## Annexure XI

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

Date of Inspec	tion			1/1		
Date of Inspec	LIOII	•		NA		
Faculty:		Subje	ect/Specialty			
1 Name 8	Address o	ftha Ca	11 a = a /D	1.0		
1. Name &	Address	i the Co	nege/Rese	arch Centre: -		
ame of Head of Designation:	the Departmer					
2. Departm	ent / Subject	wise deta	ils of availal	ble PhD Guides:	- (Attach Annexure 'A'	1
Sr. Name of No. Ph.D.	Designation	Date of Birth	Date of	Total No. of	Has completed six	PhD
Guide		Bitti	Retirement	PhD Scholars Registered till	days Research	RecognitionNo. and
				date	Methodology Workshop? Yes/No	Date
				11.11 24.11		
ii) Is Drugs iii) Is Adequ	e Area (in sq. / /Medicines/Chate number of ds of Stock bo	ft): nemicals en Instrument ok availab	tc. are availab nts are availab ole? Yes / No	ole for research? V	es / No	
6. Details o	f Institution	nal Ethic	cal Commit	tee: (Attach Anne	xure ''B")	
<ul><li>ii) Total Nu</li><li>iii) Number</li></ul>	Composition: - mber of Meml of meetings he Records of pro-	bers: eld in prev	ious vear:	ed properly? Yes	N.	
v) Is Human	and Animal	Ethics Cor	nmittee, regis	stered under the an	No propriate authority? Yes	/21-
				sered under the ap	propriate authority? Yes	/ No
						THAT
					Dr. Harshala	Rajurkar Sharma
						Tincinal
					10 Mar 11 (2) (2)	urvedic Medical College Research Centre,
					anddongari,	Hingna Road, Nagpur

Signature of Member

Signature of Member

Signature of Chairman

7. Details of Research Advisory Committee: (Attach Annexure "C")
i) Date of Composition:
ii) Total number of Members:
iii) Number of meetings held in previous year:
iv) Whether records of proceedings are maintained properly? Yes / No
8. Doctoral Committee constituted in the lines of RAC? Yes / No
i) If Yes, Date of Composition:
ii) Total number of Members:
iii) Name of External Subject Expert:
If Yes, Name of the Software  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:
DECLARATION BY LIC
We the LIC Manilant Land

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 Visitor	Sign. of Visitors with Date	
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	F

Dr. Harshala Rajurkar Sharma Principal

Principal
Datta Meghe Ayurvedic Medical College
Hospital & Research Centre,
Wanadongari, Hingna Road, Nagpur

Signature of Member

Signature of Member

Signature of Chairman