

FOR FELLOWSHIP/CERTIFICATE COURSE(S) FOR A.Y. 2023.....-2024.....

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

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

Sr. No.	Name of the Fellowship/Certificate Course	Course Started from the Academic Year	Intake Capacity Sanctioned by The University	Name of Mentor and Contact Details
01	NA	NA	NA	NA
02	NA	NA	NA	NA
03	NA	NA	NA	NA
04	NA	NA	NA	NA
05	NA	NA	NA	NA
06	NA	NA	NA	NA
07	NA	NA	NA	NA

(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....	NA	NA	NA
2	A.Y. 20.....-20....	NA	NA	NA
3	A.Y. 20.....-20....	NA	NA	NA
4	A.Y. 20.....-20....	NA	NA	NA
5	A.Y. 20.....-20....	NA	NA	NA

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:-.....NA.....

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	
			NA	NA
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA

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

Designation	From	To	Total period Year/Months	
			NA	NA
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA

(It is mandatory to attach self-attested Photocopy of the Experience Certificate of each Mentor in the Subject of 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)	NA	Chairman	NA
2)	NA	Member	NA
3)	NA	Member	NA
4)	NA	Member	NA

FOR Ph.D COURSE (S) FOR A.Y. 2023.....-2024.....

(Please submit separate report for each subject)

Date of Inspection

:

Faculty:.....Subject/Specialty:.....

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

NA

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

Designation:.....NA.....

**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	NA	NA	NA	NA	NA	NA	NA
2	NA	NA	NA	NA	NA	NA	NA
3	NA	NA	NA	NA	NA	NA	NA
4	NA	NA	NA	NA	NA	NA	NA
5	NA	NA	NA	NA	NA	NA	NA

4. Details of available infrastructure for Research:

i) Adequate number of Computers with Internet facility is available? NA

ii) Adequate number of Books/Journals are available? NA

iii) Any other specific thing available at the Department:.....NA.....

5. Details of Central Research Laboratory:

i) Available Area (insq.ft) :.....

ii) Is Drugs/Medicines/Chemicals etc. are available for research? NA

iii) Is Adequate number of Instruments are available? NA

6. Is Record of Stock book available? NA

7. Details of Central Animal House:

i) Available Area insq.ft:.....NA.....

ii) Functioning Central Animal House? NA

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

- i) Date of Composition:.... NA.....
- ii) TotalNumber ofMembers:..NA.....
- iii) Numberofmeetingsheld in previousyear... NA... ..
- iv) WhetherRecordsofproceedingsaremaintainedproperly? NA
- v) IsHumanandAnimalEthicsCommittee,registeredunderthe appropriate authority?NA

9. DetailsofResearch AdvisoryCommittee:(AttachAnnexure "C")

- i) Date of Composition:.... NA.....
- ii) Totalnumber ofMembers:....NA.....
- iii) Numberofmeetingsheld in previousyear... NA.. ..

10. Whetherrecordsofproceedingsaremaintainedproperly? NA

11. IsDoctoralCommitteeconstitutedinthelinesofRAC? NA

- i) If Yes, Date of Composition:.... NA....
- ii) Totalnumber ofMembers:.....NA.....
- iii) NameofExternalSubjectExpert.....NA.....

12. IsPlagiarismdetectionsoftwarefacilityavailable? NA

If Yes,NameoftheSoftware.....NA.....

13. Is attendanceofthePh.D.Scholar maintainedproperly? NA

14. WhetherResearch CentreisregisteredunderMPCBprovisions? NA

15. WhetherBMW facilityisavailable? NA

16. AnyotherimportantthingrelatedtoResearch/Department/Facilities,whichwill behelpfultocarry outgoodqualityresearchunderthisdepartment:

.....NA.....

DECLARATIONBYLIC

We,theLICMembers,herebycertifythat,wehavethoroughlyinspectedandverifiedtheDepartment/College/ResearchCentre, theavailableotherfacilities,requiredinstrumentsandequipment,availableattheresearchcentre. Theoverallobservationsof theInspectionCommittee areasfollows:-

.....

NameofInspectors		Sign.ofInspectorswithDate
1)	NA Chairman	NA
2)	NA Member	NA
3)	NA Member	NA
4)	NA Member	NA

College Letter HeadList 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 Ph.D. Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	NA	NA	NA	NA	NA	NA	NA
2	NA	NA	NA	NA	NA	NA	NA
3	NA	NA	NA	NA	NA	NA	NA
4	NA	NA	NA	NA	NA	NA	NA
5	NA	NA	NA	NA	NA	NA	NA
	NA	NA	NA	NA	NA	NA	NA

Walek Rane

Signature, Name and stamp of
Dean/Principal/Director

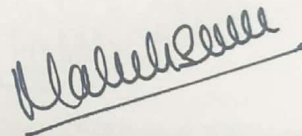
Date:

Principal
Tilak Maharashtra Vidyapeeth
Indutai Tilak College of Physiotherapy
Gultekdi, Pune - 411 037.

College Letter HeadDetailsofInstitutionalEthicalCommittee

A)DetailsofInstitutionalEthicalCommittee

Sr.No.	NameofEthicalCommitteeMember	Designation
1	NA	NA
2	NA	NA
3	NA	NA
4	NA	NA
5	NA	NA

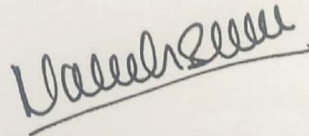

Date:

Signature, Name and stamp of
Dean/Principal/Director

Principal
Tilak Maharashtra Vidyapeeth
Indutai Tilak College of Physiotherapy
Gultekdi, Pune - 411 037.

CollegeLetterHead**Detailsof ResearchAdvisory/DoctoralCommittee**

Sr.No.	Name of Research Advisory/ DoctoralCommittee/Subjectexpert Member	Designation
1	NA	NA
2	NA	NA
3	NA	NA
4	NA	NA
5	NA	NA


Date:**Signature, Name and stamp of****Dean/Principal/Director**

Principal
Tilak Maharashtra Vidyapeeth
Indutai Tilak College of Physiotherapy
Gultekdi, Pune - 411 037.