BloodBank | Professor/ReaderLecturerTechnicianLab AttendantsStorekeepersRecordClerk |  |  |  |
| CentralCasualtyService | CasualtyMedicalOfficersOperation Theatre staffStretcherbearersRecept.cumClerkWardBoysNursingandParaMedicalstaffClinicalstaffforcasualtybeds |  |  |  |
| CentralWorkshop | Superintendent who shall be qualifiedEngineerSenior TechnicianJuniorTechniciansCarpenterBlack SmithAttendants |  |  |  |

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**ANNEXURE-VI**

**NameoftheCollege/Institute:……………………………………………………..………………….**

**TotalNon-TeachingStaff**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **TechnicalAssistant/Technician** | **Storekeeper/ RecordKeeper cum ClerkcumComputer****Operator** | **LaboratoryAttendant** | **Steno Typist cumComputerOperator** | **Sweeper** | **Others** |
| **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** |  | **MCI** | **Ext** | **Def** |
| Anatomy |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DissectionHallAttendant |  |  |  |
| Physiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pathology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Microbiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ForensicMedicine | 2 | 3 | 0 | 1 | 1 | 0 | 2 | 2 | 0 | 1 | 1 | 0 | 4 | 8 | 0 |  |  |  |  |
| Comm.Medicine |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Record KeepercumClerkcumComputerOperator |  |  |  |
| (a)RuralHealthCentre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LMO |  |  |  |
| MSW |  |  |  |
| PHN |  |  |  |
| HealthInspector/HealthAssist.(Male) |  |  |  |
| HealthEducator |  |  |  |
| Peon |  |  |  |
| Van Driver |  |  |  |
| (b)Urban HealthCentre |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LMO |  |  |  |
| MSW |  |  |  |
| PHN |  |  |  |
| HealthInspector |  |  |  |
| HealthEducator |  |  |  |
| Van Driver |  |  |  |
| Peon |  |  |  |
| RecordClerk |  |  |  |
| Medicine TB &ChestPsychiatry |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | E.C.G.TechnicianT.B.&ChestDiseasesHealthVisitorPsychiatric Socialworker |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Child-Psychologist |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | HealthEducator |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | SocialWorker |  |  |  |
| Gen. Surgery |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **TechnicalAssistant/Technician** | **Storekeeper/ RecordKeeper cum Clerkcum ComputerOperator** | **LaboratoryAttendant** | **Steno Typist cumComputerOperator** | **Sweeper** | **Others** |
| **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** | **MCI** | **Ext** | **Def** |  | **MCI** | **Ext** | **Def** |
| ENT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | AudiometryTech. |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Speech Therapy |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Refractionist |  |  |  |
| Obst.&Gynaec. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | SocialWorkers |  |  |  |
| Radiology |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DarkRoom Asst. |  |  |  |
| Radio-Therapy(optional) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | PhysicistDarkroomAsst. |  |  |  |
| Anesthesia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Physical Medicine&Rehabilitation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | PhysiotherapistOccupationalTherapistWorkshopWorkerClinicalPsychologistMSWPublicHealthNurseVocationalCounsellorMulti–RehabilitationWorkerSpeechTherapist |  |  |  |
| Dentistry |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**SignatureofDean**

**ANNEXURE-VII-A**

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

**ForOnlineTransmissionofQuestionPapers:**

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **InfrastructurefacilitiesatCollege** | **Yes/No** |
| **StrongRoom:** |
| **1** | Itmust haveSingle Door Entry/Exit (with Safety Door/Grill forwindows) |  |
| **2** | MinimumAreashallbe20x20sq.ft. |  |
| **3** | AdequateSteelAlmirah/CupboardforstorageofAnswerBooks. |  |
| **4** | C.C.T.V.CamerawithrecordingfacilitythatcoversentireareaorDownloadingandPrintingofonlinetransmissionofQuestionPaperprocess. |  |
| **5** | LatestversionComputer(Minimum4)andPrinter(Minimum4)withInverterfacility,MSOffice,PDFReader,WinrarorWinzip. |  |
| **6** | Dual Internet service, Primary with 1:1 dedicated line of 100 mbpsspeed by class ‘A’ ISP, and alternate line with 1 : 1 dedicated line of50mpbsspeed,byananotherClass‘A’ISPtoensureuninterrupteddownloadingfacility,with2(two)staticIP’s,InternetDongle. |  |
| **7** | AdequateNumberofPaperRimsforprintingQuestionPapers. |  |
| **8** | OnePhotocopyMachine,UPSBackup. |  |
| **ScanningRoom:** |  |
| **9** | SeparateScanningRoomforscanningAnswerBooksafterendofExaminationSessionunderCCTVSurvellience.(LaptopsandScannerswillbeprovidedbytheUniversityAppointedAgency) |  |
| **10** | Dual Internet service, Primary with 1:1 dedicated line of 100 mbpsspeed by class ‘A’ ISP, and alternate line with 1 : 1 dedicated line of50mpbsspeed,byananotherClass‘A’ISPtoensureuninterrupteddownloadingfacility,with2(two)staticIP’s,InternetDongle. |  |

**ToSetUpDECforOnscreenEvaluationofAnswerBooks:**

|  |  |  |
| --- | --- | --- |
| **Sr.****No.** | **InfrastructurefacilitiesatCollege** | **Yes/No** |
| **1** | Computers(20)withlatestlicensedOperatingSystemSoftware(OSS)withantivirusandfirewallstoprovidealllock,workstationwithComputerchartsandkeyboardtray. |  |
| **2** | WiringandNetworking(withRawPowerSupplyandUPS)andonePrinterperDEC |  |
| **3** | Airconditioners,Biometricsystem,CCTVinstallation,Restroomsand24x7security. |  |
| **4** | CollapsiblegateforthemainentrancewithNameboardandlockingfacility. |  |
| **5** | DualInternetservice,Primarywith1:1dedicatedlineof100mbpsspeedbyclass‘A’ISP,andalternatelinewith1:1dedicatedlineof50mpbsspeed,byananotherClass‘A’ISPtoensureuninterrupteddownloadingfacility,with2(two)staticIP’s. |  |
| **6** | AppointmentofoneProfessorasa**ExaminationCo-ordinator**toCo-ordinatethisOnlineprocess. |  |
| **7** | SeparateEvaluationRoomforEvaluatingtheAnswerBooksunderCCTVSurvellience |  |

D:\TeacherApproval(MBBS)\2023\LICFormforA.Y.2023-24\InspectionFormatandShortReportwithallAnnexures Page**15** of**25**

|  |
| --- |
| Name of the college :B.J.G.M.C.PunePhone/Mobile No. Name of the Subject :Forensic Medicine and Toxicology |

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

**SUBJECT WISE ELIGIBLE EXAMINERS LIST (UG Courses)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **CollegeName** | **Subject** | **Full nameof theTeacher(First/Middle/Last)** | **Designation** | **Date ofJoining** | **UG****Qualification&year ofPassing** | **PG****Qualification & YearofPassing** | **Teaching Experience after PG****passing** | **MUHS****Approval(Yes/No)** | **IfYesMUHSApprovalLetter &Date** | **AdharNo.** | **PanNo.** | **Date ofBirth(Age inyears** | **LatestEmailAddress** | **Contact No.(Mob.)** | **DebarredYes/No** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** |
| **1** | B.J.G.M.C.Pune | FMT | Dr Vijay T Jadhao | Professor & Head | 5.12.2012 | MBBS2006 | MD FMT2011 | 8 yrs 2 months  | Yes | MUHS/UG/E 1/057104/882/2012 Dated 02.03.2012 | 951252185248 | AKCPJ7806M | 17.6.198242 years | acpvj@rediffmail.com | 8805986066 | No |
| **2** | B.J.G.M.C.Pune | FMT | Dr Harish Suresh Tatiya | Assistant Professor | 20.06.2015 | MBBS2010 | MD FMT2015 | 09 yrs 8 mnths | Yes  | MUHS/UG/E 1/53/1202/5330/2019 Dated 07/12/2019 | 6996 7920 3417 | AEMPT0473J | 15-09-198735 yrs | hstsnk7@gmail.com | 9422789579 | No |
| **3** | B.J.G.M.C.Pune | FMT | Dr Abhijit L Bandgar | Assistant Professor | 01.06.2018 | MBBS | MD FMT2016 | 07 yrs 11 months | Yes | MUHS/UG/E-1/53/1202/455/2020 dated 17/02/2020 | 285069901355 | CJBPB8141D | 1.12.198537 yrs | Bandgarabhijit85@gmail.com | 9860469512 |  |

**ANNEXURE-VII-B**

**ANNEXURE-VII-C**

**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES,NASHIK**

**SUBJECT WISE ELIGIBLE EXAMINERS LIST (PG Courses)**

Name of the College :Phone/Mobile No. :

**NameoftheSubject:** Forensic Medicine and Toxicology

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name ofTeacher(Last NameFirst NameMiddleName)** | **Designation** | **Subject/Speciality** | **Type ofAppointment(Regular/Temp. /Honorary** | **Qualification** | **UniversityApproxat(UG)** | **PG****TeachingExperience(inYears)after****PGM** | **PG****TeacherRecopnilionYes/No** | **(RecognitionLetterDateissued byUniversity)** | **No. of PG****StudentsGuided last 5year** | **DateofBirth** | **E-****mallID** | **MobileNo.** | **AadharCardNo** | **If Debarred (Yes/No)** | **Sign..ofTeacher** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 1 | Dr Vijay T Jadhao | Professor & Head | FMT | Regular | MBBS, MD (FMT) | Yes | 8 years 1 month | Yes | MUHS/PG/E-1/1202/3588/16 dated 18/12/2016 | 3 | 17.6.82 | acpvj@rediffmail.com | 8805986066 | 951252185248 | No |  |

**ANNEXURE-VIII**

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

(AsperprovisionsoftheMaharashtraUniversityofHealthSciencesAct,1998andUniversityRule/Guidelines)

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **NameoftheFellowship/CertificateCourse** | **CourseStartedfromthe****AcademicYear** | **Intake CapacitySanctioned by****theUniversity** | **NameofMentorandContactDetails** |
| **--** | **---** | **---** | **NA** | **---** |

**(AttachseparateListifnecessary)**

1. **Year-wisenumberofstudentsadmittedtoFellowship/Certificatecourseduringlast5years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.****No.** | **AcademicYear** | **Name of Fellowship /CertificateCourse** | **IntakeCapacity** | **No.ofStudents****Admitted**(Infigureonly) |
| **--** | **----NA----** | **-----NA----** | **---- NA----** | **-----NA---** |

**ANNEXURE-VIII-A**

# Informationtobesubmittedwithrespect tonewlyappointedmentors

## ProfessionalTeachingExperienceCertificateforFellowship/CertificateCoursesDirector/Mentor

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

ThistoCertifythatDr has

worked intheDepartmentof......................................................Training Centre as perfollowingdetails

1. **GeneralExperience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **From** | **To** | **TotalperiodYear/Months** |
|  |  |  |  |  |
|  |  |  |  |  |

1. **ActualexperienceinthesubjectofconcernedFellowship/CertificateCourseappliedfor:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Designation** | **From** | **To** | **TotalperiodYear/Months** |
|  |  |  |  |  |
|  |  |  |  |  |

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in theSubjectofconcernedFellowship/CertificateCourse)

Sign&Stamp Sign&Stamp

Headofthe Department Dean/Principal/HeadofInstitute

Date : / / Date: / /

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

**ANNEXURE-IX**

# FORPh.DCOURSE(S)FORA.Y.20……-20……..

### (Pleasesubmitseparatereportforeachsubject)

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

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

### Name&AddressoftheCollege/Research Centre:-

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

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

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

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

### Department/SubjectwisedetailsofavailablePhDGuides:-

***(AttachAnnexure‘’A”)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name ofPh.D.Guide** | **Designation** | **Date ofBirth** | **DateofRetirement** | **Total No. ofPhDScholarsRegistered****till date** | **Has completed sixdaysResearchMethodologyWorkshop?****Yes/No** | **PhD****RecognitionNo.andDate** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

### DetailsofavailableinfrastructureforResearch:

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

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

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

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

### DetailsofCentralResearch Laboratory:

* 1. AvailableArea(in sq.ft):..............
	2. IsDrugs/Medicines/Chemicalsetc.areavailableforresearch? **Yes/No**
	3. IsAdequatenumberofInstrumentsareavailable? **Yes /No**
	4. IsRecordsofStockbookavailable? **Yes /No**

### DetailsofCentralAnimalHouse:

* 1. AvailableAreainsq.ft:..............
	2. FunctioningCentral Animal House? **Yes /No**
1. **DetailsofInstitutionalEthicalCommittee:*(AttachAnnexure‘’B”)***
	1. DateofComposition:...............
	2. TotalNumberofMembers:...............
	3. Number ofmeetingsheldin previousyear:...............
	4. WhetherRecordsofproceedingsaremaintainedproperly? **Yes/No**
	5. IsHumanandAnimalEthicsCommittee,registeredundertheappropriateauthority?**Yes/No**
2. **DetailsofResearchAdvisoryCommittee:*(AttachAnnexure‘’C”)***
	1. DateofComposition:...............
	2. TotalnumberofMembers:...............
	3. Number ofmeetingsheldin previousyear:...............
	4. Whetherrecordsofproceedingsaremaintainedproperly? **Yes/No**

### IsDoctoralCommitteeconstitutedinthelinesofRAC? Yes/ No

* 1. IfYes,DateofComposition:...............
	2. TotalnumberofMembers:...............
	3. NameofExternalSubjectExpert…………………

### IsPlagiarismdetectionsoftwarefacilityavailable? Yes/No

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

### IsattendanceofthePh.D.Scholarmaintainedproperly? Yes/ No

1. **WhetherResearch CentreisregisteredunderMPCBprovisions? Yes/ No**

### WhetherBMWfacilityisavailable? Yes/No

1. **Any other important thing related to Research/Department/Facilities, whichwillbehelpfultocarryoutgoodqualityresearchunder thisdepartment:**

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

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

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

### DECLARATIONBYLIC

We,theLICMembers,herebycertifythat,wehavethoroughlyinspectedandverifiedtheDepartment/College/ResearchCentre,theavailableotherfacilities,requiredinstrumentsandequipment,availableattheresearchcentre.TheoverallobservationsoftheInspectionCommitteeareasfollows:-

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

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

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

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

**ANNEXURE-IX-A**

# CollegeLetterHead

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name ofPh.D.Guide** | **Designation** | **Date ofBirth** | **DateofRetirement** | **Total No. ofPhDScholarsRegisteredtill date** | **Has completedsix daysResearchMethodologyWorkshop?****Yes/No** | **PhD****RecognitionNo.andDate** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Date: Signature,Nameand stamp of**

**Dean/Principal/Director**

**ANNEXURE-IX-B**

# CollegeLetterHead

**DetailsofInstitutionalEthicalCommittee**

A)DetailsofInstitutionalEthicalCommittee

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

**Date: Signature,Nameand stamp of**

**Dean/Principal/Director**

**ANNEXURE-IX-C**

# CollegeLetterHead

**DetailsofResearch Advisory/DoctoralCommittee**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Name of Research Advisory/ DoctoralCommittee/SubjectexpertMember** | **Designation** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Date: Signature,Nameand stamp of**

**Dean/Principal/Director**

**ANNEXURE-X**

**DECLARATION**

**(TobepreparedonaStampPaperRs.100)**

I,theDean/Director/Principalofthe College/Institute

solemnly states on affirmation, that the information provided by me in Inspection Formataswell as uploaded on College Website alongwith all Annexures is true and correct to the best ofmy knowledge. The said information is provided to me by the concerned teachers and dulyverifiedbyme.Itisfurthersubmittedtheteachersinformationattachedinrespective**Annexure-.….&…..**arenotworkingin/atanyotherCollege/Instituteorpresentedthemselves at any inspection for the Academic Year 20..…-20……, as per my knowledge andinformationprovidedbytheconcernedteachers.Theteachersinthe**Annexure-…..&**are

staying in the same city / town / village where the College / Institute is situated or adjacent tothe city / town / village, where the College/Institute is situated and having the valid proof ofresidence of the said city / town / village. The teachers in the**Annexure- …..& …..**are notpracticinginCollegeworkinghoursorout-sidetheCitywheretheCollege/Instituteissituated.

I am further hereby declare that every information or contents in this Inspection Formatis based on the information provided by the concerned teachers and endorsed by me after dueverification and the same is/are absolutely true and correct. If at any stage it is revealed thatany information or content given in this declaration is not true and correct, in such event theundersigned/ the concerned teacher as the case may be, shall be liable for disciplinary actionorpenalactionorAffiliationoftheCollege shallbewithdrawal,asthecasemaybe.

Thisdeclarationisvoluntarilysignedbyme on …….. dayof …….20……at………….

**Date:**…………………….

**Place:**……………………

SignatureofDean/PrincipalNameof theSignatory-

(withSealoftheCollege/Institute)