Part-I

Maharashtra University of Health Sciences, Nashik

Inspection Committee Report for Academic Year 202.... - 202…...

Faculty of Medicine

(For Grant of Continuation / Extension of Affiliation for affiliated UG/PG/Fellowship/Certificate Course/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	**Name of the College / Institute**	**:**	
a	Name of Society / Trust	:	
b	Address	:	
c	Email Address	:	
d	Fax No.(s)	:	
e	Telephone No.(s)	:	
f	Website	:	
g	College Code	:	
h	Status	:	Government / Corporation / Private
i	Letter of permission by Medical Council of India (UG)	:	Letter No. Dated _____ Intake:
j	Stage of Renewal	:	
k	**Details of the Dean/Principal**	:	
2	**Name of the Dean/ Principal**	:	
a	Nature of Appointment	:	Permanent / Temporary / Officiating
b	Mobile No.	:	
c	Office Landline	:	
d	E-mail Address	:	

1. **Details of the College are available on the College Website, in the prescribed format (Part II)?** Yes/No
2. **Whether the information is complete in all respect.** Yes/No
3. **If incomplete information, please write the points from prescribed format (part II) regarding unavailable/insufficient information, (LIC to physically verify) the infrastructure/available facilities regarding those points and write the observation below-**

Sr. No.	Points Number in prescribed format	Particulars of the point	Observations of the LIC

4. LIC to randomly choose the 10 points of concern, which will help improve the quality of medical education and students life on the campus.

Sr. No.	Points Number in prescribed format	Particulars of the point	Observations of the LIC

5. LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the Biometric attendance of all departments over previous 06 months.) Annexure- "II".

6. Curricular Activities in the College-

a. Whether Master Time Table is available. Yes/No

b. Whether the lectures, Practicals, Clinical Sessions etc. are conducted as per the master time table?

(LIC to randomly choose at least 10 dates over past 03 months' lectures, Practicals, clinical sessions, PG activities, (if PG course available) etc. from master time table and physically verify the conduction of these sessions) and attached copies to the report.

LIC to randomly choose at least 10 dates over past 03 months of all departments from Clinical side all departments Pre/Para Clinical Departments. LIC to verify past record of teaching activities (UG & PG) of these departments. (Please mention the findings in below) and attached copies to the report.

7. Ongoing Research Activities in the college including PG thesis (LIC to submit all records and the relevant details of all ongoing research activities such as Ethics CommitteeApproval, status of data collection, data analysis etc.

8. MUHS Faculty Evaluation Status:

Faculty Evaluation carried out at College level	Total No. of Teachers	Total evaluation carried out	Remaining pending with reasons

9. Status of NAAC Accreditation: Accredited **Yes / No / Not Applicable**

If Yes, Grade & Date of last Inspection:

If No, what is current status/ progress of work

10. Status of Online Boarding: _____

_____

_____

_____

11. Services for person with Disability: _____

_____

_____

_____

12. Availability of Freeship/ Scholarship for category Students: _____

_____

_____

_____

13. Students Feedback

Sr. No.	Particulars to be verified	Details on College Website	Adequate/ Inadequate
1	**Hostel facility:** Boys (UG)	Yes/No	
2	Boys (PG)	Yes/No	
3	Girls (UG)	Yes/No	
4	Girls (PG)	Yes/No	
5	Interns	Yes/No	
6	Residents	Yes/No	
7	Canteen Facility [**Note**: Verify Canteen Facility is monitored as per MUHS Circular No.18/2019 dated 19/03/2019].	Yes/No	
8	Warden/ Rector	Yes/No	
9	Hygiene	Yes/No	
10	Vending Machine	Yes/No	
11	Toilets / Washroom Facilities (Cleanness & Hygiene maintain)	Yes/No	
12	Housekeeping at Hostel	Yes/No	
13	Drinking Water Facilities	Yes/No	
14	Security Services	Yes/No	

14. Fees Details:

Sr. No.	Continuation / Extension of Affiliation Fees Details:				
	Course (s)	Paid / Not paid	Amount	Outstanding (if any)	Reasons of Non-payment
1					
2					
3					
4					
5					

15. Any Other Fees Details:

Sr. No.	Type of Fee	Paid / Not paid	Amount	Outstanding (if any)	Reasons of Non-payment
1					
2					
3					
4					
5					

16. Date of college data uploaded on web portal (http://aishe.gov.in) regarding "All India Survey on Higher Education (AISHE)". Yes/No

Date of Uploading : ……/…../……..

17. Summary and other observation of LIC: (If required separate sheet to be attached).

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Information to be provided by the College for verification of Local Inquiry Committee

LIST OF ANNEXURE FOR LIC

No. of Annexures	Particulars	Verified by Committee	Remark
ANNEXURE- I-A& I-B	**Approved Teaching Staff & Total Teaching Staff (Approved + Notapproved) Information as per MSR** 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/No	
ANNEXURE-II	**LIC to visit all departments and physically verify the availability of teaching staff and residents in the department (Please attach the attendance sheet duly signed by teachers and residents)** 1. Hard copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website	Yes/No	
ANNEXURE-III	**Intake Capacity/ Seat Matrix** 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/No	
ANNEXURE- IV	**Total Subject-wise Teacher Staff List (Approved + Not approved)** 1. Hard copy & soft copy of this Annexure must be submitted to the University. 2. The information must be made available on the College website.	Yes/No	
ANNEXURE- V	**Total Ancillary Staff Information** The information must be made available on the College website.	Yes/No	
ANNEXURE- VI	**Total Non-Teaching Staff Information** The information must be made available on the College website.	Yes/No	
ANNEXURE-VII	**Examination Related Information** Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College website.	Yes/No	
ANNEXURE-VIII	**Form for Fellowship/Certificate Course(s)** Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College/Training Centre website.	Yes/No	
ANNEXURE-IX	**Form for Ph.D Courses** Hard copy & soft copy of this Annexure must be submitted to the University). The information must be made available on the College/Training Centre website.	Yes/No	
ANNEXURE-X	**Declaration by the Dean / Principal of the College / Institute** Original copy of this Annexure must be submitted to the University.	Yes/No	

IMPORTANT INSTRUCTIONS & DECLARATIONS:

1. Our College is fully aware that our college is responsible to fulfil and maintain norms including the infrastructure both physical and human resources, teaching faculty and clinical material throughout Academic Year as per MSR/Council norms/University norms. In case false/wrong declaration or fabricated documents is submitted for purpose of Affiliation of the University by the College and if it is found by the University at any stage, then our college is fully aware that affiliation will be withdrawn by the University with immediate effect with penal action.

2. It is certified that our college has uploaded all above Annexures on our college website and it will be kept ready for verification of Local Inquiry Committee (LIC). Our college is fully aware that University will not grant Continuation of Affiliation, in case if required information, is not uploaded on college website.

3. Our College hereby undertake that all Annexures information will be made available on college website for a period of next 05 years. Year-wise information of all Annexures will be made available 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 furnish required information to the University immediately.

Date : …… Signature of Dean/Principal

Place : …… Name of the Signatory- (with Seal of the College / Institute)

DECLARATION BY LIC

We hereby certify that, the College has uploaded Annexures as prescribed by University on College Website and it is duly verified by our Committee. Details of Information of Annexure/s which is not uploaded on College Website is mentioned in LIC Report.

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

Date: ……..

Short Report

To,
The Registrar
M.U.H.S., Nashik

Sub: - Short Report of Local Inquiry Committee for Continuation of Affiliation for the Academic Year 2022-23.

Sir,

With reference to above mentioned subject and letter we are visiting …….. College on dated …….. and sending a **Short Report** regarding present Teaching Staff and IPD in your prescribed format as follows at 11.00 a.m.

1. Number of Teaching Staff present: ……..
2. Number of IPD patients on Bed: …….

   (Photocopy of Attendance of Teacher and IPD at the time 11:00 a.m.)

1) …….
(Name & Sign of LIC Member)

2) …….
(Name & Sign of LIC Member)

3) …….
(Name & Sign of LIC Member)

4) …….
(Name & Sign of LIC Chairman)

ANNEXURE- I-A

Maharashtra University of Health Sciences, Nashik

Name of College/Institute……

Intake Capacity: ……. Recognized/Permitted ……. If permitted, Stage of renewal: ……..

APPROVED TEACHING STAFF AVAILABLE

Departments	Requirement (A)			Available (b)			Deficiency (A-b)= (C)			Remark
	Prof	Asso. Prof	Asst. Prof.	Prof	Asso. Prof	Asst. Prof.	Prof	Asso. Prof	Asst. Prof.	
Anatomy										
Physiology										
Biochemistry										
Pharmacology										
Pathology										
Microbiology										
Forensic Medicine										
Community Medicine										
Gen. Medicine										
Pediatrics										
Skin & VD										
Psychiatry										
Gen. Surgery										
Orthopedics										
Otorhinolaryngology										
Ophthalmology										
Obst. & Gynae.										
Anaesthesia										
Radio-diagnosis										
Dentistry										
Total										

- Requirement is to be calculated as per MCI/NMC norms as the case may be, andconsidering the stage of renewal.
- Staff requirement should also include requirement for any running PGcourse in the institute.
- Extra teacher on higher post can compensate deficiency of teacher on lower postin same department.
- Deficiency of SR cannot be compensated by extra teacher.

Deficiency in faculty % = (Total deficiency of approved faculty) * 100/ (Total Required faculty)Available approved faculty % = **100 – Deficiency % =** _____
(Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE- I-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Name of College/Institute……

Intake Capacity: ……. Recognized/Permitted ……If permitted, Stage of renewal: ……..

TOTAL (APPROVED + NOT APPROVED) TEACHING STAFF AVAILABLE:

Departments	Requirement (A)			Available (b)			Deficiency (A-b)= (C)			Remark
	Prof	Asso. Prof	Asst. Prof.	Prof	Asso. Prof	Asst. Prof.	Prof	Asso. Prof	Asst. Prof.	
Anatomy										
Physiology										
Biochemistry										
Pharmacology										
Pathology										
Microbiology										
Forensic Medicine										
Community Medicine										
Gen. Medicine										
Pediatrics										
Skin & VD										
Psychiatry										
Gen. Surgery										
Orthopedics										
Otorhinolaryngology										
Ophthalmology										
Obst. & Gynae.										
Anaesthesia										
Radio-diagnosis										
Dentistry										
Total										

- . Requirement is to be calculated as per MCI/NMC norms as the case may be, andconsidering the stage of renewal.
- Staff requirement should also include requirement for any running PGcourse in the institute.
- Extra teacher on higher post can compensate deficiency of teacher on lower postin same department.
- Deficiency of SR cannot be compensated by extra teacher.

Deficiency in faculty % = (Total deficiency of approved faculty) * 100/ (Total Required faculty)Available approved faculty % = **100 – Deficiency % =** _____
(Faculty includes Professors, Associate Professors and Assistant Professors)

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

Name of College/Institute……

Name of the Department:

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature

Summary –

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor			
2	Associate Professor			
3	Assistant Professor			
4	Senior Resident			
5	Junior Resident			

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor			
2	Associate Professor			
3	Assistant Professor			
4	Senior Resident			
5	Junior Resident			

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE-III

Intake capacity/ Seat Matrix

Name of College/Institute:……..

UG Degree/PG Degree/ Diploma Courses/Super Specialty	Intake as per Council		Status of Council				Max. Seats Permitted by MUHS as per Teacher: Student Ratio	
			Degree		Diploma			
	Degree	Diploma	Recognized	Permitted	Recognized	Permitted	Degree	Diploma
UG Degree								
MBBS		Not Applicable			Not Applicable		Not Applicable	
PG Degree / Diploma & SuperSpecialty								

Any Other, Please Specify: ……

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE-IV

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

DETAIL INFORMATION OF SUBJECTWISE TEACHING STAFF (Approved + Not Approved)

UG Degree/ PG Degree/ Super Specialty) AS ON: ….. /……. /…….

Name of the Dept. : …….. Subject: …….. Whether UG…. /UG+PG….. /UG+PG+SuperSpecialty…….

Name of the College : …… College Code : …… Intake Capacity: ……

Sr. No.	Subject	Name of Teacher	Designation	Mob. No.	E-mail ID	DOB	Whether belongs to Reserved category (if Yes, specify category)	Date of appointment at College	Teaching Experience UG(Yrs.)				Total Teaching Experience in years of PG	Type of Appointment Temp./ Regular/ Contractual	University Approval Status (Yes/No)	Temporary Approval		Details of PG Recognition		MET Workshop attended in last 5 years	Photograph with Signature
									Asst. Prof.	Asso. Prof.	Prof.	Total				From	To	Temp/ Regular	Letter No. & date		

Note: The College shall submit one hard copy & a soft copy (in Excel Format) of the list in Pen Drive to the LIC Committee.

Data Verified by the Committee members:

Member Member Member Chairman

ANNEXURE-V

Ancillary staff

Name of the College / Institute: ……

Unit	Post	Required	EXT.	DEF.
Central Record Section	Medical Record Officer Statistician Coding Clerks Recording Clerks Drafteries Peon Steno-Typist			
Central Animal House	Veterinary Officer Animal Attendant Technicians for Animal Operation Room Sweepers			
Central Library	Librarian with Degree in Lib. Sci. Deputy Librarian Documentalist Cataloguer Library Assistant Dafteries Peons			
Central Photographic cum Audio Visual Unit	Photographer Artist Modelleor Dark Room assistant Audio Visual Technician Storekeeper cum Clerk Attendant			
Medical Education Unit	Officer Incharge (Principal/Dean) Co-Ordinator (Head of Deptt. nominated by Principal / Dean) Faculty college faculty on part time basis. Supporting Staff**:** Stenographer Computer Operator Tech. in Audio Visual Photograph & Artist			
Central Sterilization Services Dept.	Matron Staff Nurse Technical Asst. Technician Ward Boy Sweeper			
Laundry	Supervisor Dhobi/Washerman/woman Packer			
Blood Bank	Professor/Reader Lecturer Technician Lab Attendants Storekeepers Record Clerk			
Central Casualty Service	Casualty Medical Officers Operation Theatre staff Stretcher bearers Recept. cum Clerk Ward Boys Nursing and Para Medical staff Clinical staff for casualty beds			
Central Workshop	Superintendent who shall be qualified Engineer Senior Technician Junior Technicians Carpenter Black Smith Attendants			

ANNEXURE-VI

Name of the College / Institute : ……

Total Non-Teaching Staff

Departments	Technical Assistant/ Technician			Storekeeper/ Record Keeper cum Clerk cum Computer Operator			Laboratory Attendant			Steno Typist cum Computer Operator			Sweeper			Others			
	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def		MCI	Ext	Def
Anatomy																Dissection Hall Attendant			
Physiology																			
Biochemistry																			
Pathology																			
Microbiology																			
Pharmacology																			
Forensic Medicine																			
Comm. Medicine																Record Keeper cum Clerk cum Computer Operator			
(a) Rural Health Centre																LMO			
																MSW			
																PHN			
																Health Inspector/ Health Assist.(Male)			
																Health Educator			
																Peon			
																Van Driver			
(b)Urban Health Centre																LMO			
																MSW			
																PHN			
																Health Inspector			
																Health Educator			
																Van Driver			
																Peon			
																Record Clerk			
Medicine TB & Chest Psychiatry																E.C.G. Technician T. B. & Chest Diseases Health Visitor Psychiatric Social worker			
Paediatrics																Child- Psychologist			
																Health Educator			
																Social Worker			
Gen. Surgery																			
Orthopaedics																			

Departments	Technical Assistant/ Technician			Storekeeper/ Record Keeper cum Clerk cum Computer Operator			Laboratory Attendant			Steno Typist cum Computer Operator			Sweeper			Others			
	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def	MCI	Ext	Def		MCI	Ext	Def
ENT																Audiometry Tech.			
																Speech Therapy			
Ophthalmology																Refractionist			
Obst. &Gynaec.																			
																Social Workers			
Radiology																Dark Room Asst.			
Radio-Therapy (optional)																Physicist Dark room Asst.			
Anesthesia																			
Physical Medicine & Rehabilitation																Physiotherapist Occupational Therapist Workshop Worker Clinical Psychologist MSW Public Health Nurse Vocational Counsellor Multi – Rehabilitation Worker Speech Therapist			
Dentistry													-						
TOTAL																			

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE-VII-A

EXAMINATION RELATED INFORMATION FOR A.Y. 20……-20……..

For Online Transmission of Question Papers:

Sr. No.	Infrastructure facilities at College	Yes /No
Strong Room :		
1	It must have Single Door Entry/Exit (with Safety Door/Grill for windows)	
2	Minimum Area shall be 20 x 20 sq. ft.	
3	Adequate Steel Almirah/Cupboard for storage of Answer Books.	
4	C.C.T.V. Camera with recording facility that covers entire area or Downloading and Printing of online transmission of Question Paper process.	
5	Latest version Computer (Minimum 4) and Printer (Minimum 4) with Inverter facility, MS Office, PDF Reader, Winrar or Winzip.	
6	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	
7	Adequate Number of Paper Rims for printing Question Papers.	
8	One Photocopy Machine, UPS Backup.	
Scanning Room :		
9	Separate Scanning Room for scanning Answer Books after end of Examination Session under CCTV Surveillience. (Laptops and Scanners will be provided by the University Appointed Agency)	
10	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's, Internet Dongle.	

To Set Up DEC for Onscreen Evaluation of Answer Books :

Sr. No.	Infrastructure facilities at College	Yes /No
1	Computers (20) with latest licensed Operating System Software (OSS) with antivirus and firewalls to provide all lock, work station with Computer charts and key board tray.	
2	Wiring and Networking (with Raw Power Supply and UPS) and one Printer per DEC	
3	Air conditioners, Bio metric system, CCTV installation, Rest rooms and 24 x 7 security.	
4	Collapsible gate for the main entrance with Name board and locking facility.	
5	Dual Internet service, Primary with 1:1 dedicated line of 100 mbps speed by class 'A' ISP, and alternate line with 1 : 1 dedicated line of 50 mpbs speed, by an another Class 'A' ISP to ensure uninterrupted downloading facility, with 2(two) static IP's.	
6	Appointment of one Professor as a **Examination Co-ordinator** to Co-ordinate this Online process.	
7	Separate Evaluation Room for Evaluating the Answer Books under CCTV Surveillience	

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE-VII-B

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (UG Courses)

Name of the College :
Phone/Mobile No. :
Name of the Subject :

Sr. No.	College Name	Subject	Full name of the Teacher (First/Middle/Last)	Designation	Date of Joining	UG Qualification & year of Passing	PG Qualification & Year of Passing	Teaching Experience after PG passing	MUHS Approval (Yes/No)	If Yes MUHS Approval Letter & Date	Adhar No.	Pan No.	Date of Birth (Age in years	Latest Email Address	Contact No. (Mob.)	Debarred Yes/No
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1																
2																
3																
4																
5																
6																
7																
8																
9																

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE-VII-C

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
SUBJECTWISE ELIGIBLE EXAMINERS LIST (PG Courses)

Name of the College :
Phone/Mobile No. :
Name of the Subject :

Sr. No.	Name of Teacher (Last Name First Name Middle Name)	Designation	Subject/ Speciality	Type of Appoint ment (Regular/ Temp. / Honorary	Qualification	University Approx at (UG)	PG Teaching Experienc e (in Years) after PGM	PG Teacher Recopnil ion Yes/No	(Recognition Letter Date issued by University)	No. of PG Students Guided last 5 year	Date of Birth	E-mall ID	Mobile No.	Aadhar Card No	If Debar red (Yes/N o)	Sign.. of Teache r
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1																
2																
3																
4																
5																
6																
7																

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE- VIII

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 20……-20……..

(As per provisions of the Maharashtra University of Health Sciences Act, 1998 and University Rule / Guidelines)

Date of Inspection	**:**	

1. Name(s) of the Fellowship/Certificate Course(s)

Sr. No.	Name of the Fellowship/CertificateCourse	Course Started from the Academic Year	Intake Capacity Sanctioned by the University	Name of Mentorand Contact Details
01				
02				
03				
04				
05				
06				
07				

(Attach separate List if necessary)

2. Year-wise number of students admitted to Fellowship / Certificate course during last 5 years

Sr. No.	Academic Year	Name of Fellowship / Certificate Course	Intake Capacity	No. of Students Admitted (In figure only)
1	A.Y. 20….. – 20….			
2	A.Y. 20….. – 20….			
3	A.Y. 20….. – 20….			
4	A.Y. 20….. – 20….			
5	A.Y. 20….. – 20….			

ANNEXURE- VIII-A

Information to be submitted with respect to newly appointed mentors

Professional Teaching Experience Certificate for Fellowship/Certificate Courses Director/Mentor

Title of the Course applied for:- ……

This to Certify that Dr. …….. has worked in the Department of ..... Training Centre as per following details

A) General Experience

Designation	From	To	Total period Year/Months	

B) Actual experience in the subject of concerned Fellowship/Certificate Course applied for :-

Designation	From	To	Total period Year/Months	

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subjectof concerned Fellowship/Certificate Course)

Sign & Stamp
Head of the Department
Date : / /

Sign & Stamp
Dean/Principal/Head of Institute
Date: / /

Name of Inspectors		Signature of Inspectors
1)	Chairman	
2)	Member	
3)	Member	
4)	Member	

ANNEXURE-IX

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

(Please submit separate report for each subject)

Date of Inspection	**:**	

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

1. **Name & Address of the College/Research Centre: -**

……..……..

……

Name of Head of the Department: - ……..

Designation: ……..

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							
2							
3							
4							
5							

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: . . . . . .

ii) Total Number of Members: . . . . . .

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

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: . . . . . .

ii) Total number of Members: . . . . . .

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

iv) Whether records of proceedings are maintained properly? **Yes / No**

9. Is 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……

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:

……

……

…… …… .

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	

ANNEXURE-IX-A

College Letter Head

List of Ph.D. Guides Available at Ph.D. Research Centre

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							
2							
3							
4							
5							

Date:

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE-IX-B

College Letter Head

Details of Institutional Ethical Committee

A) Details of Institutional Ethical Committee

Sr.No.	Name of Ethical Committee Member	Designation
1		
2		
3		
4		
5		

Date:

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE-IX-C

College Letter Head

Details of Research Advisory/ Doctoral Committee

Sr.No.	Name of Research Advisory/ Doctoral Committee/Subject expert Member	Designation
1		
2		
3		
4		
5		

Date:

Data Verified by the Committee members:

Member **Member** **Member** **Chairman**

ANNEXURE-X

DECLARATION

(To be prepared on a Stamp Paper Rs.100)

We, Local inquiry Committee of the …….. College / Institute solemnly states on affirmation, that the information provided by us in Inspection Format as well as uploaded on College Website along with all Annexures is true and correct to the best of our knowledge. The said information is provided to us by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective **Annexure- ….. & …..**are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 20…..-20……, as per our knowledge and information provided by the concerned teachers. The teachers in the **Annexure- …..& …..** are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure- …..& …..** are not practicing in College working hours or out-side the City where the College /Institute is situated.

We further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by us after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by us on …….. day of ……. 20…… at……

Date : ……

Place : ……

Member **Member** **Member** **Chairman**