## FOR Ph.D. COURSE(S) FOR A.Y. 2024-2025

		(Ple	ease submit	separate repo	ort for each sul	bject)	
Da	ite of Inspe	ection	:				
Fac	ulty: Medic	cal				Subject/Speci	alty: Microbiology
1.	Name &	Address of	the College/	Research Cer	ntre: -		
	Name of	Head of the	S V L	ISHWANAT ATUR.			
	Designat		Departmen	: Profes		atii Fichare	
		ient / Subjec A <i>nnexure ''A</i>		ls of available	PhD Guides:	-	
Sr. No.	Name of Ph.D. Guide		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	Dr. Basavraj Saybanna Nagoba	Professor	16-04-1962	30-04-2032	02	Yes	जा. क्र. मआविवि / वि. वि. कक्ष/ पीएच. डी/ २४/८३/२००७, दिनांव १६.०७.२००७
•	i) A ii)) A	ii)) Adequate number of Books / Journals are available?					
						•••••	
•	i) A ii) Is iii) Is	s Drugs/Med	a (in sq. ft) : icines/Chem umber of Ins	icals etc. are a	vailable for res	earch?	Yes / No Yes / No Yes / No
	i) A	f Central And vailable Are unctioning C	a in sq. ft:				Yes / No
ello	Details of Institutional Ethical Committee:  i) Date of Composition : (Attach Annexure "B")  ii) Total Number of Members : 11  iii) Number of meetings held in previous year: : 02					sure ''B")	
	iv) Whether Records of proceedings are maintained properly?						Yes / No

v)

Yes / No

Is Human and Animal Ethics Committee, registered under the appropriate authority?

3.	Details of Research Advisory Commit i) Date of Composition ii) Total number of Members iii) Number of meetings held in p iv) Whether records of proceeding	: 10.08 : 12 revious year: : 02	Annexure "C") 2022 Yes / No
).	Is Doctoral Committee constituted i  i) If Yes, Date of Composition  ii) Total number of Members  iii) Name of External Subject Exp	: 10.08 : 12	Yes / <del>No</del> .2022
10.	Is Plagiarism detection software factoring of the Software	ility available?	Yes / No
11.	Is attendance of the Ph.D. Scholar 1	naintained properly?	Yes / No
12.	Whether Research Centre is registe	red under MPCB provisions?	Yes / No
13.	Whether BMW facility is available	?	Yes / No
	DECLA the LIC Members, hereby certify the the three th	RATION BY LIC	ted and verified the
equip	ment, available at the research centre. I lows: -	The overall observations of the ins	pection Committee are
	Name of Inspector	s Sign. o	f Inspectors with Date
1)		Chairman	
2)		Member	71 4929 3
3)	1 b v 1 g	Member	
1)		Member	Gin P



## FOR Ph.D. COURSE(S) FOR A.Y. 2024-2025 (Please submit separate report for each subject)

		(Pleas	se submit se <sub>l</sub>	parate report	for each subje	ect)	
Da	ate of Inspection	on :		+			
Fac	culty: Medical			Subject/Specialty: EN			
1.	Name & Ac	ldress of th	e College/Re	esearch Cent	re: -		
			SCI VIS	HARASHTF ENCES & HWANATH FUR.	RESEARCH		MEDICAL COLLEGE, ROAD,
	Name of He	ead of the I	epartment	: Dr. Shar	m Satyanarayar	Somani	
	Designation	ı		: Professo	or		
2.	Departmen (Attach Ann			of available P	hD Guides: -		
Sr. No.	Name of Ph.D. Guide	Designat ion	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	Dr. Sham Satyanarayan Somani	Professor	13-03- 1963	30-03- 2033		Yes	
i.	i) Ade ii)) Ade iii) Any	quate numb quate numb other speci	er of Computer of Books / fic thing avai	Journals are a lable at the D	net facility is a available? epartment:		
5.	Details of Central Research Laboratory:  i) Available Area (in sq. ft):  ii) Is Drugs/Medicines/Chemicals etc. are available for research?  iii) Is Adequate number of Instruments are available?  iv) Is Records of Stock book available?  Ves / No  Details of Central Animal House:  i) Available Area in sq. ft:  ii) Functioning Central Animal House?  Yes / No						Yes / <del>No</del> Yes / <del>No</del>
		stitutional of Compos l Number o	ition	nmittee:		Attach Annexun	re ''B")

iii) iv) v) Number of meetings held in previous year: : 02
Whether Records of proceedings are maintained properly? Yes / No
Is Human and Animal Ethics Committee, registered under the appropriate authority?
Yes / No

8.	Details of Research Advisory Committee:  i) Date of Composition  ii) Total number of Members  iii) Number of meetings held in previous years  iv) Whether records of proceedings are main	(Attach Annex : 10.08.2022 : 12 : 02 y?	cure ''C") Yes / <del>No</del>						
9.	<ul> <li>Is Doctoral Committee constituted in the line</li> <li>i) If Yes, Date of Composition</li> <li>ii) Total number of Members</li> <li>iii) Name of External Subject Expert</li> </ul>	s of RAC?	: 10.08.2022 : 12 :	Yes / <del>No</del>					
10.	Is Plagiarism detection software facility avail If Yes, Name of the Software			Yes / No					
11.	Is attendance of the Ph.D. Scholar maintaine	d properly?		Yes / No					
12.	2. Whether Research Centre is registered under MPCB provisions?								
13.	3. Whether BMW facility is available?								
14.	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							
Depar	the LIC Members, hereby certify that, we he timent/College/Research Centre, the available ment, available at the research centre. The overall ows: -	other facilities observations o	es, required ins f the Inspection (	truments and Committee are					
	Name of Inspectors		Sign. of Inspec	etors with Date					
1)		Chairman							
2)		Member							
3)		Member							
4)		Member							



## FOR Ph.D. COURSE(S) FOR A.Y. 2024-2025 (Please submit separate report for each subject)

		(1 leas	e submit sej	arate report	ioi each subje	ct)	
Da	te of Inspection	on :					
Faci	ulty: Medical					Subject/S	pecialty: OBGY
1.	Name & Ac	ldress of th	e College/Re	esearch Cent	re: -		
	Name of He	ead of the D	SCI VIS LA	HWANATH ΓUR.	RESEARCH	(MEDICAL) AMBAJOGAI	MEDICAL COLLEGE, ROAD,
	Designation	ı		: Professo	or		
2.	Departmen	-		of available P	hD Guides: -		
Sr. No.	Name of Ph.D. Guide	Designat ion	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	Dr. Chandrakala Shivajirao Patil	Professor	27-04-1956	30-04-2026	01	Yes	MUHS/UDC/(Ph. )/Guide/67/2021, Dated 01.04.2021
4.  5.	i) Aderii) Aderiii) Any  Details of C i) Avai	quate number quate number other specification of the specification of th	er of Computer of Books / fic thing avai	Journals are a lable at the D	net facility is a available ? epartment:		
	iii) Is A	dequate nun		iments are ava	ilable for resea ailable?		Yes / <del>No</del> Yes / <del>No</del> Yes / <del>No</del>
<b>ó.</b>	Details of C	entral Anin	nal House:				

7. Details of Institutional Ethical Committee:

(Attach Annexure "B")

i) Date of Compositionii) Total Number of Members

ii)

Total Number of Members : 11

iii) Number of meetings held in previous year: : 02

Functioning Central Animal House?

iv) Whether Records of proceedings are maintained properly?
 Yes / No
 v) Is Human and Animal Ethics Committee, registered under the appropriate authority?

Yes / No

Yes / No

8.	Details of Research Advisory Committee:  i) Date of Composition  ii) Total number of Members  iii) Number of meetings held in previous years  iv) Whether records of proceedings are many	(Attach Annex : 10.08.2022 : 12 : 02 ly?	cure ''C") Yes / <del>No</del>	
9.	Is Doctoral Committee constituted in the line i) If Yes, Date of Composition ii) Total number of Members iii) Name of External Subject Expert	s of RAC?	: 10.08.2022 : 12 :	Yes / <del>No</del>
10.	Is Plagiarism detection software facility avail If Yes, Name of the Software			Yes / No
11.	Is attendance of the Ph.D. Scholar maintaine	d properly?		Yes / <del>-No</del>
12.	Whether Research Centre is registered under	r MPCB provis	sions?	Yes / No
13.	Whether BMW facility is available?			Yes / No
		der this depar	tment:	
Depart	DECLARATION  the LIC Members, hereby certify that, we have the ment/College/Research Centre, the available ment, available at the research centre. The overall pows: -	BY LIC ave thoroughly other facilities	y inspected and	verified the truments and
	Name of Inspectors		Sign. of Inspec	tors with Date
1)		Chairman		
2)		Member		
3)		Member		
4)		Member		

