FOR Ph.D COURSE(S) FOR A.Y. 20.....-20......

(Please submit separate report for each subject)/

Name of Head of the Department: - Designation: (Attach Annexure "A") Sr.No. Name of Ph.D. Guide Ph.D. Guide Designation Date of Retirement Retirement Registered till date Workshop? Yes/No 1 2 3	Ph.D Recogniti
Designation: partment / Subject wise details of available PhD Guides: - (Attach Annexure "A") Sr.No. Name of Ph.D. Guide Date of Retirement PhD Scholars Registered till date Nethodology Workshop? Yes/No 1 2	
Designation: Designation	Ph.D Recogniti
Cattach Annexure "A" Sr.No. Name of Ph.D. Guide Designation Date of Ph.D. Guide Ph.D.	Ph.D Recogniti
(Attach Annexure "A") Sr.No. Name of Ph.D. Guide Designation Date of Retirement Registered till date Total No. of PhD Scholars Registered till date Workshop? Yes/No 1	Recogniti
Sr.No. Name of Ph.D. Guide Designation Birth Date of Retirement Retirement Registered till date Has completed six days Research Methodology Workshop? 1 2	Recogniti
2	
3	
4	
5	¥
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:	
E Dataile of Control Bossarch Laboratory	•••••••
5. Details of Central Research Laboratory:	
5. Details of Central Research Laboratory: i) Available Area (in sq. ft):	
i) Available Area (in sq. ft):	
i) Available Area (in sq. ft):	
i) Available Area (in sq. ft):	
i) Available Area (in sq. ft):	
i) Available Area (in sq. ft):	

8. Details of Research Advisory Committee	tee: (Attach Annexure "C	7")	
i) Date of Composition:			
ii) Total number of Members:			
	iv) Whether records of proceedings are maintained properly?		
9. Is Doctoral Committee constituted in	Yes / No Yes / No		
i) If Yes, Date of Composition:		1657,110	
ii) Total number of Members:			
iii) Name of External Subject Expert			
10. Is Plagiarism detection software faci	lity available?	Yes / No	
If Yes, Name of the Software			
11. Is attendance of the Ph.D. Scholar n	naintained properly?	Yes / No	
12. Whether Research Centre is register	red under MPCB provisio	ons? Yes / No	
13. Whether BMW facility is available?		Yes / No	
14. Any other important thing related t	o Research/Department,	/Facilities, which	
will be helpful to carry out good quality			
	•••••••••••		
	DECLARATION E	BY LIC	
		*	
We, the LIC Members, hereby certify that, w	e have thoroughly inspe	cted and verified the Department/College/Rese	arch
Centre, the available other facilities, require	d instruments and equip	oment, available at the research centre. The ov	/eral
observations of the Inspection Committee are	e as follows: -		
		4	
Name of Inspectors		Sign. of Inspectors with Date	
1)	Chairman		
2)	Member		
3)	Member		
4)	Member		



1)

2)

3)

4)

