

**महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक****MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**

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**INSPECTION COMMITTEE REPORT FOR CONTINUATION OF RECOGNITION OF PhD****CENTRE FOR A/Y 2024- 2025**

(Please submit separate report for each subject)

Faculty: . Physiotherapy . . . . . Subject/Specialty: . . . . . NA . . . . .

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

Indutai Tilak College of Physiotherapy . . . . .

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

Yes / No

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

Yes / No

iii) Any other specific thing available at the Department:

. . . . . NA . . . . .

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5. **Details of Central Research Laboratory:**
- i) Available Area (in sq. ft) : ..... NA
- ii) Is Drugs/Medicines/Chemicals etc. are available for research? NA Yes / No
- iii) Is Adequate number of Instruments are available? NA Yes / No
- iv) Is Records of Stock book available? NA Yes / No
6. **Details of Central Animal House:**
- i) Available Area in sq. ft: ..... NA
- ii) Functioning Central Animal House? NA Yes / No
7. **Details of Institutional Ethical Committee: (Attach Annexure "B")**
- i) Date of Composition: ..... NA
- ii) Total Number of Members: ..... NA
- iii) Number of meetings held in previous year: ... NA
- iv) Whether Records of proceedings are maintained properly? NA Yes / No
- v) Is Human and Animal Ethics Committee, registered under the appropriate authority? NA Yes / No
8. **Details of Research Advisory Committee: (Attach Annexure "C")**
- i) Date of Composition: ..... NA
- ii) Total number of Members: ..... NA
- iii) Number of meetings held in previous year: ..... NA
- iv) Whether records of proceedings are maintained properly? NA Yes / No
9. **Is Doctoral Committee constituted in the lines of RAC?** NA Yes / No
- i) If Yes, Date of Composition: ..... NA
- ii) Total number of Members: ..... NA
- iii) Name of External Subject Expert.....NA
10. **Is Plagiarism detection software facility available?** NA Yes / No
- If Yes, Name of the Software..... NA
11. **Is attendance of the Ph.D. Scholar maintained properly?** NA Yes / No
12. **Whether Research Centre is registered under MPCB provisions?** NA Yes / No
13. **Whether BMW facility is available?** NA Yes / No
14. **Any other important thing related to Research/Department/F acilities, which will be helpful to carry out good quality research under this department:**

.....NA.....

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#### 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: -

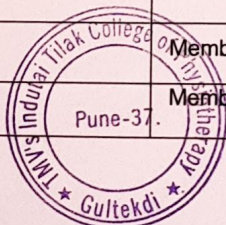
.....NA.....

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Name of Inspectors		Sign. of Inspectors with Date
1) NA	Chairman	NA
2) NA	Member	NA
3) NA	Member	NA
3) NA	Member	NA



*Principal*

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