

FOR Ph.D COURSE(S) FOR A.Y. 2026-2027

(Please submit separate report for each subject)

Date of Inspection

:

Faculty: Medical**Subject/Specialty:** Microbiology**1. Name & Address of the College/Research Centre: -**

MAHARASHTRA INSTITUTE OF MEDICAL
SCIENCE & RESEARCH (MEDICAL COLLEGE)
VISHWANATHPURAM, AMBAJOGAI ROAD, LATUR

Name of Head of the Department: : Dr. Aasha Pandharinath Pichare**Designation:** : Professor**2. Department / Subject wise details of available PhD Guides: -***(Attach Annexure "A")*

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Basavraj Saybanna Nagoba	Professor	16-04-1962	30-04-2032	02	Yes	ज.क्र.मआविवि/वि.वि.कक्ष/पीएचडी/२४/८३/२००७

4. Details of available infrastructure for Research:

i) Adequate number of Computers with Internet facility is available? **Yes / No**
 ii) Adequate number of Books / Journals are available ? **Yes / No**
 iii) Any other specific thing available at the Department:.....

5. Details of Central Research Laboratory:

i) Available Area (in sq. ft) :
 ii) Is Drugs/Medicines/Chemicals etc. are available for research? **Yes / No**
 iii) Is Adequate number of Instruments are available? **Yes / No**
 iv) Is Records of Stock book available? **Yes / No**

6. Details of Central Animal House:

i) Available Area in sq. ft:
 ii) Functioning Central Animal House? **Yes / No**

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

i) Date of Composition: 11
ii) Total Number of Members: 11
iii) Number of meetings held in previous year: 02
iv) Whether Records of proceedings are maintained properly? Yes / No
v) Is Human and Animal Ethics Committee, registered under the appropriate authority? Yes / No

8. Details of Research Advisory Committee: (Attach Annexure "C")

i) Date of Composition: 10.08.2022
ii) Total number of Members: 12
iii) Number of meetings held in previous year: 02
iv) Whether records of proceedings are maintained properly? Yes / No

9. Is Doctoral Committee constituted in the lines of RAC?

i) If Yes, Date of Composition: 10.08.2022
ii) Total number of Members: 12
iii) Name of External Subject Expert: --

10. Is Plagiarism detection software facility available? Yes / No

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

11. Is attendance of the Ph.D. Scholar maintained properly? Yes / No

12. Whether Research Centre is registered under MPCB provisions? Yes / No

13. Whether BMW facility is available? Yes / No

14. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:



DEAN

**M.I.M.S.R. Medical College
Latur-413531**

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	

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Date of Inspection	:	
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Faculty: Medical**Subject/Specialty:** ENT**1. Name & Address of the College/Research Centre: -**

MAHARASHTRA INSTITUTE OF MEDICAL
SCIENCE & RESEARCH (MEDICAL COLLEGE)
VISHWANATHPURAM, AMBAJOGAI ROAD, LATUR

Name of Head of the Department: : Dr. Sham Satyanarayan Somani**Designation:** : Professor**2. Department / Subject wise details of available PhD Guides: -***(Attach Annexure "A")*

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Sham Satyanarayan Somani	Professor	13-03-1963	30-03-2033	--	Yes	...

3. Details of available infrastructure for Research:

a. Adequate number of Computers with Internet facility is available? **Yes / No**
 b. Adequate number of Books / Journals are available? **Yes / No**
 c. Any other specific thing available at the Department:

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4. Details of Central Research Laboratory:

a. Available Area (in sq. ft) :

b. Is Drugs/Medicines/Chemicals etc. are available for research? **Yes / No**
 c. Is Adequate number of Instruments are available? **Yes / No**
 d. Is Records of Stock book available? **Yes / No**

5. Details of Central Animal House:

a. Available Area in sq. ft:

b. Functioning Central Animal House? **Yes / No**

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

a. Date of Composition: 11
 b. Total Number of Members: 11
 c. Number of meetings held in previous year: 02
 d. Whether Records of proceedings are maintained properly? Yes / No
 e. Is Human and Animal Ethics Committee, registered under the appropriate authority? Yes / No

7. Details of Research Advisory Committee: (Attach Annexure "C")

a. Date of Composition: 10.08.2022
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10. Is attendance of the Ph.D. Scholar maintained properly? Yes / No**11. Whether Research Centre is registered under MPCB provisions?** Yes / No**12. Whether BMW facility is available?** Yes / No**13. Any other important thing related to Research/Department/Facilities, which will be helpful to carry out good quality research under this department:**

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Faculty: Medical**Subject/Specialty:** OBGY**1. Name & Address of the College/Research Centre: -**

MAHARASHTRA INSTITUTE OF MEDICAL
SCIENCE & RESEARCH (MEDICAL COLLEGE)
VISHWANATHPURAM, AMBAJOGAI ROAD, LATUR

Name of Head of the Department: : Dr. Kranti Venkatrao Kendre**Designation:** : Professor**2. Department / Subject wise details of available PhD Guides: -***(Attach Annexure "A")*

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Chandrakala Shivajirao Patil	Professor	27-04-1956	30-04-2026	01	Yes	MUHS/UDC/(Ph.D)/Guide/67/2021, dated 01.04.2021

3. Details of available infrastructure for Research:

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 d. Is Records of Stock book available? **Yes / No**

5. Details of Central Animal House:

a. Available Area in sq. ft: **Yes / No**
 b. Functioning Central Animal House? **Yes / No**

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

a. Date of Composition: 11
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