ANNEXURE-XVA

FORFELLOWSHIP/CERTIFICATECOURSE(S)FORA.Y.2024……-2025……..

(AsperprovisionsoftheMaharashtraUniversityofHealthSciencesAct,1998andUniversityRule/Guidelines)

Date of Inspection	:	22 /01/2024

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

Sr. No.	Name of the Fellowship/ Certifica te 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-wisenumberofstudentsadmittedtoFellowship/Certificatecourseduringlast5 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

ANNEXURE-XVB

Information to be submitted with respect to newly appointed mentors

ProfessionalTeachingExperienceCertificateforFellowship/CertificateCourses 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	
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA

B) ActualexperienceinthesubjectofconcernedFellowship/CertificateCourse applied for :-

Designation	From	To	Total period Year/Months	
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: 22 /01/2024
/

Sign &Stamp
Dean/Principal/Head of Institute
/ / Date: 22 /01/2024 /

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

ANNEXURE-XVC

FOR Ph.D COURSE(S)FORA.Y.2024……-2025……..

(Please submit separate report for each subject)

Date of Inspection	:	22/01/2024

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

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

.....NA.....

.....NA.....

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

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 specifiching 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 Records of Stock book available? NA
7. Details of Central Animal House:
   i) Available Area in sq. ft:..... ....
   ii) Functioning Central Animal House? Yes/No
8. 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? **NA**
v) IsHumanandAnimalEthicsCommittee,registeredundertheappropriateauthority?**Yes/No**

9. **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:.....
10. Whether records of proceedings are maintained properly? **NA**
    i) Is Doctoral Committee constituted in the lines of RAC? **NA**
    ii) If Yes, Date of Composition:.....
    iii) Total number of Members:..... ... .
    iv) Name of External Subject Expert.....
11. **Is Plagiarism detection software facility available?**
    NASoftware.....
12. **Is attendance of the Ph.D. Scholar maintained properly?** **NA**
13. **Whether Research Centre is registered under MPCB provisions?** **NA**
14. **Whether BMW facility is available?** **NA**
15. **AnyotherimportantthingrelatedtoResearch/Department/Facilities,which will be helpful to carry out good quality research under this department:**

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DECLARATIONBYLIC

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)	NA	Chairman	NA
2)	NA	Member	NA
3)	NA	Member	NA
4	NA	Member	NA

ANNEXURE-XVD

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	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

Date: 22 /01/2024

Signature, Name and stamp of

Dean/ Principal/ Director

for Principal

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

ANNEXURE-XVE

CollegeLetterHead

DetailsofInstitutionalEthicalCommittee

A)DetailsofInstitutionalEthicalCommittee

Sr.No.	Nameof EthicalCommittee Member	Designation
1	NA	NA
2	NA	NA
3	NA	NA
4	NA	NA
5	NA	NA

Date: 22 /01/2024

Signature,Nameandstampof

Dean/Principal/Director

For

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

College Letter Head

Details of Research Advisory/Doctoral Committee

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

Date: 22 /01/2024

Signature,Nameandstampof

Dean/Principal/Director

For

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